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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning	and	ending				
B c	heck if	C Name of organization			D Employer identifi	cation number		
	Addres	OUT OF THE GARDEN PROJECT						
	Name change	Doing business as		Room/suite	27-2772988			
]Initial return]Final return/	Number and street (or P.O. box if mail is not delivered to street P.O. BOX 4331	E Telephone number 336-430-6070					
	termin- ated	City or town, state or province, country, and ZIP or foreign	G Gross receipts \$	3,745,978.				
	Amend	GREENSBORO, NC 2/404			H(a) Is this a group re			
	Application pendin	F Name and address of principal officer: DON INTELLIFOR	IN		for subordinates	? Yes X No		
		SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No		
		empt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.)		or 527	If "No," attach a	list. (see instructions)		
		e: WWW.OUTOFTHEGARDENPROJECT.ORG			H(c) Group exemptio			
		organization: X Corporation Trust Association	Other >	L Year	of formation: 2010 N	N State of legal domicile: NC		
Ра		Summary	MTGG	TON TO	TO DROUTER	MANGEDIE		
Se	1 1	Briefly describe the organization's mission or most significant ac	tivities: MISS	TON TS	TO PROVIDE	TANGIBLE		
Jan	-	SIGNS OF LOVE IN THE PIEDMONT TR						
/err		Check this box if the organization discontinued its op	ı	ssets.				
Go		Number of voting members of the governing body (Part VI, line 1			3	11		
Š		Number of independent voting members of the governing body Total number of individuals employed in calendar year 2018 (Pal				22		
itie					6	8400		
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line				0.		
Ă		Net unrelated business taxable income from Form 990-T, line 38				0.		
		vot unionated business taxasis mostle north officers i, and se			Prior Year	Current Year		
Φ	8	Contributions and grants (Part VIII, line 1h)			3,109,221.	3,626,299.		
nue		Program service revenue (Part VIII, line 2g)			33,554.	27,515.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			-1,785.	0.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			819.	68,794.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, colu			3,141,809.	3,722,608.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	3,081,675.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, colum			267,594.	287,957.		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
xbe		Total fundraising expenses (Part IX, column (D), line 25)						
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,838,519.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A),	line 25)		3,106,113.			
· s	19	Revenue less expenses. Subtract line 18 from line 12			35,696.	88,674.		
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year		
sse. Bala	20	Total assets (Part X, line 16)			581,740. 26,182.	674,201.		
let A Ind	21	Total liabilities (Part X, line 26)			555,558.	644,232.		
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20			333,330.	044,232.		
		ties of perjury, I declare that I have examined this return, including accor	nnanving schedule	s and statem	ents, and to the hest of m	v knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on a				y Kilowiougo and bollol, it is		
,		k						
Sigr	,	Signature of officer			Date			
Her		NON MILHOLIN, EXECUTIVE DIRECT	TOR					
		Type or print name and title						
		Print/Type preparer's name Preparer's sign	nature		Date Check	PTIN		
Paid			ROBINSO	ท 1	1/08/19 if self-employ	P01281319		
Prep		Firm's name BERNARD ROBINSON & COMP	ANY, LLP		Firm's EIN	56-0571159		
Use	Only	Firm's address PO BOX 19608						
		GREENSBORO, NC 27419-96	08		Phone no. 33	6-294-4494		
Mav	the IF	S discuss this return with the preparer shown above? (see instr	uctions)			X Yes No		

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: MISSION IS TO PROVIDE TANGIBLE SIGNS OF LOVE IN THE PIEDMONT TR	IAD OF
	NORTH CAROLINA SO THAT NO CHILDREN GO TO BED HUNGRY, NOURSHING	
	CHILDREN'S MINDS AND BODIES WITH FOOD AND HOPE FOR EVERY CHILD.	
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
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 ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,499,793. including grants of \$3,081,675.) (Revenue \$\$	27,515.)
	WHAT BEGAN BY PROVIDING 6 BAGS OF FOOD TO CHILDREN AT MOREHEAD	
	ELEMENTARY SCHOOL IN 2009 IS NOW THE LARGEST CHARITY IN THE PIE	
	WHOSE MISSION IS FEEDING CHILDREN. OPERATION BACKPACK - FEEDS 1	
	CHILDREN AT NEARLY 60 SCHOOLS EACH WEEK. FRESH MOBILE MARKETS -	
	DISTRIBUTES 65 POUNDS OF FRESH PRODUCE, MEAT, BREAD AND STAPLE	
	FAMILIES IN NEED AT 20 DIFFERENT LOCATIONS EACH MONTH. FOOD REC	
	INITIATIVE - PICKS UP UNUSED FOOD FROM SCHOOL CAFETERIAS, LEFTC	
	BREAD FROM PANERA, AND PIZZA FROM LITTLE CAESARS. OUR NEW SHARE KITCHEN - OFFERS ANYONE A CHANCE TO BECOME A FOOD ENTREPRENEUR.	
	MEALS PROGRAM - DISTRIBUTES 1,200 MEALS EVERY FRIDAY IN THE SUM	
	GUILFORD COUNTY SCHOOLS PROVIDES SUMMER MEALS MONDAY - THURSDAY	
	CURRENTLY DISTRIBUTE 200,000 MEALS EACH MONTH.	• MI
4b	(Code:) (Expenses \$	
710	(Code:) (Expenses #	
4c	(Code:) (Expenses \$)
	·	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,499,793.	
		Form 990 (2018)

Form 990 (2018) OUT OF THE GARDEN PROJECT 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)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-25	
3	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_V
_	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,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		- 25
9	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 temporarily restricted endowments, permanent	-		
10	endowments, or 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	-10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
С	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	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		
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	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	17		Х
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	Х	
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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

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Part IV	Checklist of Required Schedules (continued)

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00	Did the annual state of the sta		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
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? <i>If</i> "Yes," <i>complete</i>			
		23		х
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
2 -1 0	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		Х
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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
35 a	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?			v
	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			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	Note. All Form 990 filers are required to complete Schedule 0	1 30		
	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			
b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	·)			
	-		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·			3,7
	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 A	· ·	_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
Va	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua		
b	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			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:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	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		12a		
	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				\ _{3,7}
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	t in a cons 0	40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		
	If "Yes," complete Form 4720, Schedule O.		Form	990	(2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 la			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or 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		Х
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				
	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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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 in Schedule O	9		Х
Sec	tion 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 in 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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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			
	SUSAN ROACH - 336-430-6070			
	P.O. BOX 4331, GREENSBORO, NC 27404			

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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	nignest compensated employee Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) MERRIE CONWAY	2.00	X		х				0.	0.	0	
CHAIRMAN (2) LEE BURRIS	2.00	^		_	\vdash			0.	0.	U	
DIRECTOR	2.00	x						0.	0.	0	
(3) DAWN MARTIN	2.00	 									
DIRECTOR		x						0.	0.	0	
(4) ANELBA OSTIANA-RAMOS	2.00							-			
DIRECTOR		X						0.	0.	0	
(5) MARCUS GAUSE	2.00										
DIRECTOR		Х						0.	0.	0	
(6) RABBI JOSHUA BEN-GIDEON	2.00										
DIRECTOR		Х						0.	0.	0	
(7) ERIK NAGLEE	2.00	ļ									
DIRECTOR		Х			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$			0.	0.	0	
(8) LINDA MITCHELL	2.00	١									
DIRECTOR	2 00	Х			<u> </u>			0.	0.	0	
(9) BRANDIS PHILLIPS	2.00	X						0.	0.	0	
DIRECTOR (10) NASHA MCRAY	2.00	^			\vdash			0.	0.	U	
DIRECTOR	2.00	X						0.	0.	0	
(11) LAURA GRIFFIN	2.00	122							0.	<u> </u>	
DIRECTOR	2.00	x						0.	0.	0	
(12) DON MILHOLIN	40.00	 						•			
EXECUTIVE DIRECTOR/PRESIDENT		1		x				73,300.	0.	0	
(13) KRISTY MYERS MILHOLIN	30.00							,			
SECRETARY				х				33,000.	0.	0	
					Щ.						

Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on d	am	(F) timate nount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI\$		fro orga and	pensat om the anization d relate Inization	e on ed
	Sub-total								106,300.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							106,300.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							no re		0,000 of reportab				0
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-		elat	ted organization or indiv	idual for services	· · · · · · · · · · · · · · · · · · ·	5		Х
	ction B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	C	(C Comper		1
								_						
								_						
								_						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >				(0					_	200 (0	

Pa	rt VI		Statement of Rever			a a la dala Dada VIII			
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
							revenue	revenue	sections 512 - 514
ts	1 8	a Fe	ederated campaigns	1a					
ìrar oun			embership dues						
s, G			undraising events						
Sift lar /			elated organizations						
is, (•	e G	overnment grants (contribut	ions) 1e					
tion	f	f Al	l other contributions, gifts, gran	ts, and					
ibul		sir	milar amounts not included abov		626,299.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	g No	oncash contributions included in lines	1a-1f: \$ 3,	129,458.				
<u>2 g</u>	ŀ	h To	otal. Add lines 1a-1f			3,626,299.			
		_			Business Code		05 545		
<u>ic</u>	2 8	а <u>Р</u>	ROGRAM SERVICE	REVENU	900099	27,515.	27,515.		
erv ne	ŀ	b _							
m S		c _							
gra Re		d _							
Program Service Revenue		e _	I other pregram carries reve						
			ll other program service reve otal. Add lines 2a-2f			27,515.			
	3		vestment income (including			27,3130			
	Ĭ		ther similar amounts)						
	4		come from investment of tax						
	5	R	oyalties						
				(i) Real	(ii) Personal				
	6 a	a G	ross rents						
			ess: rental expenses						
			ental income or (loss)						
			et rental income or (loss)						
	7 8		ross amount from sales of	(i) Securities	(ii) Other	-			
			ssets other than inventory			-			
			ess: cost or other basis nd sales expenses						
	,		ain or (loss)			-			
			et gain or (loss)		<u> </u>				
Φ			ross income from fundraising						
Other Revenue		in	cluding \$	of					
Seve		CC	ontributions reported on line						
eτ		Pa	art IV, line 18		92,164.				
Ę	ŀ	b Le	ess: direct expenses	b	23,370.				
			et income or (loss) from func		_	68,794.			68,794.
	9 a		ross income from gaming ac						
	_		art IV, line 19						
			ess: direct expenses						
			et income or (loss) from gam		····· P				
	10 8		ross sales of inventory, less and allowances						
	,		ess: cost of goods sold			-			
			et income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11 a	a _							
	ŀ	b _							
		c _							
			l other revenue						
		e To	otal. Add lines 11a-11d			2 722 600	27 E1E	^	60 704
	12	To	otal revenue. See instructions			D,144,0U0.	27,515.	0.	68,794.

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).

Da	Check if Schedule O contains a respon	se or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	2 001 675	2 001 675		
_	individuals. See Part IV, line 22	3,081,675.	3,081,675.		
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,	106,300.	79,195.	8,157.	18,948
_	trustees, and key employees	100,300.	79,193.	0,137.	10,340
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	150 126	110 550	12 210	20 264
7	Other salaries and wages	159,126.	118,552.	12,210.	28,364
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22 521	16 706	1 720	1 016
10	Payroll taxes	22,531.	16,786.	1,729.	4,016
11	Fees for services (non-employees):				
а	Management				
b	Legal	22 005		22 005	
С	Accounting	33,005.		33,005.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 000	4 000		
	column (A) amount, list line 11g expenses on Sch O.)	1,809.	1,809.	2 254	
12	Advertising and promotion	14,181.	10,327.	3,854.	6 4 5 6
13	Office expenses	25,568.	14,585.	4,807.	6,176
14	Information technology				
15	Royalties	1 - 000	1 - 000		
16	Occupancy	15,000.	15,000.		
17	Travel	8,000.	4,800.	1,600.	1,600
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	590.	590.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,332.	30,332.		
23	Insurance	19,139.	19,139.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VEHICLE EXPENSES	47,052.	47,052.		
b	SUPPLIES	34,052.	34,052.		
c	REPAIRS & MAINTENANCE	19,730.	19,730.		
d	MISCELLANEOUS	9,731.	834.	3,860.	5,037
	All other expenses	6,113.	5,335.	389.	389
	Total functional expenses. Add lines 1 through 24e	3,633,934.	3,499,793.	69,611.	64,530
		., ,	-,,	,	,
25	Joint costs. Complete this line only if the organization	I	1	1	
25	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		28,846.	1	35,871.	
	2	Savings and temporary cash investments			64,490.	2	115,070.
	3	Pledges and grants receivable, net			100,324.	3	48,384.
	4	Accounts receivable, net			11,431.	4	12,585.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net			7		
Ž	8	Inventories for sale or use		184,076.	8	247,558	
	9	Prepaid expenses and deferred charges			5,143.	9	6,670.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	276,324.			
	b	Less: accumulated depreciation	10b	84,261.	187,430.	10c	192,063.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	16,000		
	16	Total assets. Add lines 1 through 15 (must equ	581,740.	16	674,201.		
	17	Accounts payable and accrued expenses	13,300.	17	21,864.		
	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	
es	22	Loans and other payables to current and former	rofficer	s, directors, trustees,			
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	12,882.	23	8,105.
	24	Unsecured notes and loans payable to unrelate	d third	oarties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D			06 100	25	00 060
	26	Total liabilities. Add lines 17 through 25			26,182.	26	29,969.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
se		complete lines 27 through 29, and lines 33 an			455 024		E 0 E 4 0 1
and	27	Unrestricted net assets	455,234.	27	507,421.		
Bal	28	Temporarily restricted net assets	100,324.	28	136,811.		
pu	29	Permanently restricted net assets		29			
교		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed			31		
Ę	32	Retained earnings, endowment, accumulated in			EEE EE0	32	644 020
_	33	Total net assets or fund balances		l l	555,558.	33	644,232.
	34	Total liabilities and net assets/fund balances			581,740.	34	674,201.

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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?

If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

1

2 3

4

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Part XI Reconciliation of Net Assets

consolidated basis, or both: X Separate basis

rm	1 990 (2018) OUT OF THE GARDEN PROJECT	27-2	772988	Paç	ge 12
aı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
l	Total revenue (must equal Part VIII, column (A), line 12)	1	3,72		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,63		
ł	Revenue less expenses. Subtract line 2 from line 1	3		8,6	
ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55!	5,5	<u>58.</u>
5	Net unrealized gains (losses) on investments	5			
•	Donated services and use of facilities	6			
•	Investment expenses	7			
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	64	4,2	32.
aı	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
a	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	d 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	Х	

Form 990 (2018)

Х

Х

2c

За

Both consolidated and separate basis

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number Name of the organization OUT OF THE GARDEN PROJECT 27-2772988 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support		·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	. ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	959,054.	1,403,522.	2,084,665.	3,109,221.	3,626,299.	11,182,761.
2	Tax revenues levied for the organ-						
	ization'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	959,054.	1,403,522.	2,084,665.	3,109,221.	3,626,299.	11,182,761.
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)						2,009,750.
	Public support. Subtract line 5 from line 4.						9,173,011.
	ction B. Total Support		-	-		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	959,054.	1,403,522.	2,084,665.	3,109,221.	3,626,299.	11,182,761.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						11,182,761.
12	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (aga inetructi	one)			12	73,247.
	First five years. If the Form 990 is for			I fourth or fifth to			7372174
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2018 (I	ine 6. column (f) d	ivided by line 11. co	olumn (f))		14	82.03 %
	Public support percentage from 2017					15	86.74 %
	33 1/3% support test - 2018. If the o				· ·	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h e	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∐

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(2) 2313	(0) 2010	(4) 25 11	(6) 2010	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) ► 🛚	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	l e firet second thi	rd fourth or fifth t	av vear as a secti		zation
• •	check this box and stop here	<u> </u>			•	. , . ,	Lation,
Sec	etion C. Computation of Public						
	Public support percentage for 2018 (lin			column (f))		15	%
	Public support percentage from 2017					16	
	etion D. Computation of Inves					10	
	Investment income percentage for 201					17	%
18	Investment income percentage from 2					18	
	33 1/3% support tests - 2018. If the o						
198		-					11 15 HUL
	more than 33 1/3%, check this box an						
D	33 1/3% support tests - 2017. If the c	· ·			•	•	
00	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a	pox on line 14, 19	a, or 19b, check t	nis box and see ii	istructions	

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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.
- **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 10b below.*
 - **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.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
5	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		<u> </u>
Sect	tion 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		<u> </u>
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	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		
	By reason of the relationship described in (2), 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		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions)	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
	Did the activities described in (a) 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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	ly integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	ιν Iype	III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distrib	utions		,	Current Year
1	Amounts paid	to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid	to perform activity that directly furthers exemp	ot purposes of supported		
	organizations,	in excess of income from activity			
3		expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid	to acquire exempt-use assets			
5		side amounts (prior IRS approval required)			
6		tions (describe in Part VI). See instructions.			
7		distributions. Add lines 1 through 6.			
8		o attentive supported organizations to which the	ne organization is responsive	 e	
		s in Part VI). See instructions.	3		
9		amount for 2018 from Section C, line 6			
10		: divided by line 9 amount			
Secti		ution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable a	amount for 2018 from Section C, line 6			
2	Underdistribut	tions, if any, for years prior to 2018 (reason-			
	able cause red	quired- explain in Part VI). See instructions.			
3	Excess distrib	utions carryover, if any, to 2018			
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines	3a through e			
g	Applied to und	derdistributions of prior years			
h	Applied to 201	8 distributable amount			
i	Carryover fron	n 2013 not applied (see instructions)			
j	Remainder. Su	ubtract lines 3g, 3h, and 3i from 3f.			
4		or 2018 from Section D,			
	line 7:	\$			
а	Applied to und	derdistributions of prior years			
		8 distributable amount			
С	Remainder. Su	ubtract lines 4a and 4b from 4.			
5	Remaining un	derdistributions for years prior to 2018, if			
	•	lines 3g and 4a from line 2. For result greater			
	,	lain in Part VI. See instructions.			
6		derdistributions for 2018. Subtract lines 3h			
	•	ne 1. For result greater than zero, explain in			
	Part VI. See in				
7		butions carryover to 2019. Add lines 3			
-	and 4c.				
8	Breakdown of	line 7:			
	Excess from 2				
	Excess from 2				
	Excess from 2				
	Excess from 2				
	Execes from 2				

Schedule A (Form 990 or 990-EZ) 2018

Dort VI	Constitution of the control of the c
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.)
	(See metastionel)
-	
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number

OUT OF THE GARDEN PROJECT 27-2772988 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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 or 990-EZ), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

OUT OF THE GARDEN PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SECOND HARVEST FOOD BANK 3655 REED ST WINSTON-SALEM, NC 27407	\$ 423,236.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PANERA BREAD 2645 LAWNDALE DR GREENSBORO, NC 27408	\$ <u>195,159.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
3	Name, address, and ZIP + 4 A SIMPLE GESTURE 3825 W MARKET ST GREENSBORO, NC 27407	\$ 100,356.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WALMART 10250 S MAIN ST. ARCHDALE, NC 27263	\$127,668.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FOOD LION 4653 W MARKET ST GREENSBORO, NC 27407	\$ 132,597.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WALMART 3738 BATTLEGROUND AVE GREENSBORO, NC 27410	\$ 197,581.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

OUT OF THE GARDEN PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WALMART 2107 PYRAMIDS VILLAGE BLVD GREENSBORO, NC 27405	- - \$ 252,650.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FOSTER-CAVINESS COMPANY, INC. 2941 SANDY RIDGE RD. COLFAX, NC 27235	- - - * 743,284.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - *	Person Payroll Noncash (Complete Part II for noncash contributions.)

OUT OF THE GARDEN PROJECT

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD		
		\$127,668.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	FOOD		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FOOD		
		\$197,581.	

OUT OF THE GARDEN PROJECT

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD		
		\$ 252,650.	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
8	FOOD		
		\$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a)	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		_	

Employer identification number

Name of organization

27-2772988 OUT OF THE GARDEN PROJECT Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Open to Public Inspection

Name of the organization

OUT OF THE GARDEN PROJECT

Employer identification number 27-2772988

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic 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 tre		<u> </u>
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		> \$

832051 10-29-18

Schedule D (Form 990) 2018

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

Pai	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Ti	reasures, o	or Other	Similar As	sets(contin	ued)	<u> </u>
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	it are a sig	nificant use of	its collection	ı item	18
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further	the organizati	on's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?			Yes		<u> No</u>
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered '	"Yes" on F	orm 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?							Yes		□No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has beer	n provided on	Part XIII				<u>] </u>
Pai	T V Endowment Funds. Complete i	f the organization an	swered	"Yes" on F	orm 990, Part	IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d	d) Three years ba	ack (e) Four	years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a)) held as:			<u> </u>		
а	Board designated or quasi-endowment	•	%	· ·	. "					
b	Permanent endowment	%	_							
	Temporarily restricted endowment	<u></u> %								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	red for the	e organization			
	by:	3					J	Γ	Yes	No
	(i) unrelated organizations									
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a.	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other (other)	(c) Acc	cumulated eciation	(d) Book	valu	e
1a	Land	<u> </u>	•		•					
	Buildings									
	Leasehold improvements			5	3,944.		5,306.	48	3,6	38.
	Equipment				22,380.		78,955.			25.
	Other				-		-		-	
_	I. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)		•	192	2,0	63.
			,	. ,,	,					

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 OUT OF THE O	GARDEN PROJECT	. 27	-2772988 Page 3
Part VII Investments - Other Securities.			i i i i i i i i i i i i i i i i i i i
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.		_	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value

(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	·	
Total (Column (h) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 OUT OF THE GARDEN PROJ				2772988	Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per R	leturn	1.	
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	3,863,	809.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments	2a				
b Donated services and use of facilities	2b	134,489.			
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d			2e		489.
3 Subtract line 2e from line 1			3	3,729,	320.
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	-6,712.			
c Add lines 4a and 4b			4c		712.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	3,722,	608.
Part XII Reconciliation of Expenses per Audited Financial S			Retu	rn.	
Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a.				
Total expenses and losses per audited financial statements			1	3,775,	135.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities	2a	134,489.			
b Prior year adjustments					
c Other losses					
d Other (Describe in Part XIII.)		6,712.			
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·		2e	141,	201.
3 Subtract line 2e from line 1			3	3,633,	934.
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.)					
c Add lines 4a and 4b	' <u>'</u>		4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,633,	934.
Part XIII Supplemental Information.	,				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part >	 <Ι,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			,	,	,
	,				
PART X, LINE 2:					
IT IS THE ORGANIZATION'S POLICY TO EVALUA	ATE ALL TA	X POSITION	S TO	TIDENTI	FY
					,
THOSE THAT MAY BE CONSIDERED UNCERTAIN.	ALL IDENT	'IFIED MATE	RIA	L TAX	
POSITIONS ARE ASSESSED AND MEASURED BY A	MORE-LIKE	LY-THAN-NO	T T	HRESHOLI) TO
DETERMINE IF THE TAX POSITION IS UNCERTA	IN AND WHA	T, IF ANY,	TH	E EFFECT	OF
THE UNCERTAIN TAX POSITION MAY HAVE ON T	HE FINANCI	AL STATEME	NTS	. NO	
MATERIAL UNCERTAIN TAX POSITIONS WERE ID	ENTIFIED D	URING 2018	•		
PART XI, LINE 4B - OTHER ADJUSTMENTS:					
DIRECT EXPENSES OF FUNDRAISING EVENTS				<u> </u>	712.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

111650_1

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

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

Open to Public Inspection

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	s and	the latest informati			Inspection
Name of the organization								entification number
		THE GARDEN PROJECT					27-2772	
Part I Fundrais required to	complete this par	 Complete if the organization answet. 	ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply.			
a Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici		g Special	tundra	aising	events			
•		or oral agreement with any individual	(includ	dina o	fficers directors trus	stees	or	
		art VII) or entity in connection with p					, o Ye	s No
		viduals or entities (fundraisers) pursu					ndraiser is to	be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	1,04
(i) Name and addres		(ii) Activity	(iii) fundr have c	aiser ustody	(iv) Gross receipts	to (o	r retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fund	uraiser)		or con contrib	itrol of utions?	from activity		ed in col. (i)	organization
			Yes	No				
								+
Takal								
		on is registered or licensed to solicit		outions	l s or has been notified	l it is	exempt from	
or licensing.	ion ino organizatio	The registered of moories a to conoic of	OOM	Jacioni	o i nao boon notine	1110	exempt from	regionation

Schedule G (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-		· ·	
		· · ·	(a) Event #1 HEARTS FOR HOPE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type) 91,462.	(event type)	(total number)	91,462.
ď		Less: Contributions	,			·
	3	Gross income (line 1 minus line 2)	91,462.			91,462.
	4	Cash prizes				
ses	5	Noncash prizes	4 249			4 249
Direct Expenses		Rent/facility costs Food and beverages				4,248. 6,551.
Dire	8	Entertainment	1,650.			1,650.
	9 10	Other direct expenses			>	6,561. 19,010.
Pa	rt l			n 990, Part IV, line 19, or		72,452.
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
<u>~</u>	1	Gross revenue				
sesue	2	Cash prizes				
Direct Expenses		Noncash prizes				
Ë		Rent/facility costs Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		· ·	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 OUT OF THE GARDEN PROJECT 27-2	<u> </u>	88 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye:	s L 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	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	122	, ,
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b	o 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	s 🗆 No
r	• 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 > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lines	9 9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 163	9, 90, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	OUT	OF THE	GARDEN	PROJECT	27-2772988 _{Page}
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation	(continued)			<u> </u>
			,			
-						
_						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization OUT OF TH	E GARDEN	PROJECT					Employer identification 27-2772	
Part I	General Information on Grants a								
crit	es the organization maintain records eria used to award the grants or assi scribe in Part IV the organization's pro	stance?							X No
Part II	Grants and Other Assistance to					anization answered "	Yes" on Form 990 Par	t IV line 21 for any	
	recipient that received more than	-				a <u>-</u> a		- · · · · · · · · · · · · · · · · · · ·	
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	ınt
	er total number of section 501(c)(3) a er total number of other organization							>	

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(DOOK, FIVIV, appraisal, other)	
STRIBUTION OF FOOD	98800	0.	3,081,675.	FMV	FOOD
eart IV Supplemental Information. Provide the information	tion required in Part I, lin	ie 2; Part III, column	n (b); and any other a	dditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization OUT OF THE GARDEN PROJECT Employer identification number 27-2772988

Calcelline Cal	Pai	t I Types of Property							
2 Art - Fractional interests			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de	etermini	•	s
2 Art - Firstorical treasures 3	1	Art - Works of art							
3 At - Fractional interests	2								
4 Books and publications	3								
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Other, Historic structures 14 Qualified conservation contribution - Other, Historic structures 15 Real estate - Residentia 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 10 Taxidermy 10 Taxidermy 11 Taxidermy 12 Historical artifacts 13 Colter ► (COMPUTER AND) X 3 1, 411. COST 14 COMPUTER AND) X 3 1, 411. COST 15 Cother ► (COMPUTER AND) X 3 1, 411. COST 16 Other ► (COMPUTER AND) X 3 1, 411. COST 17 Other ► (COMPUTER AND) X 3 1, 411. COST 18 Other ► (COMPUTER AND) X 3 1, 411. COST 19 Other ► (COMPUTER AND) X 3 1, 411. COST 19 Other ► (COMPUTER AND) X 3 1, 411. COST 20 Other ► (COMPUTER AND) X 3 1, 411. COST 21 Taxidermy Aurobic of Computer Acknowledgement 29 22 Other ► (COMPUTER AND) X 3 1, 411. COST 23 Other ► (COMPUTER AND) X 3 1, 411. COST 24 Other ► (COMPUTER AND) X 3 1, 411. COST 25 Other ► (COMPUTER AND) X 3 1, 411. COST 26 Other ► (COMPUTER AND) X 3 1, 411. COST 27 Other ► (COMPUTER AND) X 3 1, 411. COST 28 Other ► (COMPUTER AND) X 3 1, 411. COST 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 29 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? It is not the organization than a gift acceptance policy that requires the review of any nonstandard contributions? 3 31 X X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 3 32 Des the organization have a gift acceptance polic	4								
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Partnership, LLC, or trust interests 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 10 Drugs and medical supplies 11 Taxidermy 12 Historical artifacts 13 Scientific specimens 14 Archeological artifacts 15 Other (COMPUTER AND) X 3 1,411.COST 16 Other (COMPUTER AND) X 3 1,411.COST 17 Other (COMPUTER AND) X 3 1,411.COST 18 Other (COMPUTER AND) X 3 1,411.COST 19 Touring the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 18 If 'Yes,' describe the arrangement in Part II. 19 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 20 If 'Yes,' describe in Part II.	5								
8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 19 Food inventory 10 Trugs and medical supplies 10 Trugs and medical supplies 11 Taxidermy 12 Historical artifacts 12 Scientific specimens 13 Archeological artifacts 14 Collections 15 Other ▶ (COMPUTER AND) X 3 1, 411 COST 16 Other ▶ ()	6								
8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Partnership, LLC, or 12 Securities - Partnership, LLC, or 13 Qualified conservation contribution - 14 Qualified conservation contribution - 15 Real estate - Commercial 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	7								
9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or 12 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Other 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 19 Taxidermy 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (OMPUTER AND) 26 Other (OMPUTER AND) 27 Other (OMPUTER AND) 28 Other (OMPUTER AND) 30 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 20 bit 1*Yes," describe he arrangement in Part II. 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 If Yes," describe he neart II.	8								
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 832142 10-18-18

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

OUT OF THE GARDEN PROJECT

Employer identification number 27-2772988

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDREN GO TO BED HUNGRY, NOURSHING CHILDREN'S MINDS AND BODIES WITH
FOOD AND HOPE FOR EVERY CHILD.
FORM 990, PART VI, SECTION A, LINE 2:
DON MILHOLIN AND KRISTY MILHOLIN - FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8B:
NO COMMITTEES HAVE BEEN GRANTED AUTHORITY TO ACT ON BEHALF OF THE BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
NO REVIEW WAS OR WILL BE CONDUCTED.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPARABLE COMPENSATION INFORMATION WAS REVIEWED AND DISCUSSED WITHOUT THE
PRESENCE OF THE EXECUTIVE DIRECTOR AT COMPENSATION MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC
UPON REQUEST. CONTACT INFORMATION FOR THE ORGANIZATION IS AVAILABLE ON ITS
WEBSITE.