GHS | GRAY HUNTER STENN LLP
CERTIFIED PUBLIC ACCOUNTANTS

500 Maine Street
Quincy, IL 62301-3940

1200 Harger Road – Suite 521
Oak Brook, IL 60523-1819

2060 Aberdeen Court – Suite A
Sycamore, IL 60178-3140

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CONFIDENTIAL

Garfield Park Conservatory Alliance
300 N. Central Park Avenue
Chicago, IL 60624

Dear Mrs. Van Valkenburg:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Illinois Annual Report (AG990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/23 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Gray Hunter Stenn LLP
1200 Harger Rd Suite 521
Oak Brook, IL 60523-1819

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Illinois Filing Instructions

The filing fee for the tax year ended 6/30/23 is $15. Form AG990-IL must be signed and dated by two officers of the organization. Include a check payable to the Illinois Charity Bureau Fund and write "E.I.N. 36-4200490, for the tax year ended 6/30/23" on the check. Mail the return by January 2, 2024 to:

Office of the Illinois Attorney General
Charitable Trust Bureau

100 W. Randolph Street, 11th floor
Chicago, IL 60601-3175

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Gray Hunter Stenn LLP

Federal Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- ☐ Preparer 'William R. Tucker', Staff 'Oak Brook'

- ☑ Force field entered with data "696,359" on Screen PSA
- ☑ Force field entered with data "573,799" on Screen PSA
- ☑ Force field entered with data "114,859" on Screen PSA
- ☑ Force field entered with data "85,564" on Screen Exp-2
- ☑ IRS regulations require any entity with an EIN to update the Responsible Party information within 60 days of any change by filing Form 8822-B, Change of Address or Responsible Party
- ☑ Historical Report (990 Return) does not display 2023 column if Tax Projection has not been selected.
- ☑ If Schedule B is required, enter data in View > Contributor/Officer > Contributor Information instead of Screen Income
- ☑ Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- ☑ Verify that any cash contributions from special events reported in the Direct folder that are subject to Schedule B reporting requirements have been entered in View > Contributor/Officer > Contributor Information
- ☑ Exclude Schedule B from income option marked in Contributor Information window (View > Contributor/Officer > Contributor Information)
- ☑ 990, Part III total program service revenue does not match 990, Part VIII, line 2g total program service revenue
- ☑ Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated

Informational: Input Screen Overrules

Functional Expenses Continued

- ☑ Noninv property depr force

Missing Data

	Prior Year Data
Functional Expenses	
☑ F/R advertising	900
☑ F/R insurance	222
☑ Tot / PS, insurance	1,498
Income with Direct Expenses and Cost of Goods Sold (Beer Under Glass)	
☑ Gross receipts	59,680
☑ Cash contributions	13,400
Income with Direct Expenses and Cost of Goods Sold (Other Events)	
☑ Gross receipts	9,174
Expenses Directly Related to Income (Beer Under Glass)	
☑ Other direct expenses	34,832
☑ Sch G, food and bev expense	1,283
Balance Sheet - Liabilities and Equity	
☑ Other liabilities - EOY	34,888

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Form **990** | **Two Year Comparison Report** | **2021 & 2022**

For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23

Name: GARFIELD PARK CONSERVATORY ALLIANCE

Taxpayer Identification Number: 36-4200490

			2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1.	2,122,889	2,378,619	255,730
	2. Membership dues and assessments	2.	127,051	122,997	-4,054
	3. Government contributions and grants	3.	454,886	502,018	47,132
	4. Program service revenue	4.	23,526	22,174	-1,352
	5. Investment income	5.	224	24,560	24,336
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	16,084	-29,579	-45,663
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	122,972	68,118	-54,854
	11. Other revenue	11.	311,324	387,248	75,924
	12. **Total revenue.** Add lines 1 through 11	12.	3,178,956	3,476,155	297,199
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	1,338,109	1,630,921	292,812
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	53,777	120,776	66,999
	19. Occupancy, rent, utilities, and maintenance	19.	15,879	15,879	
	20. Depreciation and Depletion	20.	82,502	85,564	3,062
	21. Other expenses	21.	473,085	481,801	8,716
	22. **Total expenses.** Add lines 13 through 21	22.	1,963,352	2,334,941	371,589
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	1,215,604	1,141,214	-74,390
Other Information	24. Total exempt revenue	24.	3,178,956	3,476,155	297,199
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	458,046	502,100	44,054
	27. Total assets	27.	4,270,987	5,240,656	969,669
	28. Total liabilities	28.	290,285	131,634	-158,651
	29. Retained earnings	29.	3,980,702	5,109,022	1,128,320
	30. Number of voting members of governing body	30.	22	22	
	31. Number of independent voting members of governing body	31.	22	22	
	32. Number of employees	32.	54	66	
	33. Number of volunteers	33.	307	360	

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Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23

GARFIELD PARK CONSERVATORY ALLIANCE 36-4200490

Net Asset / Fund Balance at Beginning of Year				3,980,702
Revenue				
Contributions		3,003,634		
Program service revenue		22,174		
Investment income		24,560		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	30,808			
Direct expenses	60,387			
Net income		-29,579		
Other income		455,366		
Total revenue			3,476,155	
Expenses				
Program services		1,385,017		
Management and general		648,452		
Fundraising		301,472		
Total expenses			2,334,941	
Excess / (deficit)				1,141,214
Changes				-12,894
Net Asset / Fund Balance at End of Year				5,109,022

Reconciliation of Revenue		**Reconciliation of Expenses**	
Total revenue per financial statements	3,463,261	Total expenses per financial statements	2,334,941
Less:		Less:	
Unrealized gains	-12,894	Donated services	
Donated services		Prior year adjustments	
Recoveries		Losses	
Other		Other	
Plus:		Plus:	
Investment expenses		Investment expenses	
Other		Other	
Total revenue per return	3,476,155	**Total expenses per return**	2,334,941

Balance Sheet

	Beginning	Ending	Differences
Assets	4,270,987	5,240,656	
Liabilities	290,285	131,634	
Net assets	3,980,702	5,109,022	1,128,320

Miscellaneous Information

Amended return	
Return / extended due date	05/15/24
Failure to file penalty	

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23

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

OMB No. 1545-0047

2022

Name of filer: GARFIELD PARK CONSERVATORY ALLIANCE

EIN or SSN: 36-4200490

Name and title of officer or person subject to tax: JENNIFER VAN VALKENBURG
PRESIDENT

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	X	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	3,476,155
2a	**Form 990-EZ** check here		**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here		**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here		**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here		**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here		**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here		**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here		**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here		**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here		**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 [X] 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

[X] I authorize GRAY HUNTER STENN LLP (**ERO firm name**) to enter my PIN 31035 (**Enter five numbers, but do not enter all zeros**) 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 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 12/01/23

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. 36067560523
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 WILLIAM R. TUCKER Date 12/01/23

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

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Form **990** Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 **2022** **Open to Public Inspection**

A For the 2022 calendar year, or tax year beginning 07/01/22 **, and ending** 06/30/23

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: GARFIELD PARK CONSERVATORY ALLIANCE

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 300 N. CENTRAL PARK AVENUE | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CHICAGO IL 60624

D Employer identification number 36-4200490

E Telephone number 773-638-1766

G Gross receipts $ 3,953,207

F Name and address of principal officer: JENNIFER VAN VALKENBURG

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.GARFIELDCONSERVATORY.ORG

H(c) Group exemption number

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other | **L** Year of formation: 1997 | **M** State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box [ ] 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	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	66
6	Total number of volunteers (estimate if necessary)	6	360
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,704,826	3,003,634
	9	Program service revenue (Part VIII, line 2g)	23,526	22,174
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	224	24,560
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	450,380	425,787
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,178,956	3,476,155
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,338,109	1,630,921
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 301,472		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	625,243	704,020
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,963,352	2,334,941
	19	Revenue less expenses. Subtract line 18 from line 12	1,215,604	1,141,214
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,270,987	5,240,656
	21	Total liabilities (Part X, line 26)	290,285	131,634
	22	Net assets or fund balances. Subtract line 21 from line 20	3,980,702	5,109,022

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

JENNIFER VAN VALKENBURG PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
WILLIAM R. TUCKER	WILLIAM R. TUCKER			P01269025

Firm's name: GRAY HUNTER STENN LLP | Firm's EIN: 36-3077757

Firm's address: 1200 HARGER RD SUITE 521 OAK BROOK, IL 60523-1819 | Phone no. 630-571-4900

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

Form 990 (2022) GARFIELD PARK CONSERVATORY ALLIANCE 36-4200490 Page **2**

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .... [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 $ 573,799 including grants of $) (Revenue $ 122,997)

EDUCATION PROGRAMS: PROVIDE NATURE AND ENVIRONMENTAL EDUCATIONAL PROGRAMS AND ACTIVITIES FOR SCHOOL AGE CHILDREN AND DOCENT TRAINING PROGRAMS FOR YOUTH.

4b (Code:) (Expenses $ 696,359 including grants of $) (Revenue $)

VISITOR SERVICES: ALLIANCE CREATES SEASONAL EVENTS AND EDUCATIONAL FESTIVALS INCLUDING: HARVEST DAY, SWEET SATURDAYS, CREATURES OF THE NIGHT, MORNING GLORIES, FIDDLEHEADS AND WILD WEDNESDAYS FOR VISITORS AND FAMILIES WITH YOUNG CHILDREN. ALLIANCE PRESENTS EDUCATIONAL WORKSHOPS ON GARDENING INCLUDING WORM BIN CULTURE, RECYCLING, COMPOSTING AND OTHER SUSTAINABLE PRACTICES.

4c (Code:) (Expenses $ 114,859 including grants of $) (Revenue $)

COMMUNITY PROGRAMS: ALLIANCE WORKS WITH COMMUNITY GROUPS TO PROVIDE TECHNICAL ASSISTANCE, TRAINING AND PLANT MATERIALS FOR COMMUNITY HORTICULTURE AND GARDEN PROJECTS AND PROVIDES PLANT MATERIAL FOR COMMUNITY GARDENS. THE ALLIANCE GROWS AND CONTRIBUTES FRESH PRODUCE TO LOCAL FARMER'S MARKETS TO ENSURE ACCESS TO FRESH AND HIGH QUALITY FOOD. THE ALLIANCE SUPPORTS COMMUNITY ACCESS TO CONSERVATORY MEETING ROOMS AND FACILITIES FOR MEETINGS, ARTS AND CULTURE PERFORMANCES AND PROVIDES RESOURCES FOR LOCAL EDUCATIONAL AND PERFORMING ARTS ORGANIZATIONS.

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 1,385,017

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors?* See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	14			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 66			
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		
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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified 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 on 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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 1a 22. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IL

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.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

GARFIELD PARK CONSERVATORY ALLIANCE 300 N. CENTRAL PARK AVENUE
CHICAGO IL 60624 773-638-1766

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 the 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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) JENNIFER VAN VALKENBURG PRESIDENT	40.00 0.00			X				160,253	0	0
(2) DAVID BACON BOARD MEMBER	0.00 0.00	X						0	0	0
(3) CORNELL BARNETT BOARD MEMBER	0.00 0.00	X						0	0	0
(4) KRISTIN BEAL BOARD MEMBER	0.00 0.00	X						0	0	0
(5) ALAN BELL BOARD MEMBER	0.00 0.00	X						0	0	0
(6) MARY CLARE BONACCORSI BOARD MEMBER	0.00 0.00	X						0	0	0
(7) WILONDA CANNON BOARD MEMBER	0.00 0.00	X						0	0	0
(8) ELINOR ESCAMILLA BOARD MEMBER	0.00 0.00	X						0	0	0
(9) VANESSA HALL BOARD MEMBER	0.00 0.00	X						0	0	0
(10) JOHN HARRIS VICE CHAIR	0.00 0.00	X						0	0	0
(11) HENRY KRASNOW TREASURER	0.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) PAUL LABONNE CHAIRMAN	0.00 0.00	X		X				0	0	0
(13) PAUL LEVY BOARD MEMBER	0.00 0.00	X						0	0	0
(14) SARAH EVA MONROE BOARD MEMBER	0.00 0.00	X						0	0	0
(15) REGGIE MOORE BOARD MEMBER	0.00 0.00	X						0	0	0
(16) MARY NELSON BOARD MEMBER	0.00 0.00	X						0	0	0
(17) DIANA PALOMAR BOARD MEMBER	0.00 0.00	X						0	0	0
(18) BLAIR PRICE BOARD MEMBER	0.00 0.00	X						0	0	0
(19) AARON ROBINSON BOARD MEMBER	0.00 0.00	X						0	0	0
1b Subtotal								160,253		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								160,253		

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? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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 0

Part VIII Statement of Revenue

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

Section	Line	Description	Ref	Amount	(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	122,997				
	c	Fundraising events	1c	132,905				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	502,018				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,245,714				
	g	Noncash contributions included in lines 1a-1f	1g	$ 43,427				
	h	**Total.** Add lines 1a–1f			3,003,634			
Program Service Revenue				Business Code				
	2a	FEES		900099	22,174	22,174		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f			22,174			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			24,560	24,366		194
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6a	Gross rents	6a	(i) 387,248 / (ii)				
	b	Less: rental expenses	6b	(i) / (ii)				
	c	Rental inc. or (loss)	6c	(i) 387,248 / (ii)				
	d	Net rental income or (loss)			387,248			387,248
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales exps.	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including $ 132,905 of contributions reported on line 1c). See Part IV, line 18	8a	30,808				
	b	Less: direct expenses	8b	60,387				
	c	Net income or (loss) from fundraising events			-29,579			
	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	484,783				
	b	Less: cost of goods sold	10b	416,665				
	c	Net income or (loss) from sales of inventory			68,118	68,118		
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d						
	12	**Total revenue.** See instructions			3,476,155	114,658	0	387,442

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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,443,518	896,215	371,930	175,373
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	80,707	56,663	11,714	12,330
10 Payroll taxes	106,696	65,979	25,109	15,608
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.)	120,776	59,061	59,996	1,719
12 Advertising and promotion	38,080	1,080	37,000	
13 Office expenses	52,450	40,443	5,081	6,926
14 Information technology				
15 Royalties				
16 Occupancy	15,879		15,879	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,377		1,377	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,564	72,944	12,620	
23 Insurance	7,974		7,974	
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 OUTSIDE SERVICES	208,062	107,058	65,101	35,903
b MEETINGS & TRAVEL	45,182	31,949	12,946	287
c CONSULTANTS & SPEAKERS	35,988	30,888		5,100
d DUES & SUBSCRIPTIONS	30,391	6,499	12,838	11,054
e All other expenses	62,297	16,238	8,887	37,172
25 Total functional expenses. Add lines 1 through 24e	2,334,941	1,385,017	648,452	301,472
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 ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,433,088	1	4,162,875
	2	Savings and temporary cash investments			2	161,460
	3	Pledges and grants receivable, net		111,746	3	69,256
	4	Accounts receivable, net		55,760	4	351,526
	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		58,593	8	59,070
	9	Prepaid expenses and deferred charges		10,779	9	27,019
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,686,164			
	b	Less: accumulated depreciation	10b 1,276,714	451,068	10c	409,450
	11	Investments—publicly traded securities		149,953	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		4,270,987	16	5,240,656
Liabilities	17	Accounts payable and accrued expenses		255,397	17	131,634
	18	Grants payable			18	
	19	Deferred revenue			19	
	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			23	
	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		34,888	25	
	26	**Total liabilities.** Add lines 17 through 25		290,285	26	131,634
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,256,773	27	2,577,495
	28	Net assets with donor restrictions		1,723,929	28	2,531,527
		Organizations that do not follow FASB ASC 958, check here ☐ **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		3,980,702	32	5,109,022
	33	Total liabilities and net assets/fund balances		4,270,987	33	5,240,656

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,476,155
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,334,941
3	Revenue less expenses. Subtract line 2 from line 1	3	1,141,214
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,980,702
5	Net unrealized gains (losses) on investments	5	-12,894
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,109,022

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: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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?	3a		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	3b		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(20) PETER SCHLOSSMAN SECRETARY	0.00 0.00	X		X				0	0	0
(21) ERIKA SUMMERS BOARD MEMBER	0.00 0.00	X						0	0	0
(22) AMANDA WILLIAMS BOARD MEMBER	0.00 0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		
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? *If "Yes," complete Schedule J for such individual*	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		

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

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
GARFIELD PARK CONSERVATORY ALLIANCE

Employer identification number
36-4200490

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 [X] 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 331/3% 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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.")	1,667,814	1,626,223	2,005,563	2,704,826	3,003,634	11,008,060
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	1,667,814	1,626,223	2,005,563	2,704,826	3,003,634	11,008,060
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						11,008,060

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	1,667,814	1,626,223	2,005,563	2,704,826	3,003,634	11,008,060
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	312,412	199,015	5,067	311,548	387,442	1,215,484
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.)	137,623	277,153	50,585		132,905	598,266
11 **Total support.** Add lines 7 through 10						12,821,810

12 Gross receipts from related activities, etc. (see instructions) **12** 1,806,112

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) ..... **14** 85.85 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 ..... **15** 84.03 %

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 ☒

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 ☐

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 ☐

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 ☐

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 ☐

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** ☐

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in Part VI.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in Part VI.*	9a		
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? *If "Yes," provide detail in Part VI.*	9b		
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? *If "Yes," provide detail in Part VI.*	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
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? *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.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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 ☐ 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.)

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENTS $ 598,266

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization	**Employer identification number**
GARFIELD PARK CONSERVATORY ALLIANCE	36-4200490

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 $33\frac{1}{3}$% 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: GARFIELD PARK CONSERVATORY ALLIANCE

Employer identification number: 36-4200490

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	ELIZABETH MORSE GENIUS CHARITABLE TRUST 135 S. LASALLE STREET 14TH FLOOR CHICAGO IL 60603	$ 109,218	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	CENTRAL INDIANA COMMUNITY FOUNDATION 615 N ALABAMA ST INDIANAPOLIS IN 46204	$ 125,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	FIDELITY FOUNDATION 7 WATER ST BOSTON MA 02109	$ 375,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

31035

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
GARFIELD PARK CONSERVATORY ALLIANCE

Employer identification number
36-4200490

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.

		(a) Donor advised funds	(b) Funds and other accounts
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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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.

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.

b 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	172,296	192,078	154,882	145,818	139,734
b Contributions					
c Net investment earnings, gains, and losses	11,472	-19,782	37,096	9,164	6,084
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	183,768	172,296	191,978	154,882	145,818

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 54.42 %
c Term endowment 45.58 %

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				
b Buildings				
c Leasehold improvements				
d Equipment		91,538	62,586	28,952
e Other		1,594,626	1,214,128	380,498
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				409,450

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)*		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)*		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,463,261
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-12,894		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-12,894
3	Subtract line **2e** from line **1**			3	3,476,155
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,476,155

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,334,941
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	2,334,941
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,334,941

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE LONG-TERM OBJECTIVE FOR THE FUNDS ADOPTED BY GARFIELD PARK CONSERVATORY ALLIANCE IS TO GENERATE ADDITIONAL CASH FLOW TO HELP SUPPORT THE ALLIANCE'S GENERAL OPERATIONS.

Part XIII Supplemental Information *(continued)*

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: GARFIELD PARK CONSERVATORY ALLIANCE

Employer identification number 36-4200490

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 ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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? Yes	No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

		(a) Event #1	**(b)** Event #2	**(c)** Other events	**(d)** Total events (add col. **(a)** through col. **(c)**)
		FLEUROTICA (event type)	(event type)	NONE (total number)	
Revenue	**1** Gross receipts	163,713			163,713
	2 Less: Contributions	132,905			132,905
	3 Gross income (line 1 minus line 2)	30,808			30,808
Direct Expenses	**4** Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,980			1,980
	8 Entertainment	6,500			6,500
	9 Other direct expenses	51,907			51,907
	10 Direct expense summary. Add lines 4 through 9 in column (d)				60,387
	11 Net income summary. Subtract line 10 from line 3, column (d)				-29,579

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

		(a) Bingo	**(b)** Pull tabs/instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col. **(a)** through col. **(c)**)
Revenue	**1** Gross revenue				
Direct Expenses	**2** Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ 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:

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: GARFIELD PARK CONSERVATORY ALLIANCE
Employer identification number: 36-4200490

Part I Questions Regarding Compensation

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.

- ☐ First-class or charter travel
- ☐ Travel for companions
- ☐ Tax indemnification and gross-up payments
- ☐ Discretionary spending account
- ☐ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (such as maid, chauffeur, chef)

		Yes	No
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	1b		
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?	2		

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.

- ☐ Compensation committee
- ☐ Independent compensation consultant
- ☐ Form 990 of other organizations
- ☐ Written employment contract
- ☐ Compensation survey or study
- ☐ 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:

		Yes	No
a Receive a severance payment or change-of-control payment?	4a		X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c Participate in or receive payment from an equity-based compensation arrangement?	4c		X

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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:

		Yes	No
a The organization?	5a		X
b Any related organization?	5b		X

If "Yes" on line 5a or 5b, describe in Part III.

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:

		Yes	No
a The organization?	6a		X
b Any related organization?	6b		X

If "Yes" on line 6a or 6b, describe in Part III.

		Yes	No
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	7		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	8		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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				
JENNIFER VAN VALKENBURG	(i)	160,253	0	0	0	0	160,253	0
1 PRESIDENT	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
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: GARFIELD PARK CONSERVATORY ALLIANCE
Employer identification number: 36-4200490

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 (SUPPLIES)	X	1	27,548	FAIR MARKET VALUE
26	Other (OFFICE SPACE)	X	1	15,879	FAIR MARKET VALUE
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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	Employer identification number
GARFIELD PARK CONSERVATORY ALLIANCE	36-4200490

FORM 990 - ORGANIZATION'S MISSION

THE GARFIELD PARK CONSERVATORY ALLIANCE INSPIRES, EDUCATES AND PROVOKES EXPLORATION THROUGH INNOVATIVE PROGRAMS AND EXPERIENCES IN ONE OF THE NATION'S LARGEST AND FINEST PLANT CONSERVATORIES. THE CONSERVATORY CHANGES LIVES THROUGH THE POWER OF NATURE. THE ALLIANCE PROVIDES EDUCATIONAL PROGRAMMING, VISITOR SERVICES AND COMMUNITY ENGAGEMENT SERVICES TO THE GARFIELD PARK CONSERVATORY AND LOCAL COMMUNITY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE ANNUALY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE MEETS AND DECIDES ON THE PRESIDENT'S SALARY WITHOUT THE PRESIDENT PRESENT. THE SALARY IS COMPARED TO OTHER PRESIDENT'S/EXECUTIVE DIRECTOR'S FOR REASONABLENESS. THE DECISION IS DOCUMENTED IN WRITING. THE EXECUTIVE'S RECOMMENDATION IS AFFIRMED BY THE BOARD.

Name of the organization: GARFIELD PARK CONSERVATORY ALLIANCE

Employer identification number: 36-4200490

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

31035

Form **4562**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return	Identifying number
GARFIELD PARK CONSERVATORY ALLIANCE	36-4200490

Business or activity to which this form relates

INDIRECT DEPRECIATION

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	1,080,000
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	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	23,765
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	74,005

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	0
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 ☐		

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		2,515	5.0	MQ	200DB	147
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
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

(a)	(b)	(c)	(d)	(e)	(f)	(g)
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	97,917
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	

THERE ARE NO AMOUNTS FOR PAGE 2

31035 Garfield Park Conservatory Alliance
36-4200490
FYE: 6/30/2023

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
175	Surface Pro	7/31/22	1,077			X	0	5	MQ	200DB	0	1,077
176	Computers	7/31/22	6,227			X	0	5	MQ	200DB	0	6,227
177	Docking Station	8/31/22	504			X	0	5	MQ	200DB	0	504
178	Refrigerator	9/16/22	2,126			X	0	5	MQ	200DB	0	2,126
179	Cash Counting Machine	9/30/22	595			X	0	5	MQ	200DB	0	595
180	Computer	11/30/22	1,085			X	0	5	MQ	200DB	0	1,085
181	iPad	11/30/22	598			X	0	5	MQ	200DB	0	598
182	Computer	12/31/22	1,498			X	0	5	MQ	200DB	0	1,498
183	Projector	3/31/23	1,031			X	206	5	MQ	200DB	0	856
184	Computer	4/30/23	1,549			X	310	5	MQ	200DB	0	1,255
185	Computer	4/30/23	1,549			X	310	5	MQ	200DB	0	1,255
186	Indoor Water Cooler	5/25/23	1,978			X	396	5	MQ	200DB	0	1,602
187	Computer	6/30/23	1,620			X	324	5	MQ	200DB	0	1,312
188	Computer	6/30/23	1,450			X	290	5	MQ	200DB	0	1,174
189	Lumber for Demo Garden	5/17/23	3,393			X	679	5	MQ	200DB	0	2,748
			26,280				2,515				0	23,912
Prior MACRS:												
152	Notebook/Mobile Devices (L)-HP	8/19/19	2,017			X	0	5	MQ	200DB	2,017	0
153	Desktop Computers - HP	8/19/19	876			X	0	5	MQ	200DB	876	0
154	Notebook/Mobile Devices (L)-HP	8/13/19	2,017			X	0	5	MQ	200DB	2,017	0
155	Notebook/Mobile Devices (L)-HP	9/16/19	672			X	0	5	MQ	200DB	672	0
156	SamSung Washer and Dryer	11/30/19	1,576			X	0	5	MQ	200DB	1,576	0
157	Drainage work for Outside Garden	5/05/20	12,658			X	0	15	MQ	150DB	12,658	0
158	Refrigerator/cooler	2/06/20	791			X	0	5	MQ	200DB	791	0
159	Wifi Switches	12/07/20	1,326			X	0	5	HY	200DB	1,326	0
160	Computer	12/07/20	702			X	0	5	HY	200DB	702	0
161	Computer	5/20/21	1,723			X	0	5	HY	200DB	1,723	0
162	Coffee Cart	9/01/20	6,925			X	0	7	HY	200DB	6,925	0
163	Lumber for Apple Orchard	9/11/20	3,087			X	0	7	HY	200DB	3,087	0
164	Lumber for Raised Beds	11/13/20	1,650			X	0	7	HY	200DB	1,650	0
165	Network Equipment	9/17/21	445			X	0	5	HY	200DB	445	0
166	Laptop	9/22/21	918			X	0	5	HY	200DB	918	0
167	Laptop	11/30/21	953			X	0	5	HY	200DB	953	0
168	Laptops	11/30/21	1,904			X	0	5	HY	200DB	1,904	0
169	Cellphone	1/31/22	606			X	0	5	HY	200DB	606	0
170	Server Case	3/01/22	654			X	0	5	HY	200DB	654	0
171	Computer	3/11/22	1,232			X	0	5	HY	200DB	1,232	0
172	Espresso Machine	3/30/22	6,000			X	0	5	HY	200DB	6,000	0
173	Server Switches	4/21/22	1,674			X	0	5	HY	200DB	1,674	0
174	Coffee Cart	11/30/21	2,175			X	0	5	HY	200DB	2,175	0
			52,581				0				52,581	0
Other Depreciation:												
127	Sugar from the Sun Exhibit	3/01/08	1,458,884				1,458,884	20	MO	S/L	1,045,534	72,944
140	Community Room & Classroom Blinds	1/07/14	2,313				2,313	7	MO	S/L	2,280	33
142	Computer Equipment	10/28/14	3,963				3,963	5	MO	S/L	3,963	0
143	Computer Software/Network	6/15/15	27,995				27,995	5	MO	S/L	27,995	0
144	Children's Garden	7/29/14	79,244				79,244	7	MO	S/L	79,244	0
146	Embosser	12/16/15	8,069				8,069	5	MO	S/L	8,069	0
150	Chairs & Dollies	7/08/16	7,192				7,192	7	MO	S/L	6,164	1,028
	Total Other Depreciation		1,587,660				1,587,660				1,173,249	74,005
	Total ACRS and Other Depreciation		1,587,660				1,587,660				1,173,249	74,005
	Grand Totals		1,666,521				1,590,175				1,225,830	97,917
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,666,521				1,590,175				1,225,830	97,917

31035 Garfield Park Conservatory Alliance
36-4200490
FYE: 6/30/2023

IL Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
5-year GDS Property:								
175	Surface Pro	7/31/22	1,077	0	0	1,077	1,077	0
176	Computers	7/31/22	6,227	0	0	6,227	6,227	0
177	Docking Station	8/31/22	504	0	0	504	504	0
178	Refrigerator	9/16/22	2,126	0	0	2,126	2,126	0
179	Cash Counting Machine	9/30/22	595	0	0	595	595	0
180	Computer	11/30/22	1,085	0	0	1,085	1,085	0
181	iPad	11/30/22	598	0	0	598	598	0
182	Computer	12/31/22	1,498	0	0	1,498	1,498	0
183	Projector	3/31/23	1,031	1,031	0	155	856	701
184	Computer	4/30/23	1,549	1,549	0	77	1,255	1,178
185	Computer	4/30/23	1,549	1,549	0	77	1,255	1,178
186	Indoor Water Cooler	5/25/23	1,978	1,978	0	99	1,602	1,503
187	Computer	6/30/23	1,620	1,620	0	81	1,312	1,231
188	Computer	6/30/23	1,450	1,450	0	73	1,174	1,101
189	Lumber for Demo Garden	5/17/23	3,393	3,393	0	170	2,748	2,578
			26,280	12,570	0	14,442	23,912	9,470
Prior MACRS:								
152	Notebook/Mobile Devices (L)-HP	8/19/19	2,017	0	2,017	0	0	0
153	Desktop Computers - HP	8/19/19	876	0	876	0	0	0
154	Notebook/Mobile Devices (L)-HP	8/13/19	2,017	0	2,017	0	0	0
155	Notebook/Mobile Devices (L)-HP	9/16/19	672	0	672	0	0	0
156	SamSung Washer and Dryer	11/30/19	1,576	0	1,576	0	0	0
157	Drainage work for Outside Garden	5/05/20	12,658	0	12,658	0	0	0
158	Refrigerator/cooler	2/06/20	791	0	791	0	0	0
159	Wifi Switches	12/07/20	1,326	0	1,326	0	0	0
160	Computer	12/07/20	702	0	702	0	0	0
161	Computer	5/20/21	1,723	0	1,723	0	0	0
162	Coffee Cart	9/01/20	6,925	0	6,925	0	0	0
163	Lumber for Apple Orchard	9/11/20	3,087	0	3,087	0	0	0
164	Lumber for Raised Beds	11/13/20	1,650	0	1,650	0	0	0
165	Network Equipment	9/17/21	445	0	445	0	0	0
166	Laptop	9/22/21	918	0	918	0	0	0
167	Laptop	11/30/21	953	0	953	0	0	0
168	Laptops	11/30/21	1,904	0	1,904	0	0	0
169	Cellphone	1/31/22	606	0	606	0	0	0
170	Server Case	3/01/22	654	0	654	0	0	0
171	Computer	3/11/22	1,232	0	1,232	0	0	0
172	Espresso Machine	3/30/22	6,000	0	6,000	0	0	0
173	Server Switches	4/21/22	1,674	0	1,674	0	0	0
174	Coffee Cart	11/30/21	2,175	0	2,175	0	0	0
			52,581	0	52,581	0	0	0
Other Depreciation:								
127	Sugar from the Sun Exhibit	3/01/08	1,458,884	1,458,884	1,045,534	72,944	72,944	0
140	Community Room & Classroom Blinds	1/07/14	2,313	2,313	2,280	33	33	0
142	Computer Equipment	10/28/14	3,963	3,963	3,963	0	0	0
143	Computer Software/Network	6/15/15	27,995	27,995	27,995	0	0	0
144	Children's Garden	7/29/14	79,244	79,244	79,244	0	0	0
146	Embosser	12/16/15	8,069	8,069	8,069	0	0	0
150	Chairs & Dollies	7/08/16	7,192	7,192	6,164	1,028	1,028	0
	Total Other Depreciation		1,587,660	1,587,660	1,173,249	74,005	74,005	0
	Total ACRS and Other Depreciation		1,587,660	1,587,660	1,173,249	74,005	74,005	0
	Grand Totals		1,666,521	1,600,230	1,225,830	88,447	97,917	9,470
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		1,666,521	1,600,230	1,225,830	88,447	97,917	9,470

31035 Garfield Park Conservatory Alliance
36-4200490
FYE: 6/30/2023

Bonus Depreciation Report
Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
152	Notebook/Mobile Devices (L)-HP	8/19/19	2,017		0	0	2,017	0
153	Desktop Computers - HP	8/19/19	876		0	0	876	0
154	Notebook/Mobile Devices (L)-HP	8/13/19	2,017		0	0	2,017	0
155	Notebook/Mobile Devices (L)-HP	9/16/19	672		0	0	672	0
156	SamSung Washer and Dryer	11/30/19	1,576		0	0	1,576	0
157	Drainage work for Outside Garden	5/05/20	12,658		0	0	12,658	0
158	Refrigerator/cooler	2/06/20	791		0	0	791	0
159	Wifi Switches	12/07/20	1,326		0	0	1,326	0
160	Computer	12/07/20	702		0	0	702	0
161	Computer	5/20/21	1,723		0	0	1,723	0
162	Coffee Cart	9/01/20	6,925		0	0	6,925	0
163	Lumber for Apple Orchard	9/11/20	3,087		0	0	3,087	0
164	Lumber for Raised Beds	11/13/20	1,650		0	0	1,650	0
165	Network Equipment	9/17/21	445		0	0	445	0
166	Laptop	9/22/21	918		0	0	918	0
167	Laptop	11/30/21	953		0	0	953	0
168	Laptops	11/30/21	1,904		0	0	1,904	0
169	Cellphone	1/31/22	606		0	0	606	0
170	Server Case	3/01/22	654		0	0	654	0
171	Computer	3/11/22	1,232		0	0	1,232	0
172	Espresso Machine	3/30/22	6,000		0	0	6,000	0
173	Server Switches	4/21/22	1,674		0	0	1,674	0
174	Coffee Cart	11/30/21	2,175		0	0	2,175	0
175	Surface Pro	7/31/22	1,077		0	1,077	0	0
176	Computers	7/31/22	6,227		0	6,227	0	0
177	Docking Station	8/31/22	504		0	504	0	0
178	Refrigerator	9/16/22	2,126		0	2,126	0	0
179	Cash Counting Machine	9/30/22	595		0	595	0	0
180	Computer	11/30/22	1,085		0	1,085	0	0
181	iPad	11/30/22	598		0	598	0	0
182	Computer	12/31/22	1,498		0	1,498	0	0
183	Projector	3/31/23	1,031		0	825	0	206
184	Computer	4/30/23	1,549		0	1,239	0	310
185	Computer	4/30/23	1,549		0	1,239	0	310
186	Indoor Water Cooler	5/25/23	1,978		0	1,582	0	396
187	Computer	6/30/23	1,620		0	1,296	0	324
188	Computer	6/30/23	1,450		0	1,160	0	290
189	Lumber for Demo Garden	5/17/23	3,393		0	2,714	0	679
		Grand Total	78,861		0	23,765	52,581	2,515

31035 Garfield Park Conservatory Alliance
36-4200490
FYE: 6/30/2023

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

31035 Garfield Park Conservatory Alliance
36-4200490
FYE: 6/30/2023

Future Depreciation Report FYE: 6/30/24

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
152	Notebook/Mobile Devices (L)-HP	8/19/19	2,017	0	0
153	Desktop Computers - HP	8/19/19	876	0	0
154	Notebook/Mobile Devices (L)-HP	8/13/19	2,017	0	0
155	Notebook/Mobile Devices (L)-HP	9/16/19	672	0	0
156	SamSung Washer and Dryer	11/30/19	1,576	0	0
157	Drainage work for Outside Garden	5/05/20	12,658	0	0
158	Refrigerator/cooler	2/06/20	791	0	0
159	Wifi Switches	12/07/20	1,326	0	0
160	Computer	12/07/20	702	0	0
161	Computer	5/20/21	1,723	0	0
162	Coffee Cart	9/01/20	6,925	0	0
163	Lumber for Apple Orchard	9/11/20	3,087	0	0
164	Lumber for Raised Beds	11/13/20	1,650	0	0
165	Network Equipment	9/17/21	445	0	0
166	Laptop	9/22/21	918	0	0
167	Laptop	11/30/21	953	0	0
168	Laptops	11/30/21	1,904	0	0
169	Cellphone	1/31/22	606	0	0
170	Server Case	3/01/22	654	0	0
171	Computer	3/11/22	1,232	0	0
172	Espresso Machine	3/30/22	6,000	0	0
173	Server Switches	4/21/22	1,674	0	0
174	Coffee Cart	11/30/21	2,175	0	0
175	Surface Pro	7/31/22	1,077	0	0
176	Computers	7/31/22	6,227	0	0
177	Docking Station	8/31/22	504	0	0
178	Refrigerator	9/16/22	2,126	0	0
179	Cash Counting Machine	9/30/22	595	0	0
180	Computer	11/30/22	1,085	0	0
181	iPad	11/30/22	598	0	0
182	Computer	12/31/22	1,498	0	0
183	Projector	3/31/23	1,031	70	0
184	Computer	4/30/23	1,549	117	0
185	Computer	4/30/23	1,549	117	0
186	Indoor Water Cooler	5/25/23	1,978	151	0
187	Computer	6/30/23	1,620	123	0
188	Computer	6/30/23	1,450	111	0
189	Lumber for Demo Garden	5/17/23	3,393	258	0
			78,861	947	0
Other Depreciation:					
127	Sugar from the Sun Exhibit	3/01/08	1,458,884	72,944	0
140	Community Room & Classroom Blinds	1/07/14	2,313	0	0
142	Computer Equipment	10/28/14	3,963	0	0
143	Computer Software/Network	6/15/15	27,995	0	0
144	Children's Garden	7/29/14	79,244	0	0
146	Embosser	12/16/15	8,069	0	0
150	Chairs & Dollies	7/08/16	7,192	0	0
	Total Other Depreciation		1,587,660	72,944	0
	Total ACRS and Other Depreciation		1,587,660	72,944	0
	Grand Totals		1,666,521	73,891	0

31035 Garfield Park Conservatory Alliance
36-4200490 **IL Future Depreciation Report** **FYE: 6/30/24**
FYE: 6/30/2023 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	IL
Prior MACRS:				
152	Notebook/Mobile Devices (L)-HP	8/19/19	2,017	0
153	Desktop Computers - HP	8/19/19	876	0
154	Notebook/Mobile Devices (L)-HP	8/13/19	2,017	0
155	Notebook/Mobile Devices (L)-HP	9/16/19	672	0
156	SamSung Washer and Dryer	11/30/19	1,576	0
157	Drainage work for Outside Garden	5/05/20	12,658	0
158	Refrigerator/cooler	2/06/20	791	0
159	Wifi Switches	12/07/20	1,326	0
160	Computer	12/07/20	702	0
161	Computer	5/20/21	1,723	0
162	Coffee Cart	9/01/20	6,925	0
163	Lumber for Apple Orchard	9/11/20	3,087	0
164	Lumber for Raised Beds	11/13/20	1,650	0
165	Network Equipment	9/17/21	445	0
166	Laptop	9/22/21	918	0
167	Laptop	11/30/21	953	0
168	Laptops	11/30/21	1,904	0
169	Cellphone	1/31/22	606	0
170	Server Case	3/01/22	654	0
171	Computer	3/11/22	1,232	0
172	Espresso Machine	3/30/22	6,000	0
173	Server Switches	4/21/22	1,674	0
174	Coffee Cart	11/30/21	2,175	0
175	Surface Pro	7/31/22	1,077	0
176	Computers	7/31/22	6,227	0
177	Docking Station	8/31/22	504	0
178	Refrigerator	9/16/22	2,126	0
179	Cash Counting Machine	9/30/22	595	0
180	Computer	11/30/22	1,085	0
181	iPad	11/30/22	598	0
182	Computer	12/31/22	1,498	0
183	Projector	3/31/23	1,031	350
184	Computer	4/30/23	1,549	589
185	Computer	4/30/23	1,549	589
186	Indoor Water Cooler	5/25/23	1,978	752
187	Computer	6/30/23	1,620	616
188	Computer	6/30/23	1,450	550
189	Lumber for Demo Garden	5/17/23	3,393	1,289
			78,861	4,735
Other Depreciation:				
127	Sugar from the Sun Exhibit	3/01/08	1,458,884	72,944
140	Community Room & Classroom Blinds	1/07/14	2,313	0
142	Computer Equipment	10/28/14	3,963	0
143	Computer Software/Network	6/15/15	27,995	0
144	Children's Garden	7/29/14	79,244	0
146	Embosser	12/16/15	8,069	0
150	Chairs & Dollies	7/08/16	7,192	0
	Total Other Depreciation		1,587,660	72,944
	Total ACRS and Other Depreciation		1,587,660	72,944
	Grand Totals		1,666,521	77,679

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Form **990** | **Event Income and Deduction Worksheet** | **2022**

Description GIFT SHOP

Name	Taxpayer Identification Number
GARFIELD PARK CONSERVATORY ALLIANCE	36-4200490

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	484,783
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	484,783
8. Cost of Goods Sold	8.	416,665
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	416,665
16. Net Income/Loss. Line 7 minus Line 15	16.	68,118

Expense Details - Cost of Goods Sold:

Beginning inventory	58,593
Purchases	200,373
Labor	
Section 263A costs	
Other costs	216,769
Ending inventory	59,070
Total Cost of Goods Sold	416,665

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code________ Seq # _____

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

31035

Form **990**

Event Income and Deduction Worksheet

2022

Description BEER UNDER GLASS

Name: GARFIELD PARK CONSERVATORY ALLIANCE

Taxpayer Identification Number: 36-4200490

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	**1.**	
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	
8. Cost of Goods Sold	**8.**	
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	
16. Net Income/Loss. Line 7 minus Line 15	**16.**	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code________ Seq # ______

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

31035

Form **990** | **Event Income and Deduction Worksheet** | **2022**

Description MUSIC UNDER GLASS

Name: GARFIELD PARK CONSERVATORY ALLIANCE

Taxpayer Identification Number: 36-4200490

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales . . . 1. ______
2. Advertising income . . . 2. ______
3. Circulation income . . . 3. ______
4. Other income . . . 4. ______
5. Returns and allowances . . . 5. ______
6. Contributions received . . . 6. ______
7. **Total revenue.** Add lines 1 through 6 . . . 7. ______
8. Cost of Goods Sold . . . 8. ______
9. Employment Expense . . . 9. ______
10. Fees for services . . . 10. ______
11. Indirect Expense . . . 11. ______
12. Depreciation Expense . . . 12. ______
13. Exempt Activity Expense . . . 13. ______
14. Fundraising Expense . . . 14. ______
15. **Total expenses.** Add lines 8 through 14 . . . 15. ______
16. **Net Income/Loss.** Line 7 minus Line 15 . . . 16. ______

Expense Details - Cost of Goods Sold:

Beginning inventory ______
Purchases ______
Labor ______
Section 263A costs ______
Other costs ______
Ending inventory ______
Total Cost of Goods Sold ______

Expense Details - Employment Expense:

Compensation of officers ______
Other salaries and wages ______
Pension plan contributions ______
Other employee benefits ______
Payroll taxes ______
Total Employment Expense ______

Expense Details - Fees for Services:

Management ______
Legal ______
Accounting ______
Lobbying ______
Professional fundraising ______
Investment management ______
Other ______
Total Fees for Services ______

Expense Details - Indirect Expense:

Advertising and promotion ______
Office ______
Printing/publication/postage ______
Info technology/Maintenance ______
Royalties & License Fees ______
Occupancy/Real Estate Taxes ______
Travel & Repairs ______
Travel/entertainment (officials) ______
Conferences/meetings ______
Interest ______
Insurance ______
Total Indirect Expense ______

Expense Details - Depreciation Expense:

On investment property ______
On non-investment property ______
Amortization ______
Depletion ______
Total Depreciation Expense ______

Expense Details - Exempt Activity Expense:

Repairs and Maintenance ______
Bad debts ______
Taxes/licenses ______
Charitable contributions ______
Dividend recd deductions ______
Readership costs ______
Other expenses ______
Total Exempt Activity Expense ______

Expense Details - Fundraising Expense:

Cash prizes ______
Non-cash prizes ______
Rent and facility costs ______
Food & beverages (Part II only) ______
Entertainment (Part II only) ______
Other direct expenses ______
Total Fundraising Expense ______

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code______ Seq # ______

- [ ] Part V, Debt Financing
- [ ] Part VI, Controlled Org Income
- [ ] Part VII, Investments for C(7)(9)(17)
- [ ] Part VIII, Exploited Activities
- [ ] Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First ______
Second ______
Third ______
All other ______

Form **990** | **Event Income and Deduction Worksheet** | **2022**

Description OTHER EVENTS

Name: GARFIELD PARK CONSERVATORY ALLIANCE

Taxpayer Identification Number: 36-4200490

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	**1.**	
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	
8. Cost of Goods Sold	**8.**	
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	
16. Net Income/Loss. Line 7 minus Line 15	**16.**	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code________ Seq # _____

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990 Event Income and Deduction Worksheet 2022

Description FLEUROTICA

Name: GARFIELD PARK CONSERVATORY ALLIANCE

Taxpayer Identification Number: 36-4200490

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	30,808
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	132,905
7. **Total revenue.** Add lines 1 through 6	7.	163,713
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	60,387
15. **Total expenses.** Add lines 8 through 14	15.	60,387
16. **Net Income/Loss.** Line 7 minus Line 15	16.	103,326

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	1,980
Entertainment (Part II only)	6,500
Other direct expenses	51,907
Total Fundraising Expense	60,387

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code ______ Seq # ______

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990/990PF**

Rent Income and Deduction Worksheet

Description SPECIAL EVENT ROOM RENTALS

2022

Name	Taxpayer Identification Number
GARFIELD PARK CONSERVATORY ALLIANCE	36-4200490

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	**1.**	387,248
Expenses (see details on worksheets below):		
2. Fees for services	**2.**	
3. Depreciation Expense	**3.**	
4. Direct Expense	**4.**	
5. Total expenses. Add lines 8 through 12	**5.**	
6. Net Income/Loss. Line 7 minus Line 13	**6.**	387,248

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	
Utilities	
Supplies	
Other expenses	
Total Direct Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code________ Seq # _____

- ☐ Part IV, Rent Income
- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	
Second	
Third	
All other	

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Form 990

Tax Return History

2022

Name: GARFIELD PARK CONSERVATORY ALLIANCE

Employer Identification Number: 36-4200490

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,602,205	1,526,896	1,881,625	2,577,775	2,880,637	
Membership dues	65,609	99,327	123,938	127,051	122,997	
Program service revenue	9,225	13,923	1,565	23,526	22,174	
Capital gain or loss						
Investment income	9,444	14,433	41,102	224	24,560	
Fundraising revenue (income/loss)	-26,252	26,705	14,346	16,084	-29,579	
Gaming revenue (income/loss)						
Other revenue	303,597	252,647	-24,876	434,296	455,366	
Total revenue	1,963,828	1,933,931	2,037,700	3,178,956	3,476,155	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	998,853	1,085,795	1,036,394	1,338,109	1,630,921	
Professional fees	27,590	55,374	18,566	53,777	120,776	
Occupancy costs	15,879	15,879	15,879	15,879	15,879	
Depreciation and depletion	104,590	94,772	90,302	82,502	85,564	
Other expenses	485,221	574,811	487,475	473,085	481,801	
Total expenses	1,632,133	1,826,631	1,648,616	1,963,352	2,334,941	
Excess or (Deficit)	331,695	107,300	389,084	1,215,604	1,141,214	
Total exempt revenue	1,963,828	1,933,931	2,037,700	3,178,956	3,476,155	
Total unrelated revenue						
Total excludable revenue	322,266	281,003	17,791	458,046	502,100	
Total Assets	2,596,194	2,914,493	3,089,647	4,270,987	5,240,656	
Total Liabilities	312,280	520,279	304,767	290,285	131,634	
Net Fund Balances	2,283,914	2,394,214	2,784,880	3,980,702	5,109,022	

Federal Statements

Taxable Interest on Investments

Description		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST INCOME	$	194		14			
REALIZED GAINS		24,366					
TOTAL	$	24,560					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	$ 120,776	$ 59,061	$ 59,996	$ 1,719
TOTAL	$ 120,776	$ 59,061	$ 59,996	$ 1,719

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
POSTAGE & DELIVERY	$ 28,271	$ 29	$ 1,016	$ 27,226
BANK & CREDIT CARD FEES	9,743		3,054	6,689
CONFERENCES & SEMINARS	9,228	8,941	287	
TELEPHONE	8,292	2,677	4,338	1,277
NEWSLETTER & PRINTING	5,550	4,570		980
MISCELLANEOUS	1,213	21	192	1,000
TOTAL	$ 62,297	$ 16,238	$ 8,887	$ 37,172

Schedule A, Part II, Line 1(e)

Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS	$ 122,997
GOVERNMENT GRANTS	502,018
	1,772,054
	27,548
	15,879
	141,208
ERTC	289,025
FLEUROTICA	
CASH CONTRIBUTION	132,905
TOTAL	$ 3,003,634

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	$ 194
SPECIAL EVENT ROOM RENTALS	387,248
TOTAL	$ 387,442

Schedule A, Part II, Line 12 - Current year

Description	Amount
FEES	$ 22,174
REALIZED GAINS	24,366
GIFT SHOP	484,783
BEER UNDER GLASS	
MUSIC UNDER GLASS	
OTHER EVENTS	
FLEUROTICA	30,808
TOTAL	$ 562,131

Federal Statements

Fleurotica

Other Direct Fundraising or Gaming Expenses

Description	Amount
SPECIAL EVENT EXPENSES	$ 46,279
PHOTOGRAPHER	800
OUTSIDE CLEANING	880
SUPPLIES	3,302
INSURANCE	646
TOTAL	$ 51,907

31035 Garfield Park Conservatory Alliance
36-4200490
ph:773-638-1766
Platform Version: 22.3.4
Federal Version: 22.3.4
Illinois Version: 22.2.0

2022

Illinois Diagnostics

Prepared by: William R. Tucker
11/17/2023 10:56 AM
sstetz

Critical Messages

None

Informational Messages

☑ Illinois Department of Revenue does not support electronic filing

Informational: Input Screen Overrules

Illinois General Information

☐ Treasurer or Trustee

Missing Data

	Prior Year Data
Illinois General Information	
☐ Extended due date	12/15/22

Illinois Return Summary

For calendar year 2022, or tax year beginning 07/01/22 , and ending 06/30/23

GARFIELD PARK CONSERVATORY ALLIANCE 36-4200490

Amount you are paying (IL-990T)		
Apportionment		
Total sales everywhere		
Total Illinois sales	0	
Apportionment factor	0.000000 %	
Net income or loss		
Investment credits		
Net replacement tax		
Income tax credits		
Net income tax		
Credit from prior year overpayment		
Total estimated payments		
Extension payment		
Pass-through withholding payments		
Pass-through entity tax credits		
Gambling withholding		
Total payments		
Overpayment		
Amount to credit forward		
Refund		
Tax due before penalty and interest		
Late payment interest		
Failure to pay penalty		
Failure to file penalty		
Total amount due		

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Charitable Registration

Filing fee	15
Return / extended due date	01/02/24

Miscellaneous Information

Amended return	
IL-990T due date /extended date	05/15/24

31035

For Office Use Only

PMT #

AMT

INIT

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL
Revised 1/19

Attorney General **KWAME RAOUL** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-033-776

Report for the Fiscal Period:

Beginning 07/01/2022

& Ending 06/30/2023 (MO DAY YR)

Make Checks Payable to the Illinois Charity Bureau Fund

Check all items attached:

- [X] Copy of IRS Return
- [X] Audited Financial Statements
- [ ] Copy of Form IFC
- [X] $15.00 Annual Report Filing Fee
- [ ] $100.00 Late Report Filing Fee

Federal ID # 36-4200490

Are contributions to the organization tax deductible? [X] Yes [ ] No

Date Organization was created: 07/01/1997 (MO DAY YR)

LEGAL NAME: GARFIELD PARK CONSERVATORY ALLIANCE
MAIL ADDRESS: 300 N. CENTRAL PARK AVENUE
CITY, STATE: CHICAGO IL
ZIP CODE: 60624

Year-end amounts	
A) ASSETS	A) $ 5,240,656
B) LIABILITIES	B) $ 131,634
C) NET ASSETS	C) $ 5,109,022

	PERCENTAGE	AMOUNT
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. **(GROSS AMTS.)**	74 %	D) $ 2,916,384
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	16 %	E) $ 625,015
F) OTHER REVENUES	10 %	F) $ 411,808
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) $ 3,953,207
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	59 %	H) $ 1,385,017
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) $
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	59 %	J) $ 1,385,017
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): $		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) $
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	59 %	L) $ 1,385,017
M) MANAGEMENT AND GENERAL EXPENSE	28 %	M) $ 648,452
N) FUNDRAISING EXPENSE	13 %	N) $ 301,472
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) $ 2,334,941
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) $
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) $
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) $
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) $

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: JENNIFER VAN VALKENBURG	PRESIDENT & CEO	T) $ 160,253
U) NAME, TITLE: MATTIE WILSON	DIRECTOR OF PROGRAMS	U) $ 77,976
V) NAME, TITLE: MARIE STRINGER		V) $ 73,049

V. CHARITABLE PROGRAM DESCRIPTION: *CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED) CODE CATEGORIES*

	CODE (List on back side of instructions)
W) DESCRIPTION: EDUCATIONAL MATERIALS FOR THE PUBLIC	W) # 012
X) DESCRIPTION:	X) #
Y) DESCRIPTION:	Y) #

GARFIELD PARK CONSERVATORY ALLIANCE 36-4200490 Form AG990-IL, Page 2

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS $ ______ ;(ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES $ ______ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL $ ______ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING $ ______		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? 8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? 9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10.		X

11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:
SEE STATEMENT 1

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: JENNIFER VAN VALKENBURG
773-638-1766

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

JENNIFER VAN VALKENBURG
PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

WILLIAM R. TUCKER
PREPARER (PRINT NAME) SIGNATURE DATE

BE SURE TO INCLUDE ALL FEES DUE:

1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2.) FOR FEES DUE SEE INSTRUCTIONS.
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A $100.00 PENALTY.

Illinois Statements

Statement 1 - Form AG990-IL, Page 2, Line 11 - Financial Institutions where Organization Maintains Three Largest Accounts

Description
HARRIS BANK 111 W. MONROE STREET, CHICAGO, IL WAYNE HUMMER 300 S. WACKER DRIVE, CHICAGO, IL PNC, P.O. BOX 609 PITTSBURGH, PA