

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

2004

Open to Public Inspection

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

calendar year, or tax year beginning

, and ending

- Check if applicable:
- ☐ Address change
 - ☐ Name change
 - ☐ Initial return
 - ☐ Final return
 - ☒ Amended return
 - ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

YOUTH GARDEN PROJECT

D Employer identification number

87-0568051

Number and street (or P O box if mail is not delivered to street address) Room/suite

350 SOUTH 400 EAST

E Telephone number

City or town

State or country

ZIP + 4

MOAB

UT

84532

F Accounting method: ☒ Cash ☐ Accrual

☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ youthgardenproject.org

Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

247,710

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a		148,751	
b	Indirect public support	1b			
c	Government contributions (grants)	1c		92,982	
d	Total (add lines 1a through 1c) (cash \$ 241,733 noncash \$)	1d		241,733	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		4,390	
3	Membership dues and assessments	3		0	
4	Interest on savings and temporary cash investments	4		0	
5	Dividends and interest from securities	5		0	
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0	
	Other investment income (describe ▶)	7		0	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		0	8a	0	
b	Less: cost or other basis and sales expenses	0	8b	0	
c	Gain or (loss) (attach schedule)	0	8c	0	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d 0
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>				
a	Gross revenue (not including \$ 148,751 of contributions reported on line 1a)	9a		1,587	
b	Less: direct expenses other than fundraising expenses	9b		547	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		1,040	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0	
11	Other revenue (from Part VII, line 103)	11		0	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		247,163	
13	Program services (from line 44, column (B))	13		114,170	
14	Management and general (from line 44, column (C))	14		16,139	
15	Fundraising (from line 44, column (D))	15		11,292	
16	Payments to affiliates (attach schedule)	16		0	
17	Total expenses (add lines 16 and 44, column (A))	17		141,601	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		105,562	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		52,745	
20	Other changes in net assets or fund balances (attach explanation)	20		0	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		158,307	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

(HTA)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations 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 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	18,945	16,104		2,841
26	Other salaries and wages	74,826	68,223	3,302	3,301
27	Pension plan contributions	0			
28	Other employee benefits	3,242	2,756		486
29	Payroll taxes	8,254	6,177	839	1,238
30	Professional fundraising fees	0			
31	Accounting fees	979	570	409	
32	Legal fees	0			
33	Supplies	9,950	6,426	1,063	2,461
34	Telephone	2,199		1,999	200
35	Postage and shipping	701	526		175
36	Occupancy	3,637	2,099	998	540
37	Equipment rental and maintenance	0			
38	Printing and publications	238	186		50
39	Travel	2,188	2,188		
40	Conferences, conventions, and meetings	2,407	2,407		
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	6,354		6,354	
43	Other expenses not covered above (itemize): a HOUSING	5,537	5,537		
	b BANK CHARGES	43		43	
	c INSURANCE	966	393	573	
	d LICENSES	390	150	240	
	e MEALS	319		319	
	f T SHIRTS	426	426		
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	141,601	114,170	16,139	11,292

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a SEE ATTACHED	
(Grants and allocations \$)	118,960
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	
(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	118,960

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	9,208	45	20,268
	46 Savings and temporary cash investments	33,568	46	23,732
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	0 47c	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0 48c	0
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	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) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0 55c	0
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment: basis	57a 128,145			
b Less: accumulated depreciation (attach schedule)	57b 13,103	11,429 57c	115,042	
58 Other assets (describe)	0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)	54,205	59	159,042	
Liabilities	60 Accounts payable and accrued expenses	1,460	60	735
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe)	0	65	0
66 Total liabilities (add lines 60 through 65)	1,460	66	735	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	32,713	67	134,575
	68 Temporarily restricted	20,032	68	23,732
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	52,745	73	158,307
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	54,205	74	159,042

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 of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990.	b	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990.	b	
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name BILL SHULTZ Str City MOAB ST UT ZIP 84532	Title BOARD MEMBE Hr/WK 5 HRS/WK	0	0	0
Name LYNN PARENTIC Str City MOAB ST UT ZIP 84532	Title BOARD MEMBE Hr/WK 8 HRS/WK	0	0	0
Name PETER LAWSON Str City MOAB ST UT ZIP 84532	Title CHAIRMAN Hr/WK 10 HRS/WK	0	0	0
Name KRISTINA TAYLC Str City MOAB ST UT ZIP 8452	Title BOARD MEMBE Hr/WK 8 HR/WK	0	0	0
Name CARI MILITANO Str City MOAB ST UT ZIP 84532	Title DIRECTOR Hr/WK 40 HRS/WK	32,000.00	0	0
Name JENNIFER REDD Str City MOAB ST UT ZIP 84532	Title BOARD MEMBE Hr/WK 8 HRS/WK	0	0	0
Name JIM THARP Str City MOAB ST UT ZIP 84532	Title BOARD MEMBE Hr/WK 10 HRS/WK	0	0	0
Name MIKE DEHOFF Str City MOAB ST UT ZIP 84532	Title BOARD MEMBE Hr/WK 10 HRS/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI 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 detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount 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 returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
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.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	
91	The books are in care of: Name YOUTH GARDEN PROJECT Telephone no (435) 259-2326 Located at MOAB, UTAH City ST ZIP + 4 84532		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	PROGRAM USER FEES					4,390
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	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					
101	Net income or (loss) from special events					1,040
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		0	5,430
105	Total (add line 104, columns (B), (D), and (E))					5,430

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	SEE STATEMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>15/ DENIS E. THARP, TREASURER</u>		Date <u>8/9/05</u>	
Paid Preparer's Use Only	Type or print name and title			
	Preparer's signature <u>Deborah L. Hughes</u>	Date <u>8/5/2005</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) <u>P00229112</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Deborah L. Hughes, CPA, LLC</u> <u>3151 Rimrock Road, Moab, UT 84532</u>	EIN <u>87-0672484</u>	Phone no <u>435-259-5178</u>	

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.)**

OMB No. 1545-0047

2004Department of the Treasury
Internal Revenue Service**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

YOUTH GARDEN PROJECT

87-0568051

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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 Str NONE				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Check here if a business <input type="checkbox"/>		
Str NONE		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Name Check here if a business <input type="checkbox"/>		
Str		
City		
ST ZIP Country		
Total number of others receiving over \$50,000 for professional services		

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

Schedule A (Form 990 or 990-EZ) 2004

(HTA)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total		
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	155,667	127,666	139,182	104,236	526,751		
16 Membership fees received		1,805	2,015	3,108	6,928		
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	9,947	2,838	2,660	5,666	21,111		
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		9	267	111	387		
19 Net income from unrelated business activities not included in line 18					0		
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0		
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of 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	165,614	132,757	145,303	113,121	556,795		
24 Line 23 minus line 17	155,667	129,919	142,643	107,455	535,684		
25 Enter 1% of line 23	1,656	1,328	1,453	1,131			
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 10,714		
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 57,210		
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 535,684		
d Add Amounts from column (e) for lines	18 387	19 0					
	22 1,618	26b 57,210					
e Public support (line 26c minus line 26d total)					26e 476,469		
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.95%		
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:						
(2003)	(2002)	(2001)	(2000)				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year							
(2003)	(2002)	(2001)	(2000)				
c Add Amounts from column (e) for lines	15 0	16 0					
	17 0	20 0	21 0				
d Add Line 27a total	0	and line 27b total	0				
e Public support (line 27c total minus line 27d total)					27e 0		
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 0		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%		
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the 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							

Part V 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)

	Yes	No
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	
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.		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c 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)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e 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)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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 Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group.Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	0
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0
41 Lobbying nontaxable amount. Enter the amount from the following table—		
If the amount on line 40 is—		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is—		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Line 1a (990) - Direct public support

1	Contributions	1	131,751
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	17,000
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	148,751

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	ARMERS MARKET	-----	-----	-----	
1a Number of special events	VARIOUS	-----	-----	-----	
2 Gross receipts	1,587				2 1,587
3 Less contributions					3 0
4 Gross revenue	1,587	0	0	0	4 1,587
5 Less direct expenses	547				5 547
6 Net income or (loss)	1,040	0	0	0	6 1,040

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1			
2			
3			
4			
5			
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	EQUIPMENT	18,178	18,178	6,749	13,103
8	BUILDINGS		109,967		
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	18,178	128,145	6,749	13,103
18	Buildings and equipment (less accumulated depreciation)			11,429	115,042
19	Total land, buildings and equipment			11,429	115,042

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

990, Part VIII Relationship of Activities to Accomplishment of Exempt Purpose		Total:	5,430
1	93a User fees provide additional funds for program supplies	1	4,390
2	101 Special events income helps defray the cost of supplies for events targeted toward	2	
3	community involvement	3	1,040
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

PART III, for 990**Total:****118,960**

1	SEE ATTACHED FOR EXPLANATIONS	1	
2	FARMERS MARKET	2	757
3	HS APPRENTICE PROGRAM (GRANTS = \$2,000)	3	30,443
4	GARDEN PROJECTS	4	19,733
5	HIGH SCHOOL PROGRAM (GRANTS = \$4,000)	5	7,691
6	MIDDLE SCHOOL PROGRAM	6	1,096
7	OFF SITE PROGRAMS	7	1,013
8	CANYON COUNTRY OUTDOOR EDUCATION	8	27,081
9	AMERICORP (GRANTS = \$16,000)	9	15,132
10	SPECIAL EVENTS	10	9,393
11	KIDS SUMMER CAMP (GRANTS = \$4,000)	11	6,621
12		12	
13		13	
14		14	
15		15	

YOUTH GARDEN PROJECT DEPRECIATION SCHEDULE

				Current Depreciation						Accumulated Depreciation	
DATE	DESCRIPTION	LIFE	COST	1998	1999	2000	2001	2002	2003	2004	
12/31/99	SCARECROWS	10	\$458.00		\$45.80	\$45.80	\$45.80	\$45.80	\$45.80	\$45.80	\$274.80
12/31/00	SCARECROWS	10	\$1,608.00			\$160.80	\$160.80	\$160.80	\$160.80	\$160.80	\$804.00
											\$0.00
12/31/98	EQUIPMENT	5	\$3,344.00	\$668.80	\$668.80	\$668.80	\$668.80	\$668.80			\$3,344.00
12/31/00	EQUIPMENT	5	\$49.00			\$9.80		\$9.80	\$9.80	\$9.80	\$39.20
											\$0.00
12/31/00	GREENHOUSE	20	\$11,699.00			\$584.95	\$584.95	\$584.95	\$584.95	\$584.95	\$2,924.75
											\$0.00
12/31/2001	GREENHOUSE	10	\$70.00				\$7.00	\$7.00	\$7.00	\$7.00	\$28.00
12/31/2001	SHED	20	\$950.00				\$47.50	\$47.50	\$47.50	\$47.50	\$190.00
12/31/2004	BATHROOM	20	\$109,967.00							\$5,498.35	\$5,498.35
			\$128,145.00	\$668.80	\$714.60	\$1,470.15	\$1,514.85	\$1,524.65	\$855.85	\$6,354.20	\$13,103.10