# Gerard W Chadwick 95 Hamilton Ave New Rochelle NY 10801 914-633-4128

June 15, 2023

Milijana Radonjic-Il Hudson Park Children's Greenhouse 23 Argyll Ave NEW ROCHELLE, NY 10804-

Enclosed is the 2022 Federal 990EZ tax return for Hudson Park Children's Greenhouse.

Your Federal tax return has been filed electronically. Please keep a copy of the return with your records.

Your 2022 NY state tax return is enclosed. The return must be signed by an officer of the organization and mailed by to the address below.

If you have any questions, please call us. We appreciate the opportunity to serve you.

Sincerely,

Gérard Chadwick

# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.lrs.gov/Form990EZ for instructions and the latest information.

A	For th	he 2022 calen	dar year, or tax year beginning , and endi	ng	<u> </u>
В		if applicable:	C Name of organization		D Employer identification number
	Addres	ss change	Hudson Park Children's Greenhouse		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite	81-1290639
	Initial r	return	23 Argyll Äve		E Telephone number
	Final reti	urn/terminated	City or town State ZIP code		7
	Amend	ded return	NEW ROCHELLE NY 10804-		914-654-1654
	Applica	ation pending	Foreign country name Foreign province/state/county Foreign postal of	ode	F Group Exemption
		-			Number
G	Accoun	nting Method:	X Cash Accrual Other (specify)	U	H Check if the organization is
	Websi		A dasii Addidai	·  "	not required to attach Schedule B
			ick only one) — X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	i	(Form 990).
	IDVICAC	- Inpt status (the		527	
K	Form o	of organization:	X Corporation Trust Association Other		
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total as	ssets
	(Part II,	, column (B)) a	ire \$500,000 or more, file Form 990 instead of Form 990-EZ	<u></u>	\$ 18,42
P	art i	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see	the in	nstructions for Part I)
		Check if	the organization used Schedule O to respond to any question in this	Part i	1
	1	Contribution	ns, gifts, grants, and similar amounts received		18,42
	2		rvice revenue including government fees and contracts		
j	3		p dues and assessments		
	4	Investment			4
	5a	Gross amou	unt from sale of assets other than inventory 5a		
i	b	Less: cost of	or other basis and sales expenses		
	C		s) from sale of assets other than inventory (subtract line 5b from line 5a).		
	6	Gaming and	d fundraising events:		
6)	а		ne from gaming (attach Schedule G if greater than		
Ž					
Revenue	b		ne from fundraising events (not including \$ of contribution)	ons	
쮼			ising events reported on line 1) (attach Schedule G if the		
			n gross income and contributions exceeds \$15,000) . 6b		
			expenses from gaming and fundraising events 6c		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract	
	7a	•	of inventory loss returns and allowers		6d
	b		s of inventory, less returns and allowances		
	C		or (loss) from sales of inventory (subtract line 7b from line 7a)		7-
	8	Other reven	nue (describe in Schedule O)		7c   8
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 18,42
寸	10	Grants and	similar amounts paid (list in Schedule O)	· · · · · ·	10
	11	Benefits pai	id to or for members		11
ဖွ	12	Salaries, otl	her compensation, and employee benefits		12
Š	13	Professiona	Il fees and other payments to independent contractors		13
Expenses	14	Occupancy,	rent, utilities, and maintenance		. 14
Щ	15	Printing, pul	blications, postage, and shipping		15
	16	Other exper	nses (describe in Schedule O)		16 8,57
$\Box$	17	Total exper	nses. Add lines 10 through 16		17 8,57
20	18	Excess or (d	deficit) for the year (subtract line 17 from line 9)		<b>18</b> 9,85
Net Assets	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (must agree	with	
As		end-of-year	figure reported on prior year's return)		19
<u></u>	20		ges in net assets or fund balances (explain in Schedule O)		. 20
~	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20		21 9.85

Hr/WK

Hr/WK

Hr/WK

Hr/WK

Hr/WK

Hr/WK

Hr/WK

8

Karen Hassel

Communications PR

Form 990-EZ (2022)

Form 990-EZ (2022)

Part V

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a Χ b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. . . . 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . . . . . 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 Х 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. | 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . 38a **b** If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . . Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities . . . . . . . . . . . . . . . 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 : section 4955 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 41 List the states with which a copy of this return is filed. 42a The organization's books are in care of Milijana Radonjic-Ilich Telephone no. 914-654-1654 Located at 23 Argyll Av City NEW ROCHELLE ST NY ZIP + 410804b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? . . . . If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. Yes Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Χ Х If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ, See instructions. 45b

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	, ,	HAGGON TOTAL ONE	ALCH O OLCCIII.OUCC			- 2 0 0 0 2		i ugo i
46	Did th	e organization engage, directly or indirec	tly, in political campaign a	ctivities on behalf of o	r in opposition		Yes	No
		ndidates for public office? If "Yes," comple			· · · · · · · · · · · · · · · · · · ·	. 46		Χ
Part	VI	Section 501(c)(3) Organizations O All section 501(c)(3) organizations m 50 and 51.	nust answer questions 4		·	s for line	s	
		Check if the organization used Sche	dule O to respond to an	y question in this Pa	art VI		1 .	
47		ne organization engage in lobbying activiti If "Yes," complete Schedule C, Part II		- ·	_	. 47	Yes	No X
48		organization a school as described in se						Х
49a		ie organization make any transfers to an e			Х			
		s," was the related organization a section				. 49b		
50		plete this table for the organization's five h pyees) who each received more than \$10					ey	
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estim	ated am	
Name Title	NONE		Hr/WK					
Name Title			Hr/WK					
Name Title			Hr/WK					
Name Title			Hr/WK					
Name								
Title f	Total	number of other employees paid over \$10	Hr/WK			<u></u>		
51	Comp	olete this table for the organization's five hard of compensation from the organization	ighest compensated indep		ho each received mo	ore than		
		(a) Name and business address of each independ	lent contractor	(b) Type of service	ce (c	c) Compensa	ation	
	NONE							•
City		ST	ZIP					
Name City		Str ST	ZiP					
Name City		Str ST	ZIP				•••	
Name		Str	211					
City		ST	ZIP					
Name City		Str ST						
d 52	Did th	number of other independent contractors e organization complete Schedule A? No	each receiving over \$100	rganizations must atta	ach a	X Ye	es 🗌	No
Under p true, coi	enalties rect, an	of perjury. I declare that I have examined this return, d complete. Declaration of preparer (other than officer	including accompanying schedule ) is based on all information of wh	es and statements, and to the nich preparer has any knowle	e best of my knowledge and edge.	d belief, it is		
			)		05/12/202	3		
Sign Here	(	Signature of officer and	<i>)</i> ,		05/12/0	<u>,</u> 23		
		Type or print name and title	-	· /				
Paid Prepa	arer	Print/Type preparer's name Genand Chadwick	Gerard Challett	Date 0.5/1	Check	if PTIN P0125	59123	<u> </u>
Use (		Firm's name Gerard Chadwick	<del></del>		Firm's EIN			
		Firm's address 95 Hamilton Ave	<del></del>	LE NY 10801-		4-633-		
iviay ti	ie iKS	discuss this return with the preparer sho	wn above? See instructio	ns		Ye	S X	No

#### **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

	ame of the organization Employer identification number							
		on Park Children's					81-1290639	
Pai								
	org	panization is not a private founda		·		-	•	
· ·	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	<u> </u>	A school described in <b>section</b>		,				
3	<u>_</u>	A hospital or a cooperative hos	•					
4	4 A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:							
5		An organization operated for the section 170(b)(1)(A)(iv). (Cor	he benefit of a colle nplete Part II.)	ge or university owne	d or opera	ated by a	governmental unit d	escribed in
6		A federal, state, or local gover	nment or governme	ntal unit described in	section	170(b)(1)(	(A)(v).	
7		An organization that normally a described in section 170(b)(1			rom a gov	/ernmenta	al unit or from the ge	neral public
8		A community trust described ir	section 170(b)(1	)(A)(vi). (Complete Pa	ırt II.)			
9		An agricultural research organ or university or a non-land-gra university:	ization described ir nt college of agricu	n section 170(b)(1)(A) Iture (see instructions	(ix) opera ). Enter th	ated in cor ne name, d	njunction with a land city, and state of the	-grant college college or
10	X		to its exempt functi income and unrela	ions, subject to certain ated business taxable	n exception	ons; and (2 ess sectio	2) no more than 33 1 in 511 tax) from busi	1/3% of its
11		An organization organized and	d operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).	
12		An organization organized and of one or more publicly suppor Check the box on lines 12a thr	ted organizations d	escribed in section 5	09(a)(1)	or <b>sectior</b>	n 509(a)(2). See sec	tion 509(a)(3).
а		Type I. A supporting organithe supported organization organization. You must con	zation operated, su (s) the power to reg	pervised, or controlled ularly appoint or elect	f by its su	pported o	rganization(s), typic	ally by giving
b		Type II. A supporting organ control or management of the organization(s). You must control to the control of th	he supporting organ	nization vested in the s				
C		Type III functionally integrates its supported organization(s	rated. A supporting	organization operated	in conne	ection with	, and functionally int A. D. and F.	tegrated with,
d		Type III non-functionally in that is not functionally integ requirement (see instruction	ntegrated. A supportated. The organiza	orting organization operation generally must sa	erated in d	connection stribution i	n with its supported or requirement and an	organization(s) attentiveness
е		Check this box if the organi.					s a Type I, Type II, T	ype III
		functionally integrated, or T		ally integrated suppor	ting orgar	nization.		<u> </u>
f g		Enter the number of supported Provide the following information		ted organization(s)				
<del></del>		Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								***
Tota	i i							

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.)

Sec	ction A. Public Support	ally under the	reara mateu pero	w, piease com	Diete Fait II.		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees	(a) 2010	(6) 2013	(6) 2020	(0) 2021	(6) 2022	(I) IOIAI
'	received. (Do not include any "unusual grants.")	48122.	20083.	5505.	6788.	18421.	98919.
2	Gross receipts from admissions, merchandise			5555.			
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						<del> </del>
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						
_	The value of services or facilities		1				
5	furnished by a governmental unit to the						
	organization without charge						
		48122.	20002	E C 0 E	Z700	10401	00010
6	Total. Add lines 1 through 5	40122.	20083.	5505.	6788.	18421.	98919.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
L							
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000		Ì	•			
	or 1% of the amount on line 13 for the year		:				
_	Add lines 7a and 7b.						
_	Public support (Subtract line 7c from						
0	line 6.)						98919.
Sec	tion B. Total Support						36313.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	48122.	20083.	5505.	6788.	18421.	98919.
	Gross income from interest, dividends,	40122.	20003.	3303.	07001	10-12-1	30919.
	payments received on securities loans, rents,						
	royalties, and income from similar sources	ļ					
h	Unrelated business taxable income (less			- ··· · - · · · · · · · · · · · · · · ·			
~	section 511 taxes) from businesses						
	acquired after June 30, 1975					į	
_	Add lines 10a and 10b						
11	Net income from unrelated business					-	
• •	activities not included on line 10b, whether			Ì		]	
	or not the business is regularly carried on .	<u> </u>					
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.)	48122.	20083.	5505.	6788.	18421.	98919.
14	First 5 years. If the Form 990 is for the org						30323.
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
	Public support percentage for 2022 (line 8, c			(f))		15	100.00%
	Public support percentage from 2021 Sched					16	100.00%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2022 (lin		·	column (f))		17	0.00%
18	Investment income percentage from 2021 S					18	0.00%
	33 1/3% support tests—2022. If the organiz						2 2 3 70
	not more than 33 1/3%, check this box and s						X
b	33 1/3% support tests-2021. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r						<u>-</u>

# Gerard W Chadwick 95 Hamilton Ave New Rochelle NY 10801 914-633-4128

June 15, 2023

Milijana Radonjic-Il Hudson Park Children's Greenhouse 23 Argyll Ave NEW ROCHELLE, NY 10804-

Enclosed is the 2022 Federal 990EZ tax return for Hudson Park Children's Greenhouse.

Your Federal tax return has been filed electronically. Please keep a copy of the return with your records.

Your 2022 NY state tax return is enclosed. The return must be signed by an officer of the organization and mailed by to the address below.

If you have any questions, please call us. We appreciate the opportunity to serve you.

Sincerely,

jerard Chadwick

# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

2022

ZUZZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2022 calend	dar year, or tax year beginning	and ending		
₿	Check i	if applicable:	C Name of organization		D Employer Identi	fication number
Щ	Address	s change	Hudson Park Children's Greenhouse			
	Name o	сћапде	Number and street (or P.O. box if mail is not delivered to street address)	81-1290639		
	Initial re	eturn	23 Argyll Ave		E Telephone number	er .
	Final retu	urn/terminated		code		
	Amende	ed return	NEW ROCHELLE NY 108	3 C 4 -	914-654-16	54
	Applicat	tion pending		ign postal code	F Group Exempt	ion
					Number	
	Accoun	nting Method:	X Cash Accrual Other (specify)	l H	Check if th	e organization is
	Websi			''	not required to att	
			ck only one) — X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)	(1) or 527	(Form 990).	aon odnada b
					·	
K	Form of	f organization:	X Corporation Trust Association	Other		
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	nore, or if total as	sets	
	(Part II,	column (B)) a	re \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	18,421
	art l	Revenue	e, Expenses, and Changes in Net Assets or Fund Balanc	es (see the in	structions for Pa	art I)
		Check if	the organization used Schedule O to respond to any questio	n in this Part I		Х
	1	Contribution	ns, gifts, grants, and similar amounts received		1	18,421
	2		rvice revenue including government fees and contracts		<del></del>	
	3		o dues and assessments			
	4	Investment			4	
	5a	Gross amou	unt from sale of assets other than inventory 5a			
	b	Less: cost of	or other basis and sales expenses			
	С		s) from sale of assets other than inventory (subtract line 5b from line	ne 5a)	. 5c	
İ	6		fundraising events:	ŕ		
	а	Gross incon	ne from gaming (attach Schedule G if greater than			
Revenue		\$15,000) .				
Ve.	b			ontributions		
S.			ising events reported on line 1) (attach Schedule G if the			
			n gross income and contributions exceeds \$15,000) 6b			
			expenses from gaming and fundraising events 6c			
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract		
	_	,			. 6d	
			of inventory, less returns and allowances			
			of goods sold		75 IV	
	_		or (loss) from sales of inventory (subtract line 7b from line $\overline{7}a$ ).		7c	1.00
	8	Other reven	ue (describe in Schedule O)			
$\dashv$	9 10	Containeven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	18,421
	11		similar amounts paid (list in Schedule O)			
6	12	Solorios of	d to or for members		. 11	
Se	13		l fees and other payments to independent contractors			
뒿	14					<del></del> -
Expenses	15	Printing pul	rent, utilities, and maintenance		14	
"	16	Other ever	nses (describe in Schedule O)		15	C F73
ł	17	Total aveca	ises (describe in scriedale O)		16	8,571
	18	Excess or //	nses. Add lines 10 through 16	· · · · · · · ·	. 17	8,571
e is	19		or fund balances at beginning of year (from line 27, column (A)) (m		. 16	9,850
Net Assets			figure reported on prior year's return).		19	
7	20		ges in net assets or fund balances (explain in Schedule O)			· · · · · · · · · · · · · · · · · · ·
ž	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	· · · · · · ·	21	9,850

	Check if the	organization use					T'					<u>x</u>
							(A)	Beginning o	<del></del>		(B) End	
22							-	86	,901			96,75
23 24							-			23		
25			lule O)				-		0.01	24		0.6.05
26	Total liabilities	(describe in Sch	nedule 0) .   .   .				-		,901 ,901		<u> </u>	96,75 96,75
27			ine 27 of column					00	,901	27		90,13
	rt III Statemen	t of Program S	ervice Accompli	ishments (see	the instruc	tions for Part II	IX			21	1	
			used Schedule O								Expen	eae
\M/h:	at is the organization			<u> </u>			• , ,	· · · ·		(Re	quired for se	
Des	cribe the organizat	tion's primary exe	envice accomplisi	hments for each	of ite thre	e largest progr		nicoc			(c)(3) and 5	1-71-7
	neasured by exper									_	anizations; c others.)	ptional
	ons benefited, and					provided, are in	a 1110 C					
28	Dedicated to	propagatir	ng environme	ental aware	ness			. •				
	sustainable	development	t in communi	ty with ed	lucation	al						
	experiences			• • • • • • • • • • • • • • • • • • • •								
	(Grants \$	14,476	) If this amoun	nt includes forei	gn grants,	check here				28a	ı	14,47
29								·· <del>·</del>				
			·								1	
										1		
	(Grants \$		) If this amoun	nt includes forei	gn grants,	check here				29a	1	
30												
											ļ	
									<u></u>			
	(Grants \$		) If this amoun	it includes forei	gn grants,	check here				30a	1	
.31	Other program co	المسائد والمساملات والمساورين										
•		rvices (describe										
	(Grants \$		) If this amoun	t includes forei	gn grants,	check here				31a	Ì	
32	(Grants \$  Total program se	ervice expenses	) If this amoun	nt includes forei through 31a)	gn grants,	check here				32		14,47
32	(Grants \$ Total program se rt IV List of Offi	ervice expenses icers, Directors	) If this amounts. (add lines 28as, Trustees, and	t includes forei through 31a) Key Employee	gn grants, s (list each	check here	omper	nsated—se	e the ir	32 struct	ions for Pa	art IV)
32	(Grants \$ Total program se rt IV List of Offi	ervice expenses icers, Directors	) If this amoun	t includes forei through 31a) Key Employee	gn grants, s (list each	check here	omper	nsated—se	e the ir	32 struct	ions for Pa	art IV)
32	(Grants \$ Total program se rt IV List of Offi	ervice expenses icers, Directors	) If this amounts. (add lines 28as, Trustees, and	t includes foreinthrough 31a)  Key Employee to respond to a	gn grants, s (list each ny questio	one even if not on in this Part IV	omper	nsated—sec	e the ir	32 struct	ions for Pa	art IV)
32	(Grants \$ Total program se rt IV List of Offi Check if the	ervice expenses icers, Directors	) If this amounts. (add lines 28as, Trustees, and	through 31a)  Key Employee to respond to a	gn grants,  s (list each ny questio	one even if not on in this Part IV  (c) Reportation	omper	nsated—sec	e the in	32 estruct	ions for Pa	art IV)
32	(Grants \$ Total program se rt IV List of Offi Check if the	ervice expenses icers, Directors e organization u	) If this amounts. (add lines 28as, Trustees, and	t includes foreinthrough 31a)  Key Employee to respond to a	gn grants, s (list each ny questio	one even if not on in this Part IV  (c) Reportable compensation (Forms W-2/1099-NEC)	omper / ble on -MISC/	(d) Heacontrib	e the in	32 nstruct	ions for Pa	art IV)
32 Pa	(Grants \$ Total program se rt IV List of Offi Check if the	ervice expenses icers, Directors e organization u n) Name and title	) If this amounts. (add lines 28as, Trustees, and	through 31a)  Key Employee to respond to a  (b) Average of the second control of the sec	gn grants, s (list each ny questio	one even if not on in this Part IV  (c) Reported compensation (Forms W-2/1099)	omper / ble on -MISC/	nsated—sec	e the in	32 nstruct	ions for Pa	art IV)
32 Pa	(Grants \$ Total program se rt IV List of Offi Check if the  (a	ervice expenses icers, Directors e organization u n) Name and title	) If this amounts. (add lines 28as, Trustees, and	through 31a)  Key Employee to respond to a  (b) Average of the devoted to	gn grants, s (list each ny questio rage week position	one even if not on in this Part IV  (c) Reportable compensation (Forms W-2/1099-NEC)	comper / lele on -MISC/ er -0-)	(d) Heacontrib	e the in	32 nstruct ts,	ions for Pa	art IV)
32 Pa	(Grants \$ Total program se IV List of Offi Check if the  (a	ervice expenses icers, Directors e organization u n) Name and title	) If this amounts. (add lines 28as, Trustees, and	through 31a)  Key Employee to respond to a  (b) Average of the second control of the sec	gn grants, s (list each ny questio	one even if not on in this Part IV  (c) Reportable compensation (Forms W-2/1099-NEC)	omper / ble on -MISC/	(d) Heacontrib	e the in	32 nstruct ts,	ions for Pa	art IV)
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32 Pa Mil Pre Car	(Grants \$ Total program se rt IV List of Offi Check if the  (a  ijana Radonj; sident la Moseley asurer	ervice expenses icers, Directors e organization u n) Name and title	) If this amounts. (add lines 28as, Trustees, and	through 31a)  Key Employee to respond to a  (b) Average of the devoted to	gn grants, s (list each ny questio rage week position	one even if not on in this Part IV  (c) Reportable compensation (Forms W-2/1099-NEC)	comper / lele on -MISC/ er -0-)	(d) Heacontrib	e the in	32 nstruct ts,	ions for Pa	art IV)
32 Pa Mil Pre Car Tre	(Grants \$ Total program se rt IV List of Offi Check if the  (a  ijana Radonj sident la Moseley asurer Ciota	ervice expenses icers, Directors e organization u  Name and title ic-Ilich	) If this amounts. (add lines 28as, Trustees, and	through 31a)  Key Employee to respond to a  (b) Aver hours per devoted to  Hr/WK	gn grants, s (list each ny questio rage week position	one even if not on in this Part IV  (c) Reportable compensation (Forms W-2/1099-NEC)	omper/ / ole on -MISC/ er -0-)	(d) Heacontrib	e the in	32 nstruct ts,	ions for Pa	art IV)
32 Pa Mil Pre Car Tre Don	(Grants \$ Total program se rt IV List of Offi Check if the  (a  ijana Radonj sident la Moseley asurer Ciota iness Consult	ervice expenses icers, Directors e organization u  Name and title ic-Ilich	) If this amounts. (add lines 28as, Trustees, and	tincludes foreing through 31a)  Key Employee to respond to a (b) Aven hours per devoted to Hr/WK	gn grants, s (list each ny questio	one even if not on in this Part IV  (c) Reportable compensation (Forms W-2/1099-NEC)	comper / lele on -MISC/ er -0-)	(d) Heacontrib	e the in	32 nstruct ts,	ions for Pa	art IV)
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32 Pa Mill Pre Car Tre Don Bus	(Grants \$ Total program se IV List of Offi Check if the  (a  ijana Radonj sident la Moseley asurer Ciota iness Consul en Hassel	ervice expenses icers, Directors e organization u  Name and title ic-Ilich	) If this amounts. (add lines 28as, Trustees, and	tincludes foreinthrough 31a)  Key Employee to respond to a  (b) Average hours per devoted to hours with the hours per devoted to her/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	gn grants, s (list each ny questio rage week position 8	one even if not on in this Part IV  (c) Reportable compensation (Forms W-2/1099-NEC)	omper/ / sile on -MISC/ er -0-)	(d) Heacontrib	e the in	32 nstruct ts,	ions for Pa	art IV)
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Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	tilis Part V .
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Yes No
-	detailed description of each activity in Schedule O	<b>33</b> X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	
	change on Schedule O. See instructions	<b>34</b> X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	and the second
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	
••	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	and Clark Street Spirit
270	during the year? If "Yes," complete applicable parts of Schedule N .	36 X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.  27a	
38a	Did the organization file Form 1120-POL for this year?	37b
Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	
b		38a X
39	TORS NO	
а	PS-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-	
ь	Gross receipts, included on line 9, for public use of club facilities	Harris Harris
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	$+\cdots+$
	section 4911; section 4912; section 4955	
b		a de la participa de la compansión de la c
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b   X
	on organization managers or disqualified persons during the year under sections 4912,	2012
	4955, and 4958	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	
	40c reimbursed by the organization	Santon Hair of Santonian
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	
	transaction? If "Yes," complete Form 8886-T.	40e X
41	List the states with which a copy of this return is filed.	
42a	The organization's books are in care of Milijana Radonjic-Ilich Telephone no. 91	4-654-1654
	35.	1
h	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)?	
	If "Yes," enter the name of the foreign country	42b X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	
	Financial Accounts (FBAR).	
Ç	At any time during the calendar year, did the organization maintain an office outside the United States?	42c X
	If "Yes," enter the name of the foreign country	42C   A
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	
	and enter the amount of tax-exempt interest received or accrued during the tax year	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Yes No
7-761	completed instead of Form 990-EZ	10 De 4 Sept 10 Sept
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a X
J		
c	completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?	44b X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c X
u	evolunation in Schedule O	
45a	explanation in Schedule O	44d
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	<b>45a</b> X
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	a series
		AEL
	Form 990-EZ. See instructions.	45b X
		Form <b>990-EZ</b> (2022)

	Did the organization engage, directly or indirector to candidates for public office? If "Yes," com				Yes No			
Part \		Only must answer questions	47–49b and 52, and	complete the table	s for lines			
					Yes No			
	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							
48 i 49a i b i 50 (	Is the organization a school as described in a Did the organization make any transfers to a If "Yes," was the related organization a section Complete this table for the organization's five employees) who each received more than \$1	section 170(b)(1)(A)(ii)? If n exempt non-charitable re on 527 organization? highest compensated em	"Yes," complete Scheduelated organization?	ule E	48 X 49a X 49b es, and key			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation			
Name I Title	CONE	Hr/WK						
Name Title		Hr/WK		11-1				
Name Title		Hr/WK						
Name Title								
Name Title		Hr/WK		. *************************************				
51 (	Total number of other employees paid over \$ Complete this table for the organization's five \$100,000 of compensation from the organiza	100,000 highest compensated ind	ependent contractors w	ho each received mo	re than			
	(a) Name and business address of each indepe		(b) Type of service	e (c	) Compensation			
Name N	IONE Str	ZIP	-					
Name City	Str ST	ZIP	-					
Name	Str		-					
City Name	ST Str	ŽIP	_		. =			
City Name	ST	ZIP						
City	Str ST	ZIP	-					
<b>52</b> [	Total number of other independent contractor Did the organization complete Schedule A? It completed Schedule A			ch a	X Yes No			
Under pe	naities of perjury, I declare that I have examined this return ect, and complete. Declaration of preparer (other than office	n, including accompanying schedu	iles and statements, and to the	best of my knowledge and	belief, it is			
	1	<u> </u>	mion preparer had any knowle	05/12/2023				
Sign Here	Signature of officer Cerl &	<u> </u>	7.12	Date 05/12/0	2.3			
Do:-	Type or print name and title  Print/Type preparer's name	Prepareris sognature	Date	/ /	PTIN			
Paid Prepai	rer Gerard Chadwick	Gerard Mall	05/1	Check 2/2023 self-employed	P01259123			
Use O	I Firm's name Gerard Chadwir		LLE NY 10801-	Firm's EIN	4-633-4128			
May the	e IRS discuss this return with the preparer sh			Phone no. 91	Yes X No			

#### **SCHEDULE A** (Form 990)

# **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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

		<u>n Park Children's</u>	Greenhous	e			81-1290639	
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	The state of the s							
2	$\square$	A school described in section		*	,,			
3	Щ	A hospital or a cooperative ho	•				,, ,	
4	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.)							escribed in
6		A federal, state, or local gover	nment or governme	ental unit described in	section	170(b)(1)	(A)(v).	
7		An organization that normally described in <b>section 170(b)</b> (1			from a go	vernmenta	al unit or from the ge	neral public
8		A community trust described i	n section 170(b)(1	)(A)(vi). (Complete Pa	art II.)			
9		An agricultural research orgar or university or a non-land-grauniversity:	nization described in ant college of agricu	n section 170(b)(1)(A) ulture (see instructions	)(ix) opera ). Enter th	ated in con ne name,	njunction with a land city, and state of the	l-grant college college or
10	Χ	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt funct t income and unrela	tions, subject to certail ated business taxable	n exception income (I	ons; and () ess sectio	2) no more than 33 f on 511 tax) from busi	1/3% of its
11		An organization organized and					•	
12		An organization organized and of one or more publicly support Check the box on lines 12a th	d operated exclusiv rted organizations o rough 12d that des	ely for the benefit of, t described in <b>section 5</b> cribes the type of supp	o perform 509(a)(1) porting org	the funct or <b>sectio</b> r ganization	ions of, or to carry on 509(a)(2). See sec and complete lines	tion 509(a)(3). 12e, 12f, and 12g.
а	į	Type I. A supporting organithe supported organization organization. You must co	(s) the power to reg mplete Part IV, Se	gularly appoint or elect ctions A and B.	a majorit	y of the di	rectors or trustees of	of the supporting
b	L	Type II. A supporting organ control or management of t organization(s). You must	he supporting orga	nization vested in the	ction with same per	its suppor	rted organization(s), control or manage th	by having ne supported
¢	L	Type III functionally integ	rated. A supporting	organization operate	d in conne	ection with	n, and functionally in	tegrated with,
d	Г	its supported organization(s	s) (see instructions)	. You must complete	Part IV,	Sections	A, D, and E.	
u	L	Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The organiza	ation generally must sa	atisfy a dis	stribution	requirement and an	organization(s) attentiveness
e		Check this box if the organi	zation received a w	ritten determination fr	om the IR	S that it is	s a Type I, Type II, T	ype III
		functionally integrated, or T	ype III non-function	ally integrated suppor	ting orgar	nization.		
f g		Enter the number of supported Provide the following information					• • • • • • • • •	
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?		other support (see instructions)
					Yes	No		
A)								
<u> </u>								
B)								
C)								
D)								<del></del>
E)		. ,		<u> </u>				
otal								
ाम्			1. 一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、	Page 2 - 14.66 为16.27 6 位置。2017年17日,第二十四十二年2017年17日,17日	LINE ALL STREET, SAN	Barry and the State of Sales and	·	

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.)

50	If the organization fails to qu	ality under the	tests listed belo	w, please com	plete Part II.)		
	ction A. Public Support	(=) 2049	(b) 2010	(-) 2020	(4) 2024	(*) 2022	(f) Takal
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	48122.	20083.	5505.	6788.	18421.	98919.
	furnished in any activity that is related to the organization's tax-exempt purpose						
3							
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	48122.	20083.	5305.	6788.	18421.	98919.
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 .						
	Add lines 7a and 7b.						
	Public support (Subtract line 7c from line 6.)						98919.
	ction B. Total Support	( ) 0040				Г	
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	48122.	20083.	5505.	6788.	18421.	98919.
ıva	Gross income from interest, dividends,	1	}			1	
	payments received on securities loans, rents,	:					
14.	royalties, and income from similar sources .		<del></del>				
O	Unrelated business taxable income (less		ļ			1	
	section 511 taxes) from businesses		İ				
_	acquired after June 30, 1975						
	Add lines 10a and 10b						w
11	Net income from unrelated business		) <u> </u>	ı			
	activities not included on line 10b, whether					ŀ	
45	or not the business is regularly carried on .						
12	Other income. Do not include gain or loss from the sale of capital assets			;			
40	(Explain in Part VI.)		-				
13	Total support. (Add lines 9, 10c, 11, and 12.)	48122.	30033	E E O E	6700	10401	2004
14	First 5 years. If the Form 990 is for the orga		20083.	5505.	6788.	18421.	98919.
	organization, check this box and stop here	zimzanon o mat, ac	rooma, uma, roaran,	or militax year as	s a section so r(c)	.5/	
Sec	ction C. Computation of Public Sur	nort Percent:	200				,
15	Public support percentage for 2022 (line 8, co			¥\\		45	100 00%
16	Public support percentage from 2021 Schedu					15	100.00%
	tion D. Computation of Investmen	t Income Perc	entane	<u> </u>		16	100.00%
17	Investment income percentage for 2022 (lin			column (f))		17	0.00%
18	Investment income percentage from 2021 Sc					18	0.00%
	33 1/3% support tests—2022. If the organiz						0.00%
-	not more than 33 1/3%, check this box and s	top here. The org	janization qualifies	as a publicly suppo	orted organization	2134 IIII († 18 	Х
b	33 1/3% support tests—2021. If the organiz	ation did not chec	k a box on line 14 o	or line 19a, and line	e 16 is more than 3	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and <b>stop he</b> re	e. The organization	qualifies as a publ	licly supported orga	anization	, [ ]
20	Private foundation. If the organization did n						

# Schedule B (Form 990)

## Schedule of Contributors

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Hudson Park Children's Greenhouse 81-1290639 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals, Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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).

### 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
Hudson Park Children's Greenhouse	81-1290639
See Other Expense	
Other Expenses List	
	~ * *
•••••••••••••••••••••••••••••••••••••••	
·	
	••

Name: Hudson Park Children's Greenhouse

in: 81-1290639

Description: Other Expenses	
Туре	Amount
Special Events Expenses Holiday Party	2,336.
Program Expenses	1,570.
Accounting Services	49. 75.
Taxes Paid	/5.
Website Hosting	699.
Cost of Goods Sold	2,813. 663.
Printing Expenses	003.
Postage Expense	252.
Merhandise Service Fees	114.
**************************************	
Total	
© 2000 Universal Tay Distance Inc. and to smile the efficience and incorporate All winds accounted	LIEMIDETE

### CHAR500 Annual Filing: No Payment Required

Charities Bureau < Charities. Annual Filing@ag.ny.gov> Fri 5/12/2023 1:18 PM

To:Gerry Chadwick < gchadwick@cosgroveny.com>



# STATE OF NEW YORK OFFICE OF THE ATTORNEY GENERAL

Letitia James Attorney General Division of Social Justice Charities Bureau

Gerry Chadwick 05/12/2023

## ANNUAL FILING NO PAYMENT REQUIRED

Re: Hudson Park Children's Greenhouse, Inc.

NY Registration ID: 46-07-88 Filing Year: 2022

Dear Sir or Madam:

Your annual filing has been submitted for review by the Charities Bureau, and no payment is required. You will be notified by email when the review has been completed or if additional information is required.

If you have any questions concerning your annual filing please contact the Charities Bureau by phone at (212) 416-8401 or email to Charities. Annual Filing@ag.ny.gov.

Sincerely,

Registration Section Charities Bureau

28 Liberty Street, New York, NY 10005 | (212) 416-8401 | Fax (212) 416-8393

**IMPORTANT NOTICE:** This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.