## 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 2019

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			dar year, or tax year beginning		019, and end			, 20			
	_						D Emp	loyer identification i	umber		
8		applicable	C Name of organization The DuB	s Community Garden and Fa			1 5 5 1115	20-4446221	idili bei		
님	Address	_		f mail is not delivered to street add		Room/suite	E Telephone number				
님	Name ch	_	·	mail is not delivered to street add	11622)	Room/suite	334-403-7165				
님	Initial retu		602 Linden Street	ountry, and ZIP or foreign postal co		L	<del>                                     </del>	334-403-7103			
닏		m/terminated		G Gross	s receipts \$	05 257					
닏	Amended		Dotan, Alabama 36303	side de la	nina Dinasta	- 144-21-45		for subordinates? Ye	95,257		
Ш	Application		F Name and address of principal of		itive Directo	_		tes included? Tye	_		
_	<del>-</del>		900 E. Bunche. Street, Dothan		V41\ av	<del>\                                    </del>		list (see instructions)	S NO		
<u>'</u>	_	npt status	✓ 501(c)(3) 501(c) (	) ◀ (insert no ) 4947(a)	1(1) or 1165						
<del></del>		► www.dif			V	H(c) Group	T -		Δ1		
K		rganization 🗸		ationOther ▶	L Year of for	mation 2006	IVI State	e of legal domicile	AL		
ž	art I	Summai	<del></del>								
_	•	-	cribe the organization's miss	_							
Activities & Governance			bama. Nutrition education to								
Ë			rvices to USDA departments						ma.		
ě			box ► ☐ if the organization			ed of more than	1 -	t its net assets.			
မ္			voting members of the gove		•		3		5		
<b>∘</b> ĕ	4	Number of	independent voting member	rs of the governing body (P	art VI, line 1	1b)	4	<u></u>	4		
Ĕ.	5	Total numb	er of individuals employed ii	n calendar year 2019 (Part '	V, line 2a)		5		3		
ξ	6	Total numb	er of volunteers (estimate if	necessary)			6		100		
Ac	7a '	Total unrela	ated business revenue from	Part VIII, column (C), line 12	2		7a		0		
	ь	Net unrelat	ed business taxable income	from Form 990-T, line 39			7b		0		
		<del></del>				Pnor Yea	er	Current Yea	ar		
4.	8	Contributio	ns and grants (Part VIII, line	1h)			232929		80456		
Revenue	1		ervice revenue (Part VIII, line	· ·			9,458		14801		
Š	1	•	income (Part VIII, column (A	<b>-</b> ,			,				
æ	1		nue (Part VIII, column (A), line		 1e)	-					
	1		· · · · · · · · · · · · · · · · · · ·				242207		95257		
			ue-add lines 8 through 11 (n		(A), lifte 12)	·	242387	·	93237		
	1		similar amounts paid (Part I						<del></del>		
	1	•	aid to or for members (Part I)		 l				04704		
es		•	her compensation, employee	• • • • • • • • • • • • • • • • • • • •	, iines 5–10)	ļ	60858		21734		
ens	1		al fundraising fees (Part IX, c								
Expenses	1		aising expenses (Part IX, col			<u> </u>					
	1	-	nses (Part IX, column (A), lin				86512	<del></del>	74708		
	1		nses. Add lines 13-17 (must				147370		96442		
		Revenue le	ss expenses Subtract line 1	8 from line 12	<u> </u>		95017		(1185)		
e e						Beginning of Cur	rent Year	End of Yea	<u> </u>		
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)				118437		117230		
A A B	21		ties (Part X, line 26)				27409		27397		
울	22	Net assets	or fund balances. Subtract I	ine 21 from line 20 .			91028		89833		
	art II	Signatu	re Block								
			I declare that I have examined this i					my knowledge and b	oelief, it is		
tru	e, correct,	and complete	Declaration of preparer (other than	officer) is based on all information	of which prep	arer has any knowle	age				
		1									
Sig	gn }	Signatu	tre di effice			Date	-/-/	1-,			
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	ŀ	Type or	print name and title	WHUO DIEN	retail						
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Us	e Only	Firm's add		ALVLIVED	<u> </u>	Phon					
Ma	v the IR			wn above? (see instruct	tions			Yes	□No		
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ror	raperw	ork Heducti	on Act Notice, see the separa	M LOCO	1001	1 NO 11202T	~. \ ′		- (2013)		
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				OGDEN, UT	「 <u>_</u>		11	1			

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Sustainable urban agriculture and gardens are tools to uplift communities, improve lives and drive advocacy for improving public
	and local food policy. The project increases access to fresh affordable fruits and vegetablesin low income areas. Garden operations
	works with children and families to teach, entertain and inspire to make healthy food choices. We provide SNAP, diabetes
	education and informal science classes. Garden is used as a tool for community economic development. Technical training to farmers
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	· · · · · · · · · · · · · · · · · · ·
4a	(Code: ) (Expenses \$ 45,000 including grants of \$ 45,000 ) (Revenue \$ )
	UDSA-NRCS education outreach to minority and limited resource farmers. The workshops were conducted in Central Alabama
	Blackbelt region. The outreach educated the targeted audience regarding under utilized programs and practices of this USDA
	Sector.
	<u></u>
4b	
4b	(Code. ) (Expenses \$ 14900 including grants of \$ 14900) (Revenue \$ )
4b	(Code) (Expenses \$ 14900 including grants of \$ 14900) (Revenue \$) Wiregrass Foundation education outreach to minority children in the community and neighborhood regarding health and nurtrition.
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<b>4</b> c	(Code. ) (Expenses \$ 14900 including grants of \$ 14900) (Revenue \$ ) Wiregrass Foundation education outreach to minority children in the community and neighborhood regarding health and nurtrition. The outreach teaches the participants the importance and impact of growing your on food  (Code ) (Expenses \$ 4900 including grants of \$ 4900) (Revenue \$ ) University of Wisconsin educational outreach to develop a local food policy council in the Wiregrass area and encourage the planting of more new community gardens at the neighborhood level.
4c	(Code) (Expenses \$ 14900 including grants of \$ 14900) (Revenue \$) Wiregrass Foundation education outreach to minority children in the community and neighborhood regarding health and nurtrition. The outreach teaches the participants the importance and impact of growing your on food  (Code



Part	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,"	1	1	
2	complete Schedule A	2	<b>V</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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		<b>√</b>
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		<b>√</b>
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		<b>√</b>
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		<b>\</b>
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		<b>√</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		<b>✓</b>
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		<b>✓</b>
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		✓
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		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓

rarı	Checklist of Required Schedules (Continued)		T	
00	Did the annual content was then \$5,000 of grants or other apprehense to or for democity individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	2	1
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 24b	-	1
c	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	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		1
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		1
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	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 lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
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		✓
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		✓.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38		1
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a  0			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

ran	Statements Regarding Other IRS Filings and Tax Compliance (continued)		T.,	
			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			
•.	Otation for the desired year of the grant of the second of	2b	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	20		<del> </del>
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<del>                                     </del>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	SD		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>+a</u>		<u> </u>
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).			
e-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
C		30		
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 chantable contributions?	6a		1
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		1
ь	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 to file Form 8282?	7c		✓_
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
	sponsoring organization have excess business holdings at any time during the year? .	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>/</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	12a		<b>\</b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
а	Note: See the instructions for additional information the organization must report on Schedule O.	100		
	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			1
	Enter the amount of reserves on hand	[		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
,,,	excess parachute payment(s) during the year?	15	1	1
	If "Yes," see instructions and file Form 4720, Schedule N.			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\overline{}$
	If "Yes," complete Form 4720, Schedule O			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 75 below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	r, and See ir	ior a Istruc	tions.	
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸	
Secti	on A. Governing Body and Management			_	
	1 1		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	[ '			
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		1	
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		1	
4					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1	
6	Did the organization have members or stockholders?	6		1	
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		1	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
_	stockholders, or persons other than the governing body?	7b		/	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	<u> </u>		
ь	Each committee with authority to act on behalf of the governing body?	8b	1		
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		<b>✓</b>	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co		T	
10-	Did the expenses on have level chapters, branches, or offiliates?	10a	Yes	No /	
10a b	Did the organization have local chapters, branches, or affiliates?	100		<del>                                     </del>	
	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	✓		
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b></b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<del>-</del>		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		· · · · ·		
Ū	describe in Schedule O how this was done	12c	✓		
13	Did the organization have a written whistleblower policy?	13		✓	
14	Did the organization have a written document retention and destruction policy?	14		✓_	
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		<b>✓</b>	
b	Other officers or key employees of the organization	15b		<b>✓</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>!</b>			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		<b>-</b>	
	with a taxable entity during the year?	- Ioa		_	
D	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			
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ Alabama				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website 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 and financial statements available to the public during the tax year			olicy,	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>		
	Michael Jackson 602 Linden St. Dothan Al. 36303 334.403.7165				

orm	990	<i>(</i> 201	q١

Part VII	Compensation of Officers,	<b>Directors, Trustees</b>	, Key Employees,	Highest Compen	sated Employees,	and
	Independent Contractors					

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	ensa	ited any current	officer, director,	or trustee
(A) Name and title	(B) Average hours	box,	unles er an	Pos neck ss pe	erson	e than is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organizations below dotted line)	or director		Officer Institutional trustee		Former Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Michael Jackson										
Co-Founder and Executive Director	40	<b>✓</b>	1				<u> </u>	11559		
(2) David N. Kirkland					ļ					
Treasurer/Board Member	5	<b>✓</b>			<u> </u>	L	_			
(3) Larry Matthews	ļ									
Chair, Personnel Comm./ Board	5	<b>✓</b>		_	<u> </u>		_	·	<del></del>	
(4) Stephen Loveland					ĺ					
Board Chair	10	✓			_		ļ			
(5) Tara Hooks-Grant	ļ				ĺ					
Secretary	5	1			L					
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)	,									
(13)										
(14)										

Par	t VII Section A. Officers, Directors, 1	Trustees,	Key l	Emj	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (	conti	nued)
	(A) ' Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/tru					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099			om the rization organiz	and
(15)														
(16)			<u> </u>										-	
(17)										i				
			_											
(19)														
(20)														
(22)														
(23)														
(24)													<del></del> -	
(25)												-	_	
	Subtotal  Total from continuation sheets to Part				J	 		<b>A</b>	11849					
2	Total number of individuals (including but reportable compensation from the organization)	not limited					above	) wi		than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	officer, dire							oyee, or highes	t comper	nsated	3	Yes	No 
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortab	ole c	om	per	satio	n ai	nd other comper complete Sched	isation fro lule J for	om the	4		
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or ind	 ıvıdual			Ţ
Secti	on B. Independent Contractors	11 100, 0	Omp.c	-				<i>5,</i> 6			<u>-</u>			
1	Complete this table for your five high compensation from the organization Repo													
	(A) Name and business addr	ess							(B) Description of servi	ces		(C) compens	ation	
		- <u></u>												
2	Total number of independent contractor							the	ose listed above	e) who				$\neg$
	received more than \$100,000 of compensa	tion from t	he org	jani	zatio	on D				<u></u>			. 000	

Par	VIII	Statement of Rev								
		Check if Schedule	Осо	ntains a re	espor	ise or note to an				· · · <u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1a	Federated campaign	ns		1a					
irar	b	Membership dues			1b		•			
, §	С	Fundraising events			1c					
ar fr	d	Related organization			1d	10000				
O'E	е	Government grants	•	•	1e	45000	1			
Ë iğ	f	All other contribution			۱					
it it		and similar amounts no			1f	25456				
<u> </u>	g	Noncash contributio				<b>.</b>		 		
Contributions, Gifts, Grants and Other Similar Amounts					1g		80456			
	n	h Total. Add lines 1a-1f				Businoss Codo	80436	,		
e.	2a	Garden Operations				Business coup	14802			
Σ	ь			•••••			14002			
S E	c	••••								
gram Sen Revenue	ď								-	
Program Service Revenue	е									
F.	f	All other program se								
	g	Total. Add lines 2a-					14802			
	3	Investment income	(ıncl	uding divi	dends	s, interest, and				
		other similar amoun	,	•						
	4	Income from investr	nent d	of tax-exem	npt bo	nd proceeds				
	5	Royalties .				<b>▶</b>	····			
			_	(ı) Rea	'	(ii) Personal				
	6a	Gross rents	6a	<u> </u>			i I			
;	b	Less rental expenses	6b					'		
;	c d	Rental income or (loss)  Net rental income or				•		<del></del>		
		1	(103	i) Socum	los	(ii) Other				
,	7a	Gross amount from sales of assets				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		other than inventory	7a							
<u>o</u>	b	Less cost or other basis								
Ju.	_	and sales expenses	7b							
ě	С	Gain or (loss)	7с							
T.	d	Net gain or (loss)				▶				
Other Revenue	8a	Gross income from	m fu	ndraising						
0		events (not including								
		of contributions rep			١_					
		1c) See Part IV, line			រ វិភ				,	1
		Less direct expense			8b				·	
		Net income or (loss)			g eve	nts 🕨				
	9a	Gross income f activities See Part I			9a					
	b	Less: direct expense		7 1.7	9b					
		Net income or (loss)		gaming ad		s . ►				
		Gross sales of in							<del></del>	
	, , , a	returns and allowand			10a					
	b	Less: cost of goods	sold		10b					_ ]
	С	Net income or (loss)	from	sales of in	vento	ry . 🕨				
<u>v</u>		<u></u>				Business Code				
Miscellaneous Revenue	11a								-	
scellaneo Revenue	b									· · · · · · · · · · · · · · · · · · ·
ie i	С									<del></del>
Ais H	d	All other revenue	-	• •						
		Total. Add lines 11a			•	<u> </u>				<b>_</b>
	12	Total revenue, See	ınstrı	ictions		<b>▶</b>	95258			

Statement of Functional Expenses Socion 501(c)(g) and 501(c)(d) againstations must complete all columns. All other organizations must complete column (A)  Check if Schedule O contains a response or note to any line in this Part IX.  Check if Schedule O contains a response or note to any line in this Part IX.  Check if Schedule O contains a response or note to any line in this Part IX.  By 8, 9b, and 10b of Part VIII.  Grants and other assistance to demestic organizations and domestic operations and officers and other assistance to foreign organizations, foreign organization and the response of compension of current officers, directors, trustees, and key employee contributions in current of the part o		90 (2019)	<u></u>			Page 10
Check if Schedule O contains a response or note to any line in this Part IX  Do not include amounts reported on lines 85, 7b, 8b, 9b, and 10b of Part VIII.  Stress and other assistance to domestic organizations and domestic operations and office assistance to domestic organizations, organiz	Par	IX Statement of Functional Expenses				(4)
Do not include amounts reported on lines 6b, 7b, 8b, 8b, 8b, 8b, 8b, 8b, 8b, 8b, 8b, 8	Section					mn (A).
Total expenses Program service with the State of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 can be a service of the State of Part VIII.  Grants and other assistance to domestic individuals See Part IV, line 22 can be a service organization, foreign governments and foreign individuals. See Part IV, lines 15 and 16 can be a service organization of current officers, directors, trustees, and key employees can be a service organization of current officers, directors, trustees, and key employees can be a section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and person plan accruals and contributions (include section 401(4) and 401(4) employer contributions) of the sealone and wages and wages and wages and wages and the section 401(4) and 401(4) employer contributions organization. The section 401(4) and 401(4) employer contributions organization organization organization organization. The section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and person plan accruals and contributions (include section 4958(c)(3)(8) and person plan accruals and contributions (include section 4958(c)(3)(8) and person plan accruals and contributions (include section 4958(c)(3)(8) and person plan accruals and contributions (include section 4958(c)(3)(8) and person plan accruals and contributions (include section 4958(c)(3)(8) and person plan accruals and contributions (include section 4958(c)(3)(8) and person plan accruals and contributions (include section 4958(c)(4)(8) and person plan accruals and contributions (include section 4958(c)(4)(8) and person described accounting accruals and contributions (include accounting accounting accounting accounting accounting acc						· · · LJ
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Berefits paid to or for embers 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (see defined under section 4956((G)(G)) 7 Other salanes and wages 8 Penson plan accruals and contributions (include section 4016) and particular section 4958((G)(G)(G)) 9 Other employee benefits 10 Payroll taxes. 11 Fees for services (nonemployees) 11 Fees for services (nonemployees) 12 Management 12 Legal 13 Legal 14 Lobbying - services See Part IV, line 17 15 Investment management fees 19 Other (It is 11) amount exceeds 10% of line 25, column (N) amount, list line 15 generates on Schedule O) 12 Advertising and promotion 13 Office expenses 14246 4000 15 Poynelis of the 11 percent of the 12 pe		•		Program service	Management and	Fundraising
individuals See Part IV, line 22.  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, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees  7 Other salanes and wages  8 Pension plan accrusis and contributions (include section 4958(c)3(i)8)  9 Other employee benefits  10 Payroll taxes  10 Portion services (nonemployees)  11 Fees for services (nonemployees)  12 Adventsiant indraising services See Part IV, line 17  15 Investment management fees  10 Other difficity in the services of the 25 column (i) amount, list line 11 geopeness on Schedule O)  12 Adventsing and promotion  13 Office expenses  14246  10 Cocupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  10 Payments to affiliates  10 Payments to affiliates  10 Payments to first lates  10 Conferences, conventions, and meetings  11 Interest in the seed of the 25 column (i) amount, list line 12 expenses on Schedule O)  11 Payments to first lates  12 Depreciation, depletion, and amortization  13 Office expenses  14246  142	1	<del>-</del>				
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5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons plan accruals and contributions (include section 401fk) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes. 4313 1751 2552 11 Fees for services (nonemployees) 11 Fees for services (nonemployees) 12 Accounting 13 Lobbying 14 Lobbying 15 Professional fundraising services See Part IV, line 17 for Investment management fees 19 Other (il-line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g senses on Schedule O) 12 Advertising and promotion 125 125 125 125 125 125 125 125 125 125	3	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
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Section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes. 4313 1751 2562  11 Fees for services (nonemployees)  a Management  b Legal  c Accounting  d Lobbying. 9  Professional fundraising services See Part IV, line 17  f Investment management fees  9 Other (film 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)  12 Advertising and promotion 125 125 125  13 Office expenses 14246 10246 4000  14 Information technology  15 Royalties 0  16 Occupancy 17 Travel  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings interest 950 950  10 Interest 950 950  20 Interest 950 950  21 Payments to affiliates 950 950  22 Depreciation, depletion, and amortization 1031 1031  23 Insurance 1031 1031 1031  24 Other expenses. Itemize expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0, and RAPIEN OPERATIONA 18935 18935  25 Total functional expenses. Add lines 1 through 24e 96442 78375  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	7		11559	11559		
10 Payroll taxes .	8	section 401(k) and 403(b) employer contributions)				
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Comparison   Com						
Professional fundraising services See Part IV, line 17   Investment management fees	_					
f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  12 Advertising and promotion		, ,				
3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0 )	_	<b>_</b>				
13 Office expenses		Other (If line 11g amount exceeds 10% of line 25, column				
13 Office expenses	12	Advertising and promotion	125		125	
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Uther expenses. Itemize expenses into Lovered 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.) 28 BWR 29 Last Insurance 29 Last Insurance 20 Last Insurance 20 Last Insurance 21 Last Insurance 22 Last Insurance 23 Last Insurance 24 Last Insurance 25 COMM. GARDEN OPERATIONA 26980 27890 28980 28980 2980 2980 2980 2980 2980	13	_ · · · · F	14246	10246	4000	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses into 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 O.) 2 BWR 3 BWR 4 4641 4 4641 4 5 USDA-NRCS WORKSHOP 2 6980 2 6980 2 COMM. GARDEN OPERATIONA 1 8935 1 8935 2 Total functional expenses. Add lines 1 through 24e 2 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	14	Information technology				
Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  Uther expenses. Itemize expenses nul 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.)  BWR  4641  BUSDA-NRCS WORKSHOP  COMM. GARDEN OPERATIONA  B935  All other expenses  All other expenses. Add lines 1 through 24e  Fortal functional expenses. Add lines 1 through 24e  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	15	Royalties [				
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for any federal, state, or local public officials  19	17					
Interest	18					
Payments to affiliates Depreciation, depletion, and amortization Jinsurance Uther 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 O.)  BWR  JUDA-NRCS WORKSHOP  COMM. GARDEN OPERATIONA  BWR  All other expenses  Total functional expenses. Add lines 1 through 24e  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  Internal 1931  June 1931  Jule 1931  June 1931		· · · · · ·				
Depreciation, depletion, and amortization  Insurance  Insurance  Uther expenses. Itemize expenses inclusivered 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 O.)  BWR  4641  USDA-NRCS WORKSHOP  COMM. GARDEN OPERATIONA  BWS  All other expenses  Total functional expenses. Add lines 1 through 24e  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  Insurance  3313  3313  3313  464  1031  1031  1031  1031  1031  1031  1031  1031		<del>}</del>	950	950		
Uther expenses. Itemize expenses nul 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 O.)  a BWR 4641 4641  b USDA-NRCS WORKSHOP 26980 26980  c COMM. GARDEN OPERATIONA 18935 18935  d  e All other expenses  25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if		· ·				
Uther expenses. Itemize expenses null 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 O.)  BWR 4641 4641  b USDA-NRCS WORKSHOP 26980 26980  c COMM. GARDEN OPERATIONA 18935 18935  d  e All other expenses  25 Total functional expenses. Add lines 1 through 24e 96442 78375  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		· · · · · · · · · · · · · · · · · · ·		3313		
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 O.)  a BWR 4641 4641  b USDA-NRCS WORKSHOP 26980 26980  c COMM. GARDEN OPERATIONA 18935 18935  d  e All other expenses  25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if	23	Ī	1031	· · · · · · · · · · · · · · · · · · ·	1031	
a BWR b USDA-NRCS WORKSHOP c COMM. GARDEN OPERATIONA 18935  d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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	24	above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column				
b USDA-NRCS WORKSHOP  c COMM. GARDEN OPERATIONA  18935  d  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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	2	· ·	ASA1	4641		
c COMM. GARDEN OPERATIONA  18935  18935  d  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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						
e All other expenses  25 Total functional expenses. Add lines 1 through 24e  96442 , 78375  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						
e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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						
25 Total functional expenses. Add lines 1 through 24e 96442 , 78375  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		All other expenses				
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if	25	Total functional expenses. Add lines 1 through 24e	96442	78375		-
	26	organization reported in column (B) joint costs from a combined educational campaign_and				
			, <u></u>			

ŀ	art X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Par		<del></del>	
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4173	1	5778
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
•	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	,	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1275	8	1275
ĕ	9	Prepaid expenses and deferred charges		9	···
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 126744			
	ь	Less: accumulated depreciation 10b 17067	112989	10c	109677
	11	Investments – publicly traded securities		11	
	12	Investments – other securities, See Part IV, line 11		12	·····
	13	Investments—program-related See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	118437	16	117230
	17	Accounts payable and accrued expenses	5897	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ap	•	controlled entity or family member of any of these persons		22	
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties .	21500		21500
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables 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	27409	26	27397
ces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			17007
lan'	27	Net assets without donor restrictions		27	
æ	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	<del> </del>
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž A		Total net assets or fund balances	91028	32	89833
ž		Total liabilities and net assets/fund balances	118437		117230

form 99	00 (2019)		Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)			95258
2	Total expenses (must equal Part IX, column (A), line 25)			96492
3	Revenue less expenses Subtract line 2 from line 1		(	(1184 <u>)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			91028
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities		_	0
7	Investment expenses			0
8	Prior period adjustments			(11)
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		8	9,833
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	•		<u>.u</u>
			Yes	No
1	Accounting method used to prepare the Form 990	Ì		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	l		
_	Schedule O.	<u> </u>		لىرِـــ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	نـــــــــــــــــــــــــــــــــــــ	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	ĺ		
	reviewed on a separate basis, consolidated basis, or both	1		1
	Separate basis Consolidated basis Both consolidated and separate basis	2b		
D	Were the organization's financial statements audited by an independent accountant?	20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	}		1
	separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis	ł		i
	$\cdot$			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			1
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Sa	Single Audit Act and OMB Circular A-133?	3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<u> </u>
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		For	n 990	(2019)

# 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.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

2019

Open to Public Inspection

Name o	f the organization			Employe	identification number
THE D	UBOIS INSTUTUTE FOR ENTREPRENEURSHIP, INC.		[		20-4446221
Par		sed Funds or Other Sim	ilar Fund	s or Ac	counts.
	Complete if the organization answered "	es" on Form 990, Part I	/, line 6.		
		(a) Donor advised fund		(b	) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year) .				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
	Did the organization inform all donors and donor	ducore in writing that the	accete beli	d in dor	oor advised
5	funds are the organization's property, subject to the				Yes No
6	Did the organization inform all grantees, donors, ar				
0	only for chantable purposes and not for the benefit	of the donor or donor adv	usor or for	any oth	er purpose
Dar	Conservation Easements.			<u></u>	
r at	Complete if the organization answered "	/es" on Form 990 Part IV	/ line 7		
	Purpose(s) of conservation easements held by the of				<del></del>
1	Preservation of land for public use (for example, recreations)			a histon	cally important land area
	Protection of natural habitat				ed historic structure
		Fies	er valion or	a certim	sa mistoric structure
_	Preservation of open space  Complete lines 2a through 2d if the organization hel	d a sublified concentration o	ontribution	ın tha fa	erm of a consequence
2	easement on the last day of the tax year	d a qualified conservation c	Ontribution		Held at the End of the Tax Year
	•			3	
a	Total number of conservation easements			. 2:	<del></del>
þ	Total acreage restricted by conservation easements		· ·		<del></del>
C	Number of conservation easements on a certified hi			20	
d	Number of conservation easements included in (				.
				20	<del></del>
3	Number of conservation easements modified, trans	ferred, released, extinguishe	ed, or term	inated b	y the organization during the
_	tax year •		_		
4	Number of states where property subject to conserv				andline of
5	Does the organization have a written policy region violations, and enforcement of the conservation eas	ements it holds?			🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, an	d enforcing	conserva	ition easements during the year
7	Amount of expenses incurred in monitoring, inspecting	handling of violations and	enforcina ci	onservat	on easements during the year
•	►\$	y, mandaling or violations, and	ormoromig o	onocr <b>va</b> t	ion oddomonio danng tilo you.
	Does each conservation easement reported on line 2	(d) above satisfy the require	mente of ea	action 13	70/b\/4\/B\(i)
8	and section 170(h)(4)(B)(II)?			SCHOIT 17	Yes No
9	In Part XIII, describe how the organization reports of			 nd exne	
9	balance sheet, and include, if applicable, the text of	the footnote to the organiza	ation's finar	ncial stat	ements that describes the
	organization's accounting for conservation easemer				
Part			ures. or C	ther Si	milar Assets.
, GII	Complete if the organization answered "				
4-	If the organization elected, as permitted under FASI			ctatom	ant and halance sheet works
ıa	of art, historical treasures, or other similar assets	held for public exhibition	its revenue education	or resea	arch in furtherance of public
	service, provide in Part XIII the text of the footnote to	o its financial statements that	at describe:	s these i	tems
1.	•				
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held				
	provide the following amounts relating to these item			JG1 011 111	and the service of public service,
	6) Devenue and and an Form 000 Part VIII line 1	3			▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X				<b>-</b> •
_					
2	If the organization received or held works of art,			ssets to	r ilnancial gain, provide the
_	following amounts required to be reported under FA		e nems		<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				<b>\$</b>
b	Assers included in Collingsof Edit V				- w

Pag	е	2

Par	t III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of th	e follov	ving that make	significant use of its
а	☐ Public exhibition				or exchang			
b	Scholarly research		е	☐ Other	r			
C	Preservation for future generations							
4	Provide a description of the organizat	tion's collections a	and expl	aın how t	hey further	the org	janization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donatior ined as	ns of art, part of th	historical ti e organizati	reasure ion's co	s, or other simi ollection?	
Parl								
	Complete if the organization 990, Part X, line 21	answered "Yes'	' on For	m 990, l	Part IV, line	e 9, or	reported an a	mount on Form
1a	included on Form 990, Part X?					tions or		oot Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing t	able:			
						<u>                                   </u>		Amount
C	Beginning balance	<i></i> .		•		10	<del>-</del>	
đ	Additions during the year			•		1d	<del>i</del>	
e	Distributions during the year		•	•		1e	<del></del>	
f	Ending balance							Vac   No
2a h	If "Yes," explain the arrangement in Pa							y: Lites Little
	t V Endowment Funds.	art Air. Offeck fiere	on the e	Apianatio	TITIES DECIT	piovide	or or rait Am	<u> </u>
, car	Complete if the organization	answered "Yes"	on For	m 990. l	Part IV. line	e 10.		
		(a) Current year		or year	(c) Two year		(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance .			<del></del>				
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs			-			,	
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t		d balanc	e (line 1g	j, column (a	i)) held a	as	
а	Board designated or quasi-endowmer		.%					
þ	Permanent endowment							
С	Term endowment ▶%							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of the	e organı	zation tha	at are held	and adı	ministered for t	
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations			· · ·	 shodula B2			3a(ii)
ь 4	If "Yes" on line 3a(ii), are the related or Describe in Part XIII the intended uses	<b>-</b>	•					30
Part			ii s ende	JWITTE IT IT	unus.		<del></del>	
rare	Complete if the organization		on For	m 990. F	Part IV. line	e 11a. \$	See Form 990	. Part X. line 10.
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book value
	2 223. proporty	(investme			ther)		preciation	• •
1a	Land				4500			4500
b	Buildings				108778		4648	104130
c	Leasehold improvements							
d	Equipment				13466		12419	1047
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	0, Part )	K, column	(B), line 10	C)	>	109677

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on For	m 990 Part IV lir	ne 11h See Form	1 000 Part Y line 12
-	(a) Description of security or category	(b) Book value	1	thod of valuation
	(including name of security)	(b) COOK Value		l-of-year market value
(1) Financial	denvatives			
· •	neld equity interests			
(3) Other				
(A)	***************************************		<u> </u>	
(B)		<u></u>	<u> </u>	<del></del>
(C)		<u> </u>		
(D)			<u> </u>	<del></del>
(E)			ļ	
(F)				
(G)		<u> </u>		<del> </del>
(H)	(h) (00 D-+V (0) t 10)			
Part VIII	mn (b) must equal Form 990, Part X, col (B) line 12) Investments – Program Related.	L	<u> </u>	
Part VIII	Complete if the organization answered "Yes" on For	m 000 Part IV lin	o 110 Soo Form	000 Part V line 13
		(		
	(a) Description of investment	(b) Book value		hod of valuation l-of-year market value
(1)				
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)			<del> </del>	
(6)				
(7)			<u> </u>	
(8)				
<del></del>	mn (b) must equal Form 990, Part X, col (B) line 13.) .	<del></del>		
Part IX	Other Assets.		<del></del>	
	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description	··		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		·		
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15)	· · · · · ·	<u></u> ▶	
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Fori	m 990, Part IV, lın	e 11e or 11f. See	e Form 990, Part X,
	line 25.		<del></del>	
1.	(a) Description of liability	<del></del>	<del></del>	(b) Book value
(1) Federal in	come taxes			
(2)				
(4)	· · · · · · · · · · · · · · · · · · ·	<del></del>		
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)		······································		<del></del>
17				<del></del>
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		•	
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions in Part XIII, provide the text of the footnot	·····		nts that reports the

Part	Reconciliation of Revenue per Audited Financial Statem Complete of the organization answered "Yes" on Form 990,		Return.
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
	Donated services and use of facilities	2b	-[
b	Recovenes of prior year grants	2c	<b>⊣</b>
C		2d	<b>-  1888  </b>
d	Other (Describe in Part XIII )	20	2e
e	Subtract line 2e from line 1		3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i . i	
4		4a	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	<b>-</b>
b	Other (Describe in Part XIII.)		4c
c	Add lines 4a and 4b		5
5		ante With Expenses n	1 - 1
Part	Complete if the organization answered "Yes" on Form 990,		ei netuiii.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	Ţ <b>ill</b>
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir.	ne 18.)	5
	XIII Supplemental Information.	<u> </u>	
2, Pari	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation.
••••			

Schedule D (Fo	vm 990) 2019	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
	***************************************	
<b></b>		

# SCHEDULE O • (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization
THE DUBOIS INSTUTUTE FOR ENTREPRENEURSHIP, INC.

Employer identification number 20-4446221

PART III Line2 - The organization significantly expanded its agricultural educational outreach and technical assistance to new and beginning
farmers and ranchers in 2019. We were awarded grants from the USDA-NRCS to conduct workshops designed to increase
the awareness of the targeted audience about under utilized programs and practices of the agency. The workshops took place in the
Central Alabama region with a focus on minority and limited resource farmers.
Part VI Line 11b - The board reviews all 990 forms as an agenda items on the consent agenda inour board meetings
Part VI 12c - Disclosure of any potential conflict is asked to be revealed as part of open any official board meeting
Part VI Section C -Disclosure Line 19 - A copy of all filed 990's are on site at the community garden location