Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

	20 03						
	Open to Public Inspection						
ntificati	on number						
nuilication number							

A F	or the	2003 calenda	r year, or	tax year beginning		, a	nd endir	ıg				
B _C	Check	ıf applicable	Please	C Name of organization	•				D Employer	dentifica	ition number	
	ddres	s change	use IRS	YOUTH GARDEN PROJ	ECT				87-0568051			
I	lame d	change	label or print or	Number and street (or P O box if	mail is not delivered to street	address)	Room	/suite	E Telephone			
٦	nitial re	eturn	type	350 SOUTH 400 EAST								
===	inal re		See Specific	City or town	State or c		ZIP + 4		E Assessation			<u> </u>
╡			instruc- tions	1		ountry			F Accounting i		X Cash	Accri
=		ed return		MOAB	UT	 ,	84532		Other (specify)	<u> </u>	
]^	рриса	tion pending		n 501(c)(3) organizations and 49					not applicable t		Č	_
- .	M- L - :4			must attach a completed Sched	nie v (Lotw 330 ot 330-F	:Z).			s a group return for			es XI
G V	<u>Vebsit</u>	<u>e:</u> ▶ n/a		3-7			— H(I	b) If "Ye	es," enter numb	er of affili	ates 上	. <i> <u></u> .</i>
				. [7]				c) Area	all affiliates inclu	ıded?	Ye	es 🔲
JC	rganiz	ation type (chec	k only one)	► X 501(c) (3) ◀ (ınsert no)4947(a)(1)	or52	.7	(If "N	lo," attach a list	See inst	ructions)	
Kc	heck h	ere 🕨 🗌	ıf the organ	ization's gross receipts are norma	lly not more than \$25,000	The	H(d) Isthi	s a separate ret	urn filed l	by an organiza	ition
				ith the IRS, but if the organization		age in the			red by a group r			s X
n	iail, it s	hould file a retur	n without fir	nancial data Some states require	a complete return.			_	ip Exemption Nu			
					<u> </u>							
1 6	irnee r	eceints Add Iin	es fih fih	, 9b, and 10b to line 12		169,			lach Sch B (For		ation is not re	
ar				s, and Changes in Net A	esote or Fund Bala							•••
aı	1					inces (S	ee pagi	2 10 01	the instruct	10115)		
		Direct public		grants, and similar amour	ns received	امدا		0.	2 700			
		•			• •	1a		0.	3,788			
		Indirect pub		utions (grants)		1b						
				, ,	02 700 nanaah	1c						02.7
	1	•		through 1c) (cash \$	83,788 noncash		204 1/11	lum a O) 1d			83,7
	2			enue including governmer	it rees and contracts	(Irom F	art vii,	line 9	• —			71,8
	3	Membershi	duestar	E Esperienta					3			
	4			and temporary cash hvest	ments				4			
	5	Dividends a	ntere	est from securities Ø		1			5			
				16 1 8 2004 S		6a						
		Less renta				6b						
	C	c Net rental income (subtract line 6b from line 6a)						6c				
an an	7	Other invest	ment inc	ome (describe) 7			
Revenue	8 a	Gross amou	int from	sales of assets other	(A) Securities		<u>(B)</u>	Other				
ě		than invento	ry .	•	0				0			
	b	Less cost or o	ther basis	s and sales expenses	0				0			
	C	Gain or (los	s) (attacl	h schedule)	0	8c			0			
	d	Net gain or	(loss) (co	ombine line 8c, columns (/	۱) and (B))			_	8d			
	9	Special events	and activi	ities (attach schedule) If any a	mount is from gaming,	check he	re	▶ [
	a	Gross reven	ue (not i	ncluding \$	83,788 of							
				ed on line 1a)	•	9a		13	3,869			
	b	Less direct	expense	s other than fundraising e	kpenses .	9b		(3,922			
	C	Net income	or (loss)	from special events (subt	ract line 9b from line	e 9a)			9c			9,94
	10 a	Gross sales	of inven	tory, less returns and allow	vances .	10a						
		Less cost o			İ	10b						
	C	Gross profit or	(loss) fro	m sales of inventory (attach sci	nedule) (subtract line 10	b from lir	ne 10a)		10c			
	11			Part VII, line 103)					11			
	12			lines 1d, 2, 3, 4, 5, 6c, 7,	3d, 9c, 10c, and 11))			12			165,61
	13			om line 44, column (B))					13			74,87
S	14			neral (from line 44, colum	n (C)) .				14			52,56
Š	15			ne 44, column (D))	. (-//				15			
Expenses	16			s (attach schedule)					16	_		
Ш				d lines 16 and 44, column	(A))				17			127,43
	17			r the year (subtract line 17					18			38,17
Assets	18	Excess or (C	encit) 10	i ille year (Subilact IIIIe 17	ar /from line 72 and	umn /A	1)		19	-		14,56
3	19	Net assets of	or tund ba	alances at beginning of ye	ar (morn ime 73, col	unin (A)	7		20			. 1,00
æ	20	Other chang	jes in net	t assets or fund balances	attach explanation)	•			21			52,74
let A	21			alances at end of year (co	mbino lines 40 40 -	and any						

Part II Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organ functional Expenses and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)								
	Do not include amounts reported on line			(B) Program	(C) Managemen	nt J		
	6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	services	and genera	(D) Fundraising		
22	Grants and allocations (attach schedule)	_	_					
22	(cash \$ 0 noncash \$ 0)		0					
23	Specific assistance to individuals (attach schedule)	23	0					
24 25	Benefits paid to or for members (attach schedule)	24	21 505					
26	Compensation of officers, directors, etc	25	31,505					
27	Other salaries and wages		63,331 0	57,976 5,		25		
28	Other employee benefits	27				24		
29								
30	essional fundraising fees 30 0		3,3	<u> </u>				
31	Accounting fees .	31	800	150	6	50		
32	Legal fees	32	0	100		50		
33	Supplies	33	5,386	3,967	1,4	19		
34	Telephone	34	Ô					
35	Postage and shipping	35	0					
36	Occupancy	36	5,307	55	5,2	52		
37	Equipment rental and maintenance .	37	0					
38	Printing and publications	38	336		33	36		
39	Travel	39	2,701	164	2,53	37		
40	Conferences, conventions, and meetings	40	0					
41	Interest	41	0					
42	Depreciation, depletion, etc (attach schedule)	42	856			56		
43	Other expenses not covered above (itemize) a EQUIPMENT	43a	850			50		
	BOARD OF DIRECTORS GRANT WRITING	43b 43c	422 290			22 90		
	INCUIDANCE	43d	914			14		
	LICENSES	43e	280			30		
	MISCELLANEOUS	43f	718	16		02		
44	Total functional expenses (add lines 22 through 43) Organizations							
	completing columns (B)-(D), carry these totals to lines 13-15 .	44	127,436	74,875	52,56	<u>51 0</u>		
	Costs. Check ▶ If you are following SOP 98-2	. 4 . 4			_ [
_	y joint costs from a combined educational campaign and fundraising soli	_			_	Yes X No		
	" enter (i) the aggregate amount of these joint costs \$ amount allocated to Management and general \$		- •	llocated to Programunt allocated to Fu	_	·		
	Statement of Program Service Accomplishments				indialing \$			
			ige 25 of the in	structions /	I	Program Service		
What	is the organization's primary exempt purpose?▶ EDUCATIC	<u>N</u>				Expenses		
All orga	inizations must describe their exempt purpose achievements in a clear a	ind conc	ise manner State	the number		Required for 501(c)(3) and (4) orgs , and 4947(a)(1)		
of clien	ts served, publications issued, etc. Discuss achievements that are not n	neasurat	ole (Section 501(c)(3) and (4)		trusts, but optional for others)		
	ations and 4947(a)(1) nonexempt charitable trusts must also enter the a	mount o	r grants and alloc	ations to others)				
a Si	E ATTACHED							
		/Grai	nts and allocati	ons \$		74,875		
ь				0115 Q		,		
J								
		• • • • • •	••••					
	(Grants and allocations \$)							
٠		 -						
		(Grai	nts and allocati	ons \$)			
d								
			nts and allocati					
e O	ther program services (attach schedule)		nts and allocati			74.075		
f To	otal of Program Service Expenses (should equal line 44, co	olumn (B), Program se	ervices)		74,875		
						Form 990 (2003)		

Balance Sheets (See page 25 of the instructions)

Form 990 (2003)

	A1 43	140					
	Note:	Where required, attached schedules and amou		hin the description	(A)	i l	(B)
		column should be for end-of-year amounts only			Beginning of year		End of year
	45	Cash—non-interest-bearing			5,161	45	9,208
	46	Savings and temporary cash investments				46	33,568
	47 a	Accounts receivable	47a	0			
	b	Less allowance for doubtful accounts	47b	0	0	47c	0
	48 a	Pledges receivable .	48a	O			
		Less allowance for doubtful accounts	48b	0	0	48c	0
	49	Grants receivable		4 .		49	
	50	Receivables from officers, directors, trustees, a	and kev	employees			
		(attach schedule)	•	, ,	0	50	0
(A	51 a	Other notes and loans receivable (attach					
Assets		schedule) .	51a	l ol			
Ass	b	Less allowance for doubtful accounts	51b	0	0	51c	0
_	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges		·		53	
	54	Investments—securities (attach schedule)		Cost FMV	0	-	0
		Investments—land, buildings, and			J		
	٠٠. "	equipment basis	55a	اه			
	h	Less accumulated depreciation (attach	1000				
		schedule)	55b	o	0	55c	0
	56	Investments—other (attach schedule)	550		0	56	0
		Land, buildings, and equipment basis	57a	18,178	0		
		Less: accumulated depreciation (attach	Jia	10,170			
	D	schedule)	57b	6,749	12,285	570	11,429
	58	Other assets (describe	3/5	0,749	12,203	58	11,429
	30	Other assets (describe			0.	30	
	59	Total agests (add lines 45 through 59) (must a	aual lu	20.74)	17,446	59	54,205
	60	Total assets (add lines 45 through 58) (must end accounts payable and accrued expenses	squar iii	16 14)	2,879		1,460
	61	Grants payable .		• -	2,019	61	1,400
	62	Deferred revenue		• -		62	<u></u>
SS.	63	Loans from officers, directors, trustees, and ke	v omni	avoor (attach			
	03	•	y empi	Dyees (allaci)	o	63	0
Liabilities	64.0	schedule) Tax-exempt bond liabilities (attach schedule)		<u> -</u>	0	64a	0
_		· · · · · · · · · · · · · · · · · · ·	odulo)		0	64b	0
		Mortgages and other notes payable (attach sch	iedule)	, F	0		0
	65	Other liabilities (describe		· / -		03	
	66	Total liabilities (add lines 60 through 65)			2,879	66	1,460
			► [□	and complete lines	2,570		1,100
	Orga	inizations that follow SFAS 117, check here		and complete lines			
		67 through 69 and lines 73 and 74			44.507		20.742
es	67	Unrestricted	•	-	14,567	67	32,713
a Z	68	Temporarily restricted	•	-		68	20,032
Bal	69	Permanently restricted		. 🕁 . 💮 📙		69	
2	Orga	nizations that do not follow SFAS 117, chec	k here	▶and			
3		complete lines 70 through 74					
ğ	70	Capital stock, trust principal, or current funds	·		70		
Set	71	Paid-in or capital surplus, or land, building, and			71		
As	72	Retained earnings, endowment, accumulated in				72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines	ਰ/ thro	eugn 69 or			
~		lines 70 through 72,			44 507		EO 74E
		column (A) must equal line 19, column (B) mu			14,567	73	52,745 54,205
	74	Total liabilities and net assets / fund balances (add	lines 66	and 73) .	17,446	74	54,205

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-	A Reconciliation o	f Revenue per A	udite	d	Part I	V-B	Reconci	liation o	f Expenses p	er Au	udited , ago -
	Financial Staten	nents with Reve	nue pe	er			-		nents with Exp		
	Return (See page	e 27 of the instruc	ctions)			Return				•
a To	otal revenue, gains, and ot	her support			а	Tot	lal expenses	and los	ses per		
pe	er audited financial statem	ents , , , , ▶[a n	/a_]	aud	dited financi	al statem	nents ▶	a	
b A	mounts included on li	ne a but not			b	Αm	ounts inclu	ded on lii	ne a but not		
	n line 12, Form 990					on	line 17, For	m 990			
(1) N	let unrealized gains				(1)	Do	nated servic	es			
01	n investments\$					and	d use of faci	lities	\$		
(2) D	onated services and				(2)	Pri	or year adju	stments			
U:	se of facilities					rep	orted on line	e 20,			
(3) R	ecoveries of prior						m 990		\$		
y€	ear grants\$				(3)	Los	ses reporte	d on			
(4) 0	ther (specify)					line	20, Form 9	990	\$		
	<u> </u>				(4)		ner (specify)				
	<u>\$</u>								\$		
Ad	dd amounts on lines (1) thi	rough (4)	b	0					\$		
						Add	amounts on I	ines (1) th	rough (4)	b	ĺ
c Li	ine a minus line b	►L	С	0	С	Lin	e a minus li	ne b	•	C	C
d Ai	mounts included on lir	ne 12,			d	Am	ounts includ	ded on lir	ne 17,		
Fo	orm 990 but not on lin	ea:				For	m 990 but r	not on lin	e a :		
(1) In	vestment expenses				(1)	Inv	estment exp	enses			
no	ot included on line					not	included or	line			
6t	b, Form 990 <u>\$</u>					6b,	Form 990		\$		
(2) 0	ther (specify)				(2)	Oth	er (specify)				
	\$								\$		
	\$								\$		
Ad	dd amounts on lines (*	1) and (2) ▶	d	0		Add	amounts o	n lines (1	l) and (2)	d	0
e To	otal revenue per line 1:	2, Form 990			е	Tot	al expenses	per line	17, Form 990		
(t)	ne c plus line d)	•	е	0		(line	e c plus line	d)		е	0
Part V	List of Officers, I	Directors, Truste	es, a	nd Key Emp	loyees	(Lis	st each one	even if no	ot compensate	d, se	e page 27
	of the instructions							_			
	(A) Name and addr	ress		and average hours devoted to position	per		ompensation not paid,		ontributions to ee benefit plans &	a	(E) Expense account and other
	U. C. U. U. T. 7		 			en	ter -0-)	deferre	d compensation	 	allowances
	LL SHULTZ Str		-1	BOARD MEI	MB				•		•
City_M		T ZIP 84532	+	5 HRS/WK	NAD		0		0	 	
	(NN PARENTIC str	04E22	-1	BOARD MEI 5 HRS/WK	VID		ام		0	ł	0
City Mo		ZIP 84532		CHAIRMAN	-					 	
City M	ETER LAWSON str OAB ST UT	T zip 84532	•1	5 HRS/WK			o		0		0
	RISTINA TAYLC Str	1 ZIF 0-100Z	1	BOARD MEI	MB		- 		<u> </u>	-	<u> </u>
City M		T _zip 8452	1	5 HR/WK	V101		o		0	ĺ	0
	ADLAM ITANO	1 ZIP 0432		DIRECTOR		_				_	<u></u>
City M		T zip 84532	1	40 HRS/WK			o		0		0
	NNIFER REDD Str	ZIP 04002		BOARD ME			- 		<u>_</u>	-	
City M		T zip 84532	•	5 HRS/WK	•••		o		0		0
	Str	ZIF 0400Z	Title		-						
Name City	ST	ZIP	HrWK				i				
	Str	Z.II	Title				-				
Name	ST	ZIP	Hr/WK								
City_			Title								
Name	Str ST	ZIP	Hr/WK								
City		<u> </u>	Title		\dashv					l -	
Name	Str ST	ZIP	Hr/WK								
City										L	
organ	ny officer, director, trustee ization and all related orga	nizations, of which n	nore tha							Yes	XNo
If "Ye:	s," attach schedule—see p	page 28 of the instru	ctions								

Form 9	90 (2003) YOUTH GARDEN PROJECT 87-	-0568051		ı	Page 5
Part \	Other Information (See page 28 of the instructions)			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detail	uled description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not	reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes				
	Did the organization have unrelated business gross income of \$1,000 or more during the y		78a		_X_
	If "Yes," has it filed a tax return on Form 990-T for this year?		78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year		79	,,,,,,,,,,,	X
во а	Is the organization related (other than by association with a statewide or nationwide organization)				
.	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt	organization?	80a		X
D	If "Yes," enter the name of the organization▶				
04 -	and check whether it is	— .			
	Enter direct and indirect political expenditures. See line 81 instructions.	81a			
	Did the organization file Form 1120-POL for this year? . Did the organization receive donated services or the use of materials, equip		31b		<u> </u>
UZ	or at substantially less than fair rental value?	· · ·	32a		х
b	If "Yes," you may indicate the value of these items here. Do not include this		//////		
_	as revenue in Part I or as an expense in Part II (See instructions in Part III	82b N/A			
83 a	Did the organization comply with the public inspection requirements for retu		33a	X	
	Did the organization comply with the disclosure requirements relating to quite	· · · · · -	33b	X	
	Did the organization solicit any contributions or gifts that were not tax deduc		34a		X
b	If "Yes," did the organization include with every solicitation an express state	ment that such contributions			
	or gifts were not tax deductible?	[8	34b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeduct		35a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or	777	35b	,,,,,,,,,,,	,,,,,,,,,,,,,,,
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85	5h below unless the			
	organization received a waiver for proxy tax owed for the prior year	Les- I			
	Dues, assessments, and similar amounts from members	85c			
	Section 162(e) lobbying and political expenditures	85d 85e			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f 0			
	Does the organization elect to pay the section 6033(e) tax on the amount on		/////// 5g		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree		-		
	its reasonable estimate of dues allocable to nondeductible lobbying and political poli				
	following tax year?		5h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities .	86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a			
b	Gross income from other sources (Do not net amounts due or paid to other				
	sources against amounts due or received from them)	876			
88	At any time during the year, did the organization own a 50% or greater interest		ļ		
	partnership, or an entity disregarded as separate from the organization unde 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		Х
8Q a	501(c)(3) organizations Enter Amount of tax imposed on the organization of	·			
05 a	section 4911 ▶ , section 4912 ▶ , sec				
b	501(c)(3) and $501(c)(4)$ orgs Did the organization engage in any section 49		,,,,,,,,		***************************************
_	during the year or did it become aware of an excess benefit transaction from	a prior year? If "Yes," attach		ĺ	
	a statement explaining each transaction	8	9b		<u>X</u>
С	Enter Amount of tax imposed on the organization managers or disqualified	persons during the year under			_
	sections 4912, 4955, and 4958	▶			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶			0
90 a	List the states with which a copy of this return is filed ► N/A				
	Number of employees employed in the pay period that includes March 12, 2	003 (See instructions 90b			
91	The books are in care of ► Name YOUTH GARDEN PROJECT		2326		
٠.	Located at ► MOAB, UTAH City	ST Zip+4 ▶ 84532			
02	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form	m 1041— Check here			
92					
	and enter the amount of tax-exempt interest received or accrued during the t	ax year F 32 WA			

Part V	II Analysis of Income-Producing A	ctivities (See pag	e 33 of th	ne instructions)		
Note:	Enter gross amounts unless otherwise	Unrelated busin				512, 513, or 514	(E)
ındıcat	èd	(A)	(B))	(C)	(D)	Related or exempt
93	Program service revenue	Business code	Amou	unt Exclus	sion code	Amount	function income
а	PROGRAM USER FEES						4,025
b						- "-	
С							
d							
е							
f	Medicare/Medicaid payments						
	Fees and contracts from government agencies						67,854
94	Membership dues and assessments						
95	Interest on savings and temporary cash investments					- <u></u> -	
96	Dividends and interest from securities						
97	Net rental income or (loss) from real estate						
	debt-financed property						
	not debt-financed property .					_	
98	Net rental income or (loss) from personal property						
99	Other investment income .						
100	Gain or (loss) from sales of assets other than inventory						0.047
101 102	Net income or (loss) from special events						9,947
102	Gross profit or (loss) from sales of inventory Other revenue a	-	-				
103 b							
C							
d							
e							
	Subtotal (add columns (B), (D), and (E))			0		0	81,826
105	Total (add line 104, columns (B), (D), and (E))	<u> </u>		- V	<u> </u>	•	81,826
	Line 105 plus line 1d, Part I, should equal	the amount on line	12, Part	1			
Part V					See page	34 of the instru	ctions)
Line N				· · · · · · · · · · · · · · · · · · ·			·
▼	of the organization's exempt purposes (of				' '	•	
	SEE STATEMENT					·····	
Part IX	Information Regarding Taxable S	Subsidiaries and D	Disregar	ded Entities (S	See page :	34 of the instruc	
	(A)	(B)		(C)		(D)	(E) End-of-year
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership inter		Nature of activit	ies	Total income	assets
N/A	partitioning, or diologarasa situal		%			0	0
•			%			0	0
			%			0.	0
			%			0	0
Part X	Information Regarding Transfers	Associated with	Persona	l Benefit Con	tracts (Se	e page 34 of th	e instructions)
	d the organization, during the year, receive any fu	nds, directly or indirect	ly to pay i	remiums on a pe	rsonal bene	fit contract?	Yes X No
	-						Yes X No
(b) Di	d the organization, during the year, pay p	remiums, directly o	ir indirec	lly, on a persor	iai beneni	contract, [
Note:	If "Yes" to (b), file Form 8870 and Form	4720 (See Instructi	ioris)		and statem	and to the best	of my knowledge
	Under penalties of perjuty, I declare that I have e and belief, it is true (for)ect, and complete. Decl	xamined this return, incli aration of preparer (other	than office	npanying schedule: r) is based on all in	s and statements of the statement of the	onto, and to the best which preparer has a	any knowledge
Please				,			-
					Date	12-04	
					Date		
		20 0	TANIOS				
		Det		Check if		Preparer's SSN or P	TIN (See Gen Inst W)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number 87-0568051

YOUTH G	ARDEN PROJECT			87	-0568051
Part I	Compensation of the Five Hi (See page 1 of the instructions Lis			cers, Directors, an	d Trustees
(a) Name	and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name N/A					
Str					
City	ST	Title			
Zip	Country	Avg hr/wk			
	Country	Avg III/wk			
Name					
Str		<u>_</u>			
City	ST	Title			
Zıp	Country	Avg hr/wk		-	
Name					
Str					
City	ST	Title			
Zıp	Country	Avg hr/wk		ļ	
Name				1	
Str]			
City	ST	Title			
Zıp	Country	Avg hr/wk			
Name					
Str					
City	ST	Title		1	
Zıp	Country	Avg hr/wk			
	per of other employees paid over	/Avg Hi/vik			
\$50,000	ber of other employees paid over				
Part II	Compensation of the Five High	nheet Paid Independe	nt Contractors fo	r Professional Ser	wires
raitii	(See page 2 of the instructions Lis				
			I	iere are none, enter i	l
(a) Name	e and address of each independent contra	ctor paid more than \$50,000	(b) Typ	oe of service	(c) Compensation
Name					
		Check here if a business			
		Check here if a business			
Str N/A		Check here if a business			
Str N/A City	71D Count				
Str N/A City ST	ZIP Count	ry			
Str N/A City ST Name	ZIP Count				
Str N/A City ST	ZIP Count	ry			
Str N/A City ST Name Str City		ry Check here if a business			
Str N/A City ST Name Str	ZIP Count	ry Check here if a business			
Str N/A City ST Name Str City		ry Check here if a business			
Str N/A City ST Name Str City ST		ry Check here if a business			
Str N/A City ST Name Str City ST Name		ry Check here if a business			
Str N/A City ST Name Str City ST Name Str Str Name Str		Check here if a business ry Check here if a business			
Str N/A City ST Name Str City ST Name Str City ST Name Str City	ZIP Count	Check here if a business ry Check here if a business			
Str N/A City ST Name Str City ST Name Str City ST Name Str City ST Name	ZIP Count	ry Check here if a business ry Check here if a business			
Str N/A City ST Name Str City ST Name Str City ST Name Str City ST Name Str	ZIP Count	ry Check here if a business ry Check here if a business			
Str N/A City ST Name Str City ST Name Str City ST Name Str City ST Name City	ZIP Count	Check here if a business			
Str N/A City ST Name Str City ST Name Str City ST Name Str City ST Name Str City ST	ZIP Count	Check here if a business			
Str N/A City ST Name Str City ST Name Str City ST Name Str City ST Name Str City ST Name	ZIP Count	Check here if a business			
Str N/A City ST Name Str City ST	ZIP Count	Check here if a business			
Str N/A City ST Name Str City ST City	ZIP Count ZIP Count	Check here if a business			
Str N/A City ST Name Str City ST	ZIP Count	Check here if a business			

Ш	Statements About Activities (See page 2 of the instructions.)	Í	Yes	No
atte or i	empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities > \$ 0 (Must equal amounts on line 38,	1		X
orga	anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
sub with owr	stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
Len Fur	ding of money or other extension of credit?	2a 2b 2c 2d	X	X X X
	• •	2e		_X
		3a		X
Did	you maintain any separate account for participating donors where donors have the right to provide advice	4		X
IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
rgan	ization is not a private foundation because it is (Please check only ONE applicable box)			
	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
	A school Section 170(b)(1)(A)(II) (Also complete Part V)			
	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)			
	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the home, city, and state ► City ST Country	ospita	al's 	
	170(b)(1)(A)(ıv) (Also complete the Support Schedule in Part IV-A)			
X	An organization that normally receives a substantial part of its support from a governmental unit or from the gubblic Section $170(b)(1)(A)(vi)$ (Also complete the Support Schedule in Part IV-A)	enera		
	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
	receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more of its support from gross investment income and unrelated business taxable income (less section 511 tax) from	than m bus	33 1/ nesse	3% es
	organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the to 509(a)(2) (See section 509(a)(3))	est of	sectio	n
	(b) Line nu			
	(a) Name(s) of supported organization(s) from ab	ove		
			—	
	An experience organized and experient to test for public safety. Section 509(a)(4). (See page 6 of the instruction organized and experience of the instruction organized and experience of the instruction organized and experience of the instruction of the instruction organized and experience of the instruction of the	tions)		
	Durattee or in Par Orgong the Dursub with own trans Sall Len Payor Trans Do you Do Did on to the Dursub on the Dursub on the Dursub organism of the Dursub organism o	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ 0 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, furstee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) Sale, exchange, or leasing of property? Lending of money or other extension of credit? Purinshing of goods, services, or facilities? Payment of compensation (or payment or rembursement of expenses if more than \$1,000)? Transfer of any part of its income or assets? Do you have grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) Do you have a section 403(b) annutly plan for your employees? Do you have a section 403(b) annutly plan for your employees? Do you have a section 403(b) annutly plan for your employees? Do you have a section 403(b) annutly plan for your employees? Do you have a section 403(b) annutly plan for your employees? Do you have a section 403(b) annutly plan for your employees? Do you have a section 403(b) annutly plan for your employees? Do you have a section 403(b) annutly plan for your employe	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \(\bigsilon \) \(\) \(\) \(\) (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) \) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, frustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactoris) Sale, exchange, or leasing of property? Lending of money or other extension of credit? Furnishing of goods, services, or facilities? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990. 22. Transfer of any part of its income or assets? Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) Do you have a section 403(b) annuity plan for your employees? Old you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) Irganization is not a private foundation because it is (Please check only ONE applicable box) A chord, convention of churches, or association of churches Section 170(b)	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred nonnection with the lobbying activities \$ \$ 0. (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxabile organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions? Sale, exchange, or leasing of property? Lending of money or other extension of credit? Furnishing of goods, services, or facilities? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 5990 Ze Ze Ze Ze Ze Ze Ze Ze Ze Z

Part	IV-A Support Schedule (Complete only if you chec	ked a box on lir	ne 10, 11, or 12) Use cash me	thod of acco	unting.
Note	: You may use the worksheet in the instructions for conve					
15	dar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received (Do	407.000	400 400	404 000	100.001	4== 4==
16	not include unusual grants See line 28)	127,666		104,236	108,324	479,408
17	Gross receipts from admissions, merchandise	1,805	2,015	3,108	2,160	9,088
17	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
		0.000	0.000	5 000	4 000	
18	organization's charitable, etc., purpose	2,838	2,660	5,666	4,003	15,167
10	Gross income from interest, dividends,					
	amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and				j	
	unrelated business taxable income (less	1	1		i	
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975		267	444		007
19	Net income from unrelated business	9	267	111		387
13	activities not included in line 18					
20	Tax revenues levied for the organization's					
20	benefit and either paid to it or expended on					
	its behalf				ĺ	0
21	The value of services or facilities furnished to					
21	the organization by a governmental unit		•			
	without charge Do not include the value of	1		ľ		
	services or facilities generally furnished to the					
	public without charge					0
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets	439	1,179			1,618
23	Total of lines 15 through 22	132,757	145,303	113,121	114,487	505,668
24	Line 23 minus line 17	129,919	142,643	107,455	110,484	490,501
25	Enter 1% of line 23	1,328	1,453	1,131	1,145	
26	Organizations described on lines 10 or 11: a Enter 2				▶ 26a	9,810
D	Prepare a list for your records to show the name of and governmental unit or publicly supported organization) will					
	amount shown in line 26a Do not file this list with you					//////////////////////////////////////
С	Total support for section 509(a)(1) test Enter line 24, co		the total of all t	nese excess an	▶ 26c	490,501
	Add Amounts from column (e) for lines 18	387 19		0		
u	22	1,618 26L	7,98	0	▶ 26d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	Public support (line 26c minus line 26d total)	1,010	7,50	50	▶ 26e	480,516
f	Public support percentage (line 26e (numerator) divi	ided by line 260	: (denominato	-))	▶ 26f	97 96%
27	Organizations described on line 12: a For amounts					
21	person," prepare a list for your records to show the name					
	person " Do not file this list with your return. Enter the	•		•	rom, cach als	iquamica
	•				1000	
	(2002) (2001)				1999)	
b	For any amount included in line 17 that was received fro					
	records to show the name of, and amount received for e	ach year, that w	as more than th	ne larger of (1)	the amount of	n line 25 for th
	year or (2) \$5,000 (Include in the list organizations desc	cribed in lines 5	through 11, as	well as individu	als) Do not fi	le this list wil
	your return. After computing the difference between the		ed and the large	r amount descr	ibed in (1) or (2), enter the
	sum of these differences (the excess amounts) for each					
	(2002) (2001)	(200	00)	(1	999)	
С	Add Amounts from column (e) for lines 15	0 16 0 21 e 27b total	0		اعتدا	^
	17 <u>0</u> 20	<u> </u>			▶ 27c	0
		e 27b total	0	•	▶ 27d	0
е	Public support (line 27c total minus line 27d total)		/_\ 	اء	▶ 27e	
f	Total support for section 509(a)(2) test Enter amount from	om line 23, colu	mn (e) ► <u>27</u>	<u>, </u>		
g	Public support percentage (line 27e (numerator) divi	ded by line 271	(denominator)) /f (dom====================================	▶ 27g	0 00%
<u>h</u>	Investment income percentage (line 18, column (e) (numerator) div	raea by line 27	i (denominato	r) ▶ 27h	0 00%
28	Unusual Grants: For an organization described in line 1 2002, prepare a list for your records to show, for each year.	I0, 11, or 12 tha ear, the name of	t received any to the contributor	inusual grants of the date and a	mount of the	rougn grant, and a

brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Par	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)		n/a	<u> </u>
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
D	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement	1		
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		_
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement	5# 3		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	34b		L
J	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part	VI-A Lobbying Expenditures by Electing P	ublic Charitie		9 of the		ctions.)	Page 5
Check	(To be completed ONLY by an eligible organ						-4111	n/a
Check	Limits on Lobbying Ex	Check >	b if you ch	ескед "а"	and "lii	mited coi (a Affiliated)	(b) To be completed for ALL electing
	(The term "expenditures" means amou					tota	ıls	organizations
36	Total lobbying expenditures to influence public opinio		• •		36_			
37 38	Total lobbying expenditures to influence a legislative	body (direct lobi	bying)		37	_		
38 39	Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures	•	•		38 39		0	0
40	Total exempt purpose expenditures (add lines 38 and	39)	•		40		0	0
41	Lobbying nontaxable amount Enter the amount from	•	ble—					
		ying nontaxabl		_				
		amount on line 40)				
	Over \$500,000 but not over \$1,000,000 . \$100,000 p	lus 15% of the exc	ess over \$500,000) [
	-	lus 10% of the exc	ess over \$1,000,0	00	41	,,,,,,,,,,,,,	0	0
	•	lus 5% of the exces	ss over \$1,500,00	0				
40	Over \$17,000,000 \$1,000,000		•	J				
42 43	Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36 Enter -0- if line 42 is mo		•		42 43		0	0
44	Subtract line 42 from line 38 Enter -0- if line 41 is mo				43		0	0
77	Cubit det inter a l'internation l'internatio	ne man mie oo	•					
	Caution: If there is an amount on either line 43 or line	44, you must fi	le Form 4720					
	4-Year Averaging	Period Under	Section 501(h)				
	(Some organizations that made a section 501(h	i) election do not hi	ave to complete al	of the five	colum	ns below	,	
	See the instructions for lines	45 through 50 on p	age 11 of the inst	ructions)				
		Lobbyir	ng Expenditure	s Durin	g 4-Ye	ar Ave	raging	g Period
	Calendar year (or (a) (b) (c) (d)						(e)	
	fiscal year beginning in	2003	2002	200		200		Total
45	Lobbying nontaxable amount							0
46	Lobbying ceiling amount (150% of line 45(e))							0
47	Total lobbying expenditures .			ļ				0
48	Grassroots nontaxable amount							0
49	Grassroots ceiling amount (150% of line 48(e))							0
50	Grassroots lobbying expenditures							0
	VI-B Lobbying Activity by Nonelecting Put	lic Charities		<u> </u>				
	(For reporting only by organizations that did	not complete Pa	art VI-A) (See p	age 12 c	f the II	nstructi	ons)	
During	g the year, did the organization attempt to influence na	tional, state or I	ocal legislation	, includir	ng any	Yes	No	Amount
attem	pt to influence public opinion on a legislative matter or	referendum, thi	rough the use o	f		res	No	Amount
а	Volunteers							
b	Paid staff or management (Include compensation in e	xpenses reporte	ed on lines c thi	rough h .)			
С	Media advertisements	•				-		
d	Mailings to members, legislators, or the public	•			•			
e	Publications, or published or broadcast statements	• •	•			-		
	Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, governmen	t officials or a l	egislative bodv					
	Rallies, demonstrations, seminars, conventions, spee				•			
	Total lobbying expenditures (Add lines c through h.)							0
	If "Yes" to any of the above, also attach a statement g	ıvıng a detailed	description of t	he lobby	ing ac	tivities		

Part	VII			sfers To and Transacti page 12 of the instruction	ons and Relationships With Nons.)	ncharitable		
51					of the following with any other organizing section 527, relating to political org		ed in se	ection
а	Trans	sfers from the repo	orting organizat	ion to a noncharitable exem	pt organization of	_	Yes	No
	(i)	Cash				51a(i)		Х
	(ii)	Other assets				a(ii)		Х
b	Othe	r transactions					Ì	
	(i)	Sales or exchange	es of assets wit	h a noncharitable exempt o	rganization	b(i)		х
	(ii)	_		charitable exempt organizat	~	b(ii)		Х
	(iii)	Rental of facilities		, ,		b(iii)		Х
	(iv)	Reimbursement a	irrangements			b(iv)		Х
	(v)	Loans or loan gua	arantees			. b(v)		Х
	(vi)	Performance of se	ervices or mem	bership or fundraising solic	itations	b(vi)		Х
С	Shari	ing of facilities, equ	uipment, mailin	g lists, other assets, or paid	l employees	C		Х
	of the	e goods, other asse y transaction or sh	ets, or services	given by the reporting organent, show in column (d) the	schedule Column (b) should always nization. If the organization received by value of the goods, other assets, or	less than fair r	narket	
	a)	(b)	Name of non-	(C)	(d)			
Line	3 110	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, a	ing snaring arrang	ements	
-						-		
						•		
			-					
	descr		1(c) of the Code	e (other than section 501(c)	one or more tax-exempt organization (3)) or in section 527?	ns ▶ Yes	X	No
		Name of organization	n	Type of organization	Description of relation	onship		
				-"		····		
								
								
								
								
								
	·	· · · · · · · · · · · · · · · · · · ·						
-								
						 		
					1			

Line 1a (990) - Direct public support

1 Contributions	. 1	58,094
2 Non Cash Contributions	. 2	•
Special events contributions (Line 9 - Special Events)	. 3	0
MERCHANDISE SALES	4	340
MISCELLANEOUS	5	80
	7	
	8	
)	9	
0 Total	10	83 788

Line 9 (990) - Special events and activities

1 Special event name	Event A CHOCOLATE LOVERS	Event B FARMERS MARKET	Event C DONOR LUNCHEON	All others	Totals
1a Number of special events					
2 Gross receipts	4,386	3,772	2,390	3,321 2	13,869
3 Less contributions				3	0
4 Gross revenue	4,386	3,772	2,390	3,321 4	13,869
5 Less direct expenses	1,153	809	97	1,863 5	3,922
6 Net income or (loss)	3,233	2,963	2,293	1,458 6	9,947

Li	ne 57 (990) - Land, buildings, and	equipment				
	Land (net of any amortization)	•			Land (net of any	amortization)
					Beginning	End
1				1		
2				2		
3				3		
4	***************************************			4		
5						
6	Total land (net of any amortization)			6	0	1 0
	Buildings and equipment	Buildings and	equipment		Accumulated	depreciation
		Beginning	End		Beginning	End
7	EQUIPMENT 7	18,178	18,178		5,893	6,749
8	8					
9	9					
10	10					
11	11					
12	12					
13	13					
14	14					
15	15					
16	16	40.470	40.470			6.740
17	Total buildings and equipment 17		18,178	18	5,893 12,285	6,749 11,429
18	Buildings and equipment (less accumulated de	epreciation)		19	12,285	11,429
19	Total land, buildings and equipment			19	12,265	11,429
					Accumulated	
	Category or Item		Cost/Other Basis		Depreciation	Book Value
1		1				
2						<u> </u>
3	,	3				
4		4				
5		5			-	
6		6				
7		7				
8		8	<u></u>			
9		9				
10		10			0	0
<u>11</u>	Total	<u> </u>	0		<u> </u>	1

Itemization	for:
-------------	------

990.	. Part VIII Relationshi	p of Activities to Accom-	plishment of Exempt Purpose
------	-------------------------	---------------------------	-----------------------------

	I agencies included those that from local government agenc		
101 Fundraisin	g events provide community o	utreach and brings the Am	nericorps members and staf
more direct co	ntact with the general commu ny different perspectives		

YOUTH GARDEN PROJECT DEPRECIATION SCHEDULE

						Curr Depred				Accumulated Depreciation
DATE	DESCRIPTION	LIFE	COST	1998	1999	2000	2001	2002	2003	
12/31/99 12/31/00	SCARECROWS SCARECROWS	10 10	\$458 00 \$1,608 00		\$45 80	\$45.80 \$160.80	\$45 80 \$160 80	\$45.80 \$160 80	\$45 80 \$160 80	• -
12/31/98 12/31/00		5 5	\$3,344 00 \$49 00	\$668 80	\$668 80	\$668 80 \$9 80	\$668 80	\$668 80 \$9 80	\$9 80	\$3,344 00 \$29 40
12/31/00	GREENHOUSE	20	\$11,699 00			\$584 95	\$584.95	\$584 95	\$584 95	\$2,339 80
12/31/01 12/31/01	GREENHOUSE SHED	10 20	\$70 00 \$950 00				\$7 00 \$47 50	\$7 00 \$47 50	\$7 00 \$47 50	•
			\$18,178 00	\$668 80	\$714 60	\$1,470 15	\$1,514 85	\$1,524 65	\$855 8 <u>5</u>	\$6,748 90

PARTITE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS



Youth Garden Project
530 South 400 East
Moab, UT 84532
(435) 259-2326
www.youthgardenproject.org

Programs offered by the Youth Garden Project

High School Science Class: Each year 40-60 students take the class during the spring and fall trimesters for science credit. The focus of this class is to engage students, through hands-on experience, in the gardening process and help them develop stronger connections with the land and their community. Class concepts include soil biology, germination, photosynthesis, native plants and their uses, nutrition, and organic gardening techniques.

GRANTS \$3,000 EXPENSES \$14,09

Middle School Class on Civic Engagement: The Middle School Class on Civic Engagement has been offered for six years to 7th and 8th graders, teaching 40-60 students about basic gardening skills and reinforcing these skills by engaging the students in community service projects. Through this unique "Learn and Serve" approach, students are imbued at an early age with a strong service ethic. Developing and maintaining a garden at the Extended Care Facility of our local hospital is one example of the type of community service project in which these students can become involved.

EXPENSES \$7680

Canyon Country Outdoor Education (CCOE): In partnership with the National Park Service, CCOE provides science-based outdoor education experiences for over 2,000 Grand and San Juan County first through sixth graders through field trips in the National Parks and other recreation areas surrounding Grand County. CCOE is designed to engage participating students in science through fun and entertaining means and to demonstrate the proper and responsible ways in which to enjoy our National Parks and public lands. Field trip topics include plant adaptations, simple machines, food chains and ecosystems, and local geology.

EXPENSES \$4555

Garden Classroom: A companion program to CCOE, this program allows 5.4885 Grand County first through sixth grade teachers to bring their students to the YGP garden site during the spring and fall trimesters. Teachers follow simple, hour-long lesson plans developed by YGP's CCOE AmeriCorps teachers. Lessons explore basic gardening and science concepts such as plant identification through pen and ink sketching, map reading and building, and the mechanics behind simple machines.

GRANTS \$1000

EXPENSES \$2374

Pluggin' In: In cooperation with the Seventh District Juvenile Court, the Pluggin' In Program provides over 100 Grand and San Juan County juvenile offenders who have received court-ordered community service hours an encouraging environment to repay their community. Youth work one on one with caring and respectable adult mentors on tasks around the garden and within the community on service projects. This program has preven to instill confidence in youth, build self-esteem and develop a strong work ethic, as noted by YGP evaluation tools. It has also reduced the amount of youth that return for a second offense, as noted by Bill Engle, Chief Probation Officer of the Seventh District Juvenile Court.

Kids' Summer Camp: Four years ago. YGP created the Kids Garden Summer Camp in response to the communities' need for a fun and recreational summer-time program for children that included responsible, adult supervision. This is a full-day, five-day a week summer garden camp that captures the fun in learning through teaching elective topics while in the beauty of the garden. Camp activities include art lessons, theatrical productions, plant ecology experiments, journal writing, and team building games, with field trips to nearby National Parks for nature hikes and the Moab Swim Center for swimming lessons. The Kids' Summer Camp is provided to over 60 Grand County youth in partnership with the City of Moab Arts and Recreation Center and the Canyonlands Field Institute.

GRANTS \$500 EXPENSES \$6753

After School Program: One day a week, instead of finding 15 of Grand County's 5th and 6th grade children at home watching television and playing video games, you'll find them getting dirt under their nails and being sprayed with the watering hose as they transplant tomatoes into freshly turned rows, or start plants from seeds in the solar greenhouse. Yo'P's after School Program is led by one of our faithful teachers who spends quality time with these youth during the spring and fall trimesters when opportunities abound for learning and working in the garden.

Community Farmer's Market: As organizers of the Moab Farmers' Market Alliance (MFMA), the Youth Garden Project plans, markets, and increases public awareness of the Moab Farmer's Market and the fresh, locally grown produce available weekly at the market. The market serves approximately 200 vendors and customers each weekend from June until September.

CAPACITY BUILDING

VOLUNTEEL CORDINATION, FUNDRAISING &

STAFF EVALUATION REQUIRED BY AMELICORP

FUNDING.

GRANTS \$ 21,000 EXPENSES \$ 37,347