Form **991**

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

Α	For the	2021 calendar year, or tax year beginning and e	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
Ļ	Name change Initial	<u> </u>		27-27729	
	return Final return/	P.O. BOX 4331	Room/suite	E Telephone number 336-430-	6070
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,046,842.
Ļ	Ameno	GREENSBORO, NC 2/404		H(a) Is this a group re	
	Applic tion pendir			for subordinates	·····
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o e: ► WWW.OUTOFTHEGARDENPROJECT.ORG	or 527	1,	list. See instructions
		e: WWW.OUTOFTHEGARDENPROJECT.ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ► State of legal domicile: NC
		Summary	L Year	or formation. ZOIO	State of legal doffliche, NC
	T	Briefly describe the organization's mission or most significant activities: OUR 1	/TSSTC	N IS TO NOU	RTSH
Governance	'	FAMILIES WITH FOOD TO GROW LEARN AND THRI	IVE.	21 22 23 2100	
rnai	2	Check this box if the organization discontinued its operations or dispos	_	than 25% of its net as	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			12
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			38
Ϋ́Ε		Total number of volunteers (estimate if necessary)			8000
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Р	8	Contributions and grants (Part VIII, line 1h)		11,746,951.	4,948,334.
Revenue	9	Program service revenue (Part VIII, line 2g)		100,761.	55,529.
Вè	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-4,523.	1,755. 15,237.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		106,986. 11,950,175.	5,020,855.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,633,456.	4,402,787.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	4,402,767.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		418,243.	486,015.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 113,40)4. 	•	•
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		423,011.	411,078.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,474,710.	5,299,880.
		Revenue less expenses. Subtract line 18 from line 12		475,465.	-279,025.
Or Sec	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,221,125.	854,188.
ASS	21	Total liabilities (Part X, line 26)		48,272.	20,060.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,172,853.	834,128.
P	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cionalum of officer		Data	
Sig		Signature of officer		Date	
He	re	DON MILHOLIN, EXECUTIVE DIRECTOR Type or print name and title			
				Date Check	II PTIN
Da:	ч	Print/Type preparer's name JOHN M. ROBINSON Preparer's signature JOHN M. ROBINSON		1/04/23 Check Lift self-employe	
Pai			v 0	Eirmin CIN	56-0571159
	parer Only	Firm's name BERNARD ROBINSON & COMPANY, LLP Firm's address PO BOX 19608		FIRM'S EIN	30-03/1133
US	, only	GREENSBORO, NC 27419-9608		Dhone no 33	6-294-4494
N/a	v tha IF			Tellolle IIO. 3.3	
ivia	y trie ir	S discuss this return with the preparer shown above? See instructions			X Yes No

•	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

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

including grants of \$ 5,079,505. Total program service expenses

) (Revenue \$

Form **990** (2021)

132002 12-09-21

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Bort II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	The state of the s	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
~	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$^{-\Delta}$

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ا ۔۔
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3.7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			Х
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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			
٠.	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	ΙX	ı

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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 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			١
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			3,7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	Enter the amount of reserves on hand			ļ.,.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_V
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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, trustees, or key employees to a management company or other person?	3		Х
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		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
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 on Schedule O	9		X
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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A)	(B)	l	411120	((про	1104	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	\vdash					Ĺ	from the	from related organizations	other compensation
	hours for	direct				pg.		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	ınal tr		loyee	o mp	7	1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DON MILHOLIN	40.00	트	Ë	₩ 0	- S	主	요			
EXECUTIVE DIRECTOR/PRESIDENT	1000	1		X				84,000.	0.	0.
(2) KRISTY MYERS MILHOLIN	30.00							02/0000		
SECRETARY		ł		\mathbf{x}				37,580.	0.	0.
(3) MERRIE CONAWAY	2.00				7			, , , , , ,		
CHAIR		X		Х				0.	0.	0.
(4) LEE BURRIS	2.00									
DIRECTOR		Х						0.	0.	0.
(5) DAWN MARTIN	2.00									
DIRECTOR		Х						0.	0.	0.
(6) PAUL LIEB	2.00							_	_	_
DIRECTOR		X						0.	0.	0.
(7) MARCUS GAUSE	2.00									
DIRECTOR		Х						0.	0.	0.
(8) RABBI JOSHUA BEN-GIDEON	2.00	١								•
DIRECTOR	0.00	Х						0.	0.	0.
(9) ERIK NAGLEE	2.00	,,						0	0	0
DIRECTOR	2 00	Х					_	0.	0.	0.
(10) BRANDIS PHILLIPS	2.00	X						0.	0.	0
DIRECTOR	2.00	^					_	0.	0.	0.
(11) LAURA GRIFFIN DIRECTOR	2.00	X						0.	0.	0.
(12) WHITNEY HADDIX	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(13) JULIE MONTPELLIER	2.00								•	
DIRECTOR		x						0.	0.	0.
(14) SHONA MORGAN	2.00							-		
DIRECTOR		Х						0.	0.	0.
						_				
		-								

Page 8

Name and title Average hours per week (list any hours for related organizations below line) Ib Subtotal C. Total from continuation sheets to Part VII. Section A. Position (do not check more than one box, unless person is both end) (do not check more than one box, unless person is both end) from the organization from related organizations (W-2/1099-MISC/1099-NEC) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) Reportable compensation from related organization (W-2/1099-MISC/1099-NEC) 1099-NEC	ion ed ns	amo	timated ount of
hours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organizations (W-2/1099-MISC/1099-NEC) Nours for related organizations (W-2/1099-NEC) Nours for rel	ed ns		ount of
(list any hours for related organizations below line) Description D	ns		
related organizations below line) Delow lin			other
related organizations below line) Delow lin	ISC/ I		oensation om the
b Subtotal			anization
b Subtotal 121,580.		and	l related
b Subtotal		orgar	nizations
Total from continuation choose to Dart VII Section A	0.		0.
101 500	0.		0.
	0.		0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportal compensation from the organization	bie		O
			Yes No
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
line 1a? If "Yes," complete Schedule J for such individual		3	X
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		4	X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for service	ı		V
rendered to the organization? If "Yes," complete Schedule J for such person		5	X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpens	ation fr	om
the organization. Report compensation for the calendar year ending with or within the organization's tax year.			
(A) (B) Name and business address NONE Description of services		(C) ompen	
NONE	<u> </u>		
Total number of independent contractors (including but not limited to those listed above) who received more than			
\$100,000 of compensation from the organization 0			

Pa	rt V	Ш	Statement of Revenue					-
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e		2,950. 59,700. 885,684. 164,403.				
<u>a</u> C		h '	Total. Add lines 1a-1f		4,948,334.			
Program Service Revenue		b c d	URBAN FARM KITCHEN RENTAL HARVEST STAND	900099 900099 900099	29,931. 16,976. 8,622.	29,931. 16,976. 8,622.		
ro	'	e -						
_	1		All other program service revenue		55,529.			
	3		Total. Add lines 2a-2f Investment income (including dividends, intereother similar amounts) Income from investment of tax-exempt bond p	est, and	33,329.			
	5		Royalties					
	ı	a b	Gross rents 6a 6b Rental income or (loss) (i) Real 6b 6c	(ii) Personal				
		d	Net rental income or (loss)					
ər		b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other 2,000.				
Revenue		С	Gain or (loss) 7c	1,755.				
Other Re		а	Net gain or (loss) Gross income from fundraising events (not including \$ 2,950 • of contributions reported on line 1c). See Part IV, line 18	31,680.	1,755.			1,755.
			Less: direct expenses 8b	25,742.				
		c a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	>	5,938.			5,938.
	- 1	b	Less: direct expenses9b					
	10	а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 10a					
		С	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		a b c	MISCELLANEOUS REVENUE	Business Code 900099	9,299.	9,299.		
Sc			All other revenue					
Σ			Total. Add lines 11a-11d	>	9,299.			
	12		Total revenue. See instructions		5,020,855.	64,828.	0.	7,693.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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	4,402,787.	4,402,787.		
2	individuals. See Part IV, line 22	4,402,707.	4,402,707.		
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,				
5	trustees, and key employees	121,580.	92,722.	7,508.	21,350
6	Compensation not included above to disqualified		<i>J</i> = <i>,</i> . = = <i>,</i>	.,,,,,	
٠	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 4059(a)(2)(B)				
7	Other salaries and wages	326,299.	248,849.	20,151.	57,299
8	Pension plan accruals and contributions (include	,		,	/
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	38,136.	29,084.	2,355.	6,697
11	Fees for services (nonemployees):	,	,,,,,,,	,	- ,
 а					
b					
c		54,620.		54,620.	
	Lobbying			, , ,	
e	D (' ' ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' '				
f	Investment management fees		V		
g	//CII 44				
ŭ	column (A), amount, list line 11g expenses on Sch O.)	3,234.	1,617.	1,617.	
12	Advertising and promotion	7,558.	1,617. 3,779.		3,779
13	Office expenses	44,297.	24,766.	8,255.	11,276
14	Information technology				
15	Royalties				
16	Occupancy	30,850.	30,850.		
17	Travel	14,589.	10,083.	4,033.	473
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	619.		619.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,520.	38,520.		
23	Insurance	29,673.	29,673.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	73,468.	73,468.		
b	VEHICLE EXPENSES	51,925.	51,925.		
С	REPAIRS & MAINTENANCE	35,156.	35,156.		
d	MISCELLANEOUS	18,750.	149.	6,942.	11,659
е		7,819.	6,077.	871.	871
25	Total functional expenses. Add lines 1 through 24e	5,299,880.	5,079,505.	106,971.	113,404
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			50,055.	1	53,207.
	2	Savings and temporary cash investments			368,311.	2	253,082.
	3	Pledges and grants receivable, net	27,035.	3	3,000.		
	4	Accounts receivable, net			48,512.	4	21,979
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			521,081.	8	293,902
Ä	9	B			4,021.	9	3,972.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	366,221.			
	b	Less: accumulated depreciation		141,175.	202,110.	10c	225,046.
	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				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,221,125.	16	854,188.
	17	Accounts payable and accrued expenses		, ,	30,521.	17	20,060.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
abi		controlled entity or family member of any of the	se pers	ons		22	
⊐	23	Secured mortgages and notes payable to unrela	ated th	rd parties	17,751.	23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			48,272.	26	20,060.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ĕ		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,138,466.	27	740,770.
Ba	28	Net assets with donor restrictions			34,387.	28	93,358.
Pur		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌			
Ē		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Red	32	Total net assets or fund balances			1,172,853.	32	834,128.
_	33	Total liabilities and net assets/fund balances			1,221,125.	33	854,188.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,02		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,29		
3	Revenue less expenses. Subtract line 2 from line 1	3	-27		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,17	2,8	<u>53.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5	9,7	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	83	<u>4,1</u>	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai		
•	membership fees received. (Do not								
	include any "unusual grants.")	3,109,221.	3,626,299.	3,591,539.	11,746,951.	4,948,334.	27,022,344.		
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	3,109,221.	3,626,299.	3,591,539.	11,746,951.	4,948,334.	27,022,344.		
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)						3,827,020.		
	Public support. Subtract line 5 from line 4.						23,195,324.		
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	3,109,221.	3,626,299.	3,591,539.	11,746,951.	4,948,334.	27,022,344.		
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		68,794.	99,390.	86,102.	5,938.	260,224.		
40	business is regularly carried on		00,794.	99,390.	00,102.	3,930.	200,224.		
10	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						27,282,568.		
12	Gross receipts from related activities	etc (see instruction	l one)			12	308,508.		
13				fourth or fifth tax v	vear as a section 5				
	organization, check this box and stop	· ·				30 1(0)(0)			
Sec	ction C. Computation of Publ								
	Public support percentage for 2021 (column (f))		14	85.02 %		
	Public support percentage from 2020					15	86.70 %		
	33 1/3% support test - 2021. If the					nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				►X		
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	ts-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	iblicly supported o	rganization		▶□		
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st o	op here. Explain ir	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶Щ		
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						_
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4							
Ċ	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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			V			
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
		/a\ 0017	(h) 0010	(=) 0010	(4) 0000	(-) 0001	(f) Total
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
106	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		tion,
_	check this box and stop here						> L
	ction C. Computation of Publ					T T	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
198	9a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	rt IV Supporting Orga	nizations _(continued)			
				Yes	No
11	Has the organization accepte	d a gift or contribution from any of the following persons?			
а	A person who directly or indir	ectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing boo	ly of a supported organization?	11a		
	A family member of a person		11b		
	·	person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	, , , , ,	11c		
	tion B. Type I Supportir	ng Organizations			
				Yes	No
1	Did the governing body, mem	bers of the governing body, officers acting in their official capacity, or membership of one or			
		s have the power to regularly appoint or elect at least a majority of the organization's officers,			ĺ
		nes during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ed, or controlled the organization's activities. If the organization had more than one supported e powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		for the benefit of any supported organization other than the supported	-		
	•	supervised, or controlled the supporting organization? If "Yes," explain in			
		enefit carried out the purposes of the supported organization(s) that operated,			ĺ
	supervised, or controlled the		2		
	tion C. Type II Supporti				
		ng engaminano		Yes	No
1	Were a majority of the organiz	cation's directors or trustees during the tax year also a majority of the directors		103	140
		anization's supported organization(s)? If "No," describe in Part VI how control			
		ting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		1		
	tion D. All Type III Supp		•		
		301 till g 01 gallia attorio		Yes	No
1	Did the organization provide t	o each of its supported organizations, by the last day of the fifth month of the		100	110
		ritten notice describing the type and amount of support provided during the prior tax			
		90 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
		uments in effect on the date of notification, to the extent not previously provided?	1		
		s officers, directors, or trustees either (i) appointed or elected by the supported	•		
		on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
		close and continuous working relationship with the supported organization(s).	2		
	=	described on line 2, above, did the organization's supported organizations have a			
		zation's investment policies and in directing the use of the organization's			ĺ
	· ·	during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations playe	•	3		
Sect		nally Integrated Supporting Organizations			
		thod that the organization used to satisfy the Integral Part Test during the yeafsee instructions)			
a		ed the Activities Test. Complete line 2 below.	-		
b		parent of each of its supported organizations. Complete line 3 below.			
C		rted a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
	Activities Test. Answer lines			Yes	No
		anization's activities during the tax year directly further the exempt purposes of			
	•	to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organization	ons and explain how these activities directly furthered their exempt purposes,			
	•••	ponsive to those supported organizations, and how the organization determined			ĺ
	•	d substantially all of its activities.	2a		
		n line 2a, above, constitute activities that, but for the organization's involvement,			
		on's supported organization(s) would have been engaged in? If "Yes," explain in			
		ganization's position that its supported organization(s) would have engaged in			
	these activities but for the org		2b		
	-	ations. Answer lines 3a and 3b below.			
	· · · · · · · · · · · · · · · · · · ·	power to regularly appoint or elect a majority of the officers, directors, or			
	_	rted organizations? If "Yes" or "No" provide details in Part VI.	3a		
		a substantial degree of direction over the policies, programs, and activities of each			

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	y Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (e <i>xplain in</i> F	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete Sections 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						
c	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 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see				
	instructions).							

Schedule A (Form 990) 2021

, a.	t i Type in Non Tunetionally integrated coo	(a)(o) Supporting Grac	inzationo (contini	uea)	
Secti	on D - Distributions			\neg	Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Part VI	Supplemental Information Drovide the evaluations required by Dort II. Box 10: Dort II. Box 17: 20:17b; Dort III. Box 10:
i dit 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.
	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 instructions.)
-	

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

Employer identification number

OMB No. 1545-0047

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

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

OUT OF THE GARDEN PROJECT

27-2772988

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl 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	\$ 726,674.	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	WALMART 2107 PYRAMIDS VILLAGE BLVD GREENSBORO, NC 27405	\$ 231,447.	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
3	TRADER JOE'S 3721 BATTLEGROUND AVE. GREENSBORO, NC 27410	\$ 652,193.	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
123452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

OUT OF THE GARDEN PROJECT

27-2772988

art II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
arti	FOOD		
_1			
		\$ 726,674.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
2		\$ 231,447.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
3		\$ 652,193.	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	Φ.	
		\$	
(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
—			
		\$	

Schedule B (Form 990) (2021)

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 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

111650_1

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 Inspection

Name of the organization

OUT OF THE GARDEN PROJECT

Employer identification number 27-2772988

Pa	t I Organizations Maintaining Donor Advise		or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fur	nds 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 v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose of	conferring	
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically	important land area
	Protection of natural habitat	Preservation of a	a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a co <u>nserv</u>	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re	
	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easeme	nts during the year
_	> \$			
8	Does each conservation easement reported on line 2(d) abov		, , , , , , ,	
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that des	scribes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	har Simi	lar Accote
Га	Complete if the organization answered "Yes" on Form	-		idi Assets.
12	If the organization elected, as permitted under FASB ASC 95		nd halanco	shoot works
Id	of art, historical treasures, or other similar assets held for pub	, , , , , , , , , , , , , , , , , , ,		
	service, provide in Part XIII the text of the footnote to its finar	,		public
h	If the organization elected, as permitted under FASB ASC 95			at works of
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in furth	erance or pr	ublic service,
				\$
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treating the second seco			*
_	the following amounts required to be reported under FASB A	•	gani, provid	.
а	Revenue included on Form 990, Part VIII, line 1	_	.	\$
	Assets included in Form 990, Part X			

132051 10-28-21

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

Pai	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tr	easures, c	or Other	r Similar <i>i</i>	Asset	ts (continue	d)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit of				•					
_	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arran	-	te if the	organizatio	n answered '	'Yes" on F	Form 990, P	art IV, I	line 9, or	
12	reported an amount on Form 990, Par Is the organization an agent, trustee, custod		lian, for	contribution	as or other as	eate not i	acludad			
ıa			-						Yes	□ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								J 163	140
b	ii res, explain the arrangement iiii art xiii	and complete the lo	ilowing t	abic.					Amount	
c	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.								Г	
Pai										
	•	(a) Current year	(b) P	rior year	(c) Two year	s back (d	1) Three years	back	(e) Four yea	ars back
1a	Beginning of year balance			4						
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships			777						
	Other expenditures for facilities			V /						
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	and administe	red for the	e organizatio	on		
	by:								Ye	s No
	(i) Unrelated organizations								3a(i)	\perp
	(ii) Related organizations									\perp
b	If "Yes" on line 3a(ii), are the related organization	· ·) 				3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm) David IV	/ Iima 11a (3 F 000	. D4 V I	10			
	Complete if the organization answere	1			1				<u> </u>	
	Description of property	(a) Cost or of basis (investre			t or other (other)	. ,	cumulated reciation		(d) Book va	alue
	Land									
	Buildings						46 455			000
	Leasehold improvements				4,444.		16,155			289.
	Equipment			31	1,777.	1	25,020	•	T86,	757.
	Other							_	205	0.4.5
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c.)		<u></u>	.	225,	046.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 OUT OF THE G	ARDEN PROJEC	Г 2	7-2772988 Page
Part VII Investments - Other Securities.			. age
Complete if the organization answered "Yes" o	n 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 e	end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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 e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		•
Part X Other Liabilities.	- /		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	25.
(a) Description of liability	, , , , , , , , , , , , ,	, .,,	(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(4)			
\ '/			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

Schedule D (Form 990) 2021

(5) (6) (7) (8)

	Complete if the organization answered Tes Off Offi 990,1 art iv, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	5,153,509.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e	192,354.	
3	Subtract line 2e from line 1			3	4,961,155.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	59,700.		
С	Add lines 4a and 4b			4c	59,700.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,020,855.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,492,234.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	192,354.
3	Subtract line 2e from line 1	3	5,299,880.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,299,880.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY THOSE THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A MORE-LIKELY-THAN-NOT THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN AND WHAT, IF ANY, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED DURING 2021.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PPP LOAN FORGIVENESS REVENUE

59,700.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

OUT OF	THE GARDEN PROJECT	l		27-2772	988					
Part I Fundraising Activities.	Complete if the organization answe	red "Yes" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not					
required to complete this part.										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization					
		Yes No								
		36								
				al it is account from a						
List all states in which the organizatio or licensing.	on is registered or licensed to solicit (contribution	s or has been notifie	a it is exempt from re	egistration					
			-		-					

Schedule G (Form 990) 2021

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

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

		(a) Event #1 SUMMER CONCERT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	- col. (c))
1	Gross receipts	34,630.			34,630.
2	Less: Contributions	2,950.			2,950.
3	Gross income (line 1 minus line 2)	31,680.			31,680.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages	5,392.			5,392.
8	Entertainment	9,680.			9,680.
9	Other direct expenses				10,670.
	. ,	. ,		_	25,742. 5,938.
					3,73301
	\$15,000 on Form 990-EZ, line 6a.				
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes % No	Yes % No	Yes % No	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
ls t	he organization licensed to conduct gaming a		states?		Yes No
				year?	Yes No
	2 3 4 5 6 7 8 9 10 11 1 1 2 3 4 5 6 7 8 Entitle If " West	4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 throught 11 Net income summary. Subtract line 10 from intervention in the summary of the organization in the summary of the organization in the summary. Subtract line 10 from intervention in the summary of the organization organization organization in the organization organization organization organization in the organization or	SUMMER CONCERT (event type) 1 Gross receipts	SUMMER CONCERT (event type) (event type) 1 Gross receipts 34,630. 2 Less: Contributions 2,950. 3 Gross income (line 1 minus line 2) 31,680. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7,000 and beverages 5,392. 8 Entertainment 9,680. 9 Other direct expenses ummary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Add lines 4 through 9 in column (d) 12 S15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo 11 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (b) Pull tabs/instant bingo/progressive bingo (c) Prizes (c) Priz	SUMMER CONCERT (event type) (event type) (total number) 1 Gross receipts 34,630. 2 Less: Contributions 2,950. 3 Gross income (line 1 minus line 2) 31,680. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 5,392. 8 Entertainment 9,680. 10 Direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming lines as the state(s) in which the organization conducts gaming activities: is the organization licensed to conduct gaming activities: is the organization ineast or conducts gaming activities: is the organization ineast or conduct gaming activities: is the organization ineast or conducts gaming activities: is the organization ineast or conduct gaming activities: is the organization incensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

132082 10-21-21 Schedule G (Form 990) 2021

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 27-27	
Part I	General Information on Grants a								
cri	es the organization maintain records teria used to award the grants or assisteribe in Part IV the organization's pro	stance?						etion Yes	X No
Part II		Domestic Organ	izations and Domesti	c Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any	
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistance	
						Ť			
	ter total number of section 501(c)(3) a ter total number of other organization							>	

27-2772988 OUT OF THE GARDEN PROJECT Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance 4,402,787.FMV DISTRIBUTION OF FOOD 150000 0. FOOD Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

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

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles		0.006.400	1 1 6 1 100			
19	Food inventory	Х	2,326,482	4,164,403.	WEIGHTED WHO	LESAL	E A
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()		Y				
26	Other ()						
27	Other ()						
28	Other ► (
29	Number of Forms 8283 received by the organiz		•				
	for which the organization completed Form 828	33, Part V, L	Jonee Acknowledg	jement 29		1,,	T
	B : 11					Yes	No
30a	During the year, did the organization receive by				-		
	must hold for at least three years from the date						x
	exempt purposes for the entire holding period?	·				0a	
	If "Yes," describe the arrangement in Part II.	- 11 41 4	du 41 d	-f	uti- u 0		х
31	Does the organization have a gift acceptance p					31	<u> </u>
32a	Does the organization hire or use third parties of		_				x
la.	contributions?					2a	-21
	If "Yes," describe in Part II.	oluma (a) fa	er a tuno of proport	y for which column (a) is she	ckod		
33	If the organization didn't report an amount in co	Jiullili (C) TO	ı a type σι propeπ	y for writeri column (a) is che	creu,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

Part		Supples reported this parted to the second terms of the second ter	emental ting in Part I t for any add	Infor I, colur ditiona	mation. Proving (b), the num linformation.	ide the in ber of co	ntrib	nation required outions, the nu	l by Pa mber	art I, lines 30b, of items receive	32b, a ed, or	and 33, ar a combina	nd whether the organization ation of both. Also complete
SCHE	DUI	E M	, PART	I,	COLUMN	(B):							
THE	ORG	ANI	ZATION	IS	REPORT	NG T	HE	NUMBER	OF	POUNDS	OF	FOOD	DONATED.
						4	<						

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

OUT OF THE GARDEN PROJECT

Employer identification number 27-2772988

111 11 111 1111 1111 1111 1111 1111 1111
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MARKETS WITH THEIR HOME-MADE PRODUCTS.
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.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PPP LOAN FORGIVENESS REVENUE RECOGNIZED FOR BOOKS IN 2020;
FOR TAX IN 2021 -59,700.

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

Schedule O (Form 990) 2021