			** PUBLIC DISCLOSURE COPY **		OMB No. 1545-0047
Far	_ <b>Q</b>	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e)		0004
FOI		JU	Do not enter social security numbers on this form as it may		
Depa Interr	Open to Public Inspection				
			► Go to www.irs.gov/Form990 for instructions and the lates ar year, or tax year beginning JUL 1, 2021 and ending	JUN 30, 2022	· · ·
	Check if	ole: C Name of	organization	D Employer identific	ation number
	Addr		SCHOOL GARDENS		
	Nam		usiness as OUT TEACH	20-594655	52
	Initia returi		and street (or P.O. box if mail is not delivered to street address) Room/suit	e E Telephone number	
	Final		THOMAS CIRCLE, NW 700	202-621-2	
_	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	5,733,013.
	Amer returi Appli	WASH	INGTON, DC 20005	<b>H(a)</b> Is this a group re	
	tion pend		nd address of principal officer: JEANNE MCCARTY	for subordinates	=
<u> </u>		empt status:		H(b) Are all subordinates ind	
			X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 52 OUT-TEACH.ORG	- ·	list. See instructions
				H(c) Group exemption	State of legal domicile: <b>TX</b>
	art I				State of legal dominine. 121
	1	-	e the organization's mission or most significant activities: OUT TEACH	EMPOWERS TEA	CHERS WITH
S	Ι.	EXPERIE	NTIAL LEARNING OUTDOORS TO UNLOCK STUDE	NT PERFORMAN	CE.
Governance	2		x      if the organization discontinued its operations or disposed of mo		
ver	3		ing members of the governing body (Part VI, line 1a)		12
	4		ependent voting members of the governing body (Part VI, line 1b)		11
о С	5			34	
Activities &	6		of individuals employed in calendar year 2021 (Part V, line 2a)		300
Ę	7 a		d business revenue from Part VIII, column (C), line 12		0.
<	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	3,851,433.	4,341,826.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	837,698.	1,390,071.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	623.	1,116.
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,689,754.	5,733,013.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,148,268.	2,515,073.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	126,200.	26,830.
ă	b		ng expenses (Part IX, column (D), line 25)  231,209.	617 566	1 100 145
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	617,566.	1,123,145.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,892,034. 1,797,720.	<u>3,665,048.</u> 2,067,965.
	19	Revenue less	expenses. Subtract line 18 from line 12		
Net Assets or - und Balances	20	Total cooota /		Beginning of Current Year 4,993,751.	End of Year 6,534,344.
Asse	20	Total assets (F		750,957.	223,585.
Vet ∕ Ind	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	4,242,794.	6,310,759.
	art II				0,510,755.
		-	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my	knowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which prepare		
	,				

Sign	Signature of officer		Date
Here	JEANNE MCCARTY, CHIEF	EXECUTIVE OFFICER	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JULIA L. LAFFERTY	JULIA L. LAFFERTY	10/29/22 self-employed P02288149
Preparer	Firm's name 🕒 COUNCILOR, BUCHA	NAN & MITCHELL, P.C.	Firm's EIN 🕨 52-1711839
Use Only	Firm's address 🕨 7910 WOODMONT AV	'E. STE. 500	
	BETHESDA, MD 208	14	Phone no. (301) 986-0600
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
			000

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Check if Schedule O contains a response or note to any line in this Part III		990 (2021) REAL SCHOOL GARDENS t III Statement of Program Service Accomplishments	20-5946552	Page
Brefey describe the organization's masion:           OUT TEACH EQUIPS TEACHERS WITH THE POWER OF EXPERIENTIAL LEARNING           OUTDOORS TO UNLOCK STUDENT PERFORMANCE.           Dot the organization undertake any significant program services during the year which were not fisted on the pror form 680 or 680-627.         \Ves [X]           If 'Ves,' describe these new services on Schedule 0.         \Ves [X]           Do the organization or segnority.         \Ves [X]           If 'Ves,' describe these new services on Schedule 0.         \Ves [X]           Describe the organization's program services are required to report the amount of grants and allocations to others, the total expenses. and reserven, if any, to each program merice accompliationers is program services, as measured by expenses.           Section 501(s(3) and 501(s(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reservent.         \Ves (2)           COACHING AND INSPIRING TEACHERS: FROM GROUP TRAININGS out TRAININGS, OUT TEACH SA DIGITAL         COACHING AND INSPIRING TEACHERS: FROM GROUP TRAININGS. AT THE CENTER.           As a NETWORK OF PEERS, OUT TEACH UNDERSTANDS THE CHALLENGES TEACHERS AT THE CENTER.         So Cont TALC ON TEACH MADY STUDENTS SO THEY CALLERS AT THE CENTER.           As A NETWORK OF PEERS, OUT TEACHER TAP INTO THE WONDER OF SCIENCE.         Yea (A)           COACHING COUT TEACH EMPOWERS TODA': SUTDENTS SO THEY CALLERS AT THE CENTER.         So Cont TEAC CHAS SO THEY CALLERS AND 30.000 STUDENTS IN CRACKING WITH COMMUNITY SO TEACHERS AND 30.000 STUDENTS				X
OUTDOORS TO UNLOCK STUDENT PERFORMANCE. <ul> <li>Did the organization underlake any significant program services during the year which were not listed on the prior form 560 or 590-E2?</li> <li>Wess, 'describe these new services on Schedule 0.</li> <li>Describe the organization organization services on Schedule 0.</li> <li>Describe the organization service completiments for each of its three largest program services, as measured by expenses.</li> <li>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 mereuru, if my, for each program merice regords.</li> <li>COACTIMO (Rand) INSPIRING TEACHERS: FROM GROUP TRAININGS and DIGITAL COMMUNITIES TO ONE-ON-ONE SESSIONS. MORKSHOPS, AND TRAININGS, OUT TEACH SAPPROACH. TO PROFESSIONAL LEARNING PURS TEACHERS AT THE CHITER. AS A NETWORK OF PEERS, OUT TEACH INDERSTANDS THE CHALLENGES TEACHERS FACE BECAUSE OUT TEACH HAS LIVED THEM. OUT TEACHES AT THE CHITER.</li> <li>SOLVEJ TOMORROW'S BIGGEST QUESTIONS. DURING 'THE WONDER OF SCIENCE.</li> <li>TOGETHER, OUT TEACH EMPOWERS TODAY'S STUDENTS SO THEY CAN TAKE ON (AND SOLVE).</li> <li>COACTIMO STO HEAP WAYS OF LEARNING, THINKING, AND PROBLEM SOLVING.</li> <li>CRACKING OPEN NEW WAYS OF LEARNING, THINKING, AND PROBLEM SOLVING.</li> </ul> <li>Coatter (C) OUT TEACH EMPOWERS INDAY: SUBJECT SOLOND STUDENTS IN CRACKING WITH COMMUNITY PARTNERS TO BUILD PERMINENT OUTDOR LEARNING SACO ON THE ROWISE OF TURNING THE CHALL SCHOOLS.</li> <li>Set EXISTING OUTDOOR SACES IN A NEW LIGHT OR WORKING WITH COMMUNITY PARTNERS TO BUILD PERMINENT OUTDOR LEARNING SACES AND ASSEMBLE OF TURNING THE ROWISE OF TURNING THE CHAR SCHOOLS.</li> <li>SET EXISTING OUTDOOR SACES IN A NEW LIGHT OR WORKING WITH COMMUNITY PARTNERS TO BUILD P</li>	1			
In the arganization undertake any significant program services during the year which were not listed on the prior Form 980 or 930-E27         IV set (X)           If 'Yea, 'Gascribe these new services on Schedule 0.         IV 'Yea, 'Gascribe these new services on Schedule 0.         IV 'Yea, 'Gascribe these new services on Schedule 0.           D the organization cases conducting, or make significant dranges in how it conducts, any program services, as measured by expenses.         Scient Stiel(S)         Scien Stiel(S)         Scient Stiel(S)		OUT TEACH EQUIPS TEACHERS WITH THE POWER OF EXPERIENTIAL	LEARNING	
prior form 380 or 900£27         □ Yes [X] if "Yes, "describe these thanges on Schedule 0.           D bd the organization seques conducting, or make significant changes in how it conducts, any program services, as measured by expenses.           Section 501(6)(8) and 501(6)(0) 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.         [002,845]           (a         [006 ] (006 means)         1,357,810.         Provide grants and submerses and revenue. If any, for each program service report the amount of grants and allocations to others, the total expenses, and revenue. If any, for each program service reported.         [002,845]           (COACHING AND INSPIRING TEACHERS: FROM GROUP TRAININGS AND TRAININGS, OUT TEACH S A DPROACH TO PROFESSIONAL LEARNING PUTS TEACHERS AT THE CENTER. AS A NETWORK OF PEERS, OUT TEACH UNDERSTAINS THE CHALLENGES TEACHERS FACE BECAUSE OUT TEACH HAS LIVED THEM. OUT TEACH GOES BEYOND EXPECTATIONS TO HELP EVERY TEACHER TAP INTO THE WONDE OF SCIENCE. TOGETHER, OUT TEACH BENDEWERS TODAY'S STUDENTS SO THEY CAN TAKE ON (AND SOLVE) TEACH SUPPORTED OVER 1,200 TEACHERS AND 30,000 STUDENTS IN CRACKING OPEN NEW WAYS OF LEARNING, THINKING, AND PROBLEM SOLVING.           (come		OUTDOORS TO UNLOCK STUDENT PERFORMANCE.		
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<pre>If 'Yes,' describe these new services an Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(69) and 501(64) organizations are equired to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Goak</pre>	2			XNo
b) Did her organization casaes conducting, or make significant changes in how it conducts, any program services?		1		
# 'ves, 'describe these changes on Schedule 0.         Describe the organization's program service accomplishments for each of 16 three largest program services, as measured by expenses. Section 501(6)(8) and 501(6)(4) quanizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.       602,845.         COACHING AND INSPIRING TEACHERS: FROM GROUP TRAININGS AND DIGITAL COMMUNITIES TO ONE-ON-ONE SESSIONAL LEARNING PUTS TEACHERS THAT THE CENTER. AS A NETWORK OF PEERS, OUT TEACH HAS LIVED THEM. OUT TEACH GOES BEYOND EXFECTATIONS TO HELP EVERY TEACHER TAP INTO THE WONDER OF SCIENCE.         TEACH 'S APPROACH TO PROFESSIONAL LEARNING PUTS SO THARININGS, OUT TEACH GOES BEYOND EXFECTATIONS TO HELP EVERY TEACHER TAP INTO THE WONDER OF SCIENCE.         TOGETHER, OUT TEACH HAS LIVED THEM. OUT TEACH GOES BEYOND EXFECTATIONS TO HELP EVERY TEACHER TAP INTO THE WONDER OF SCIENCE.         TOGETHER, OUT TEACH HAS LIVED OVER 1, 200 TEACHERS AND 30,000 STUDES 10, CRACKING OPEN NEW WAYS OF LEARNING, THINKING, AND PROBLEM SOLVING.	3			XNo
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TRAINING MORE THAN 10,000 TEACHERS TO MAKE REAL-WORLD SCIENCE A PART OF         EVERY SCHOOL DAY. BACKED BY A \$10 MILLION CAPITAL INVESTMENT CAMPAIGN,         OUT TEACH'S THREE STRATEGIC PRIORITIES HELP STUDENTS GET THERE:         ELEVATING SCIENCE EDUCATION - THERE IS NO SHORTAGE OF RESEARCH SHOWING         THAT SCIENCE PROVIDES A POWERFUL LENS FOR STUDENTS TO ENGAGE WITH EVERY         SUBJECT, FROM MATH TO READING, AND LANGUAGE ARTS. EVERY SCHOOL         PARTNERSHIP TRANSLATES INTO EVIDENCE-BASED SUPPORT FOR THE IMPACT         OUTDOOR, HANDS-ON LEARNING CAN HAVE WELL INTO THE FUTURE.         Id Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         It total program service expenses 2,900,537.         Form 990 (20         SEE SCHEDULE O FOR CONTINUATION(S)			·	
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Le       Total program service expenses       2,900,537.         Form 990 (20         2002 12-09-21       SEE SCHEDULE O FOR CONTINUATION(S)			)	
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 Form 990 (2021)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			- v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		- 23
a		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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	· (contract)		X	
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	00	х	
	Schedule J	23	<u> </u>	
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	04-		x
L	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	054		x
~~	Schedule L, Part I	25b		
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
~~	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
<b>L</b>	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	_29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		- 23
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	27	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a18Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
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	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
_					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0.	34			
h	filed for the calendar year ending with or within the year covered by this return	<b>2a</b>		2b	х	
U	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions			20		
3a				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		x
b	If "Yes," enter the name of the foreign country		·····			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	s (FBAR).			
5a				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices pr	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	ls requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 889	99 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/	A
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
Э	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
D	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12N/AN/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
_	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		NI / A	40-		
-	Is the organization licensed to issue qualified health plans in more than one state?		N/A	<u>13a</u>		
а						
	Enter the amount of reserves the organization is required to maintain by the states in which the	136				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b 13c				
b c	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	13c		14a		X
b c ła	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c		14a		X
b c 4a b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13c</b> e O		14a 14b		X
b c la b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	<b>13c</b> e O ation c	Dr	14b		
b c la b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	<b>13c</b> e O ation c	Dr			x
b c la b 5	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>13c</b> e O ation c	)r	14b 15		X
b c 4a b 5	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	<b>13c</b> e O ation c	)r	14b		
b c 4a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	e O ation c	)r	14b 15		x
b c 4a b 5 6	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in a	e O ation o	or ne?	14b 15 16		x
b cab	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	e O ation o	or ne?	14b 15		x

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### REAL SCHOOL GARDENS

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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			res	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11	-		
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		X
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		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertue Code.)		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on 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	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
		130		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable on title during the year?	16a		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUd		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	165		
	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ DC, TX, MD, VA, NC, GA, FL	1 2		- 1
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
~	X Own website Another's website X Upon request Other (explain on Schedule O)	-1 C		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CLAIRE MOONEY - 202-621-2375			
	ONE THOMAS CIRCLE, NW, #700, WASHINGTON, DC 20005			

Form 990 (2021)	REAL SCHOOL GARDENS	20-5946552 Page <b>7</b>							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if So	chedule O contains a response or note to any line in this Part VII								
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensa	ted 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 orga	• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Estimated		
	hours per box, unless person is both an				s both	an	compensation	compensation	amount of	
	week		officer and a director/t		irector/trustee)		iee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		ploy	t con /ee	_	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEANNE MCCARTY	40.00	_	-	0	×	ω	ш			
CEO		х		х				174,763.	0.	9,380.
(2) CLAIRE MOONEY	40.00									
VICE PRESIDENT, FINANCE AND BUSINESS				х				142,109.	Ο.	7,187.
(3) SCOTT FEILLE	40.00									
VICE PRESIDENT, PROGRAMS						Х		115,660.	0.	8,181.
(4) SUZANNAH KOILPILLAI	40.00									
VICE PRESIDENT, PARTNERSHIPS & GROWT						Х		120,071.	0.	720.
(5) ALISON RISSO	40.00									
DIRECTOR, MARKETING AND COMMUNICATIO						X		104,792.	0.	1,181.
(6) JOHN KOVAC	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(7) ANGELA HART-EDWARDS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) NICOLE LEVINE	6.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(9) DANIELLE SCATURRO	6.00									
PROGRAM COMMITTEE CHAIR		Х						0.	0.	0.
(10) ERNIE SMITH	6.00									
FINANCE COMMITTEE CHAIR		Х						0.	0.	0.
(11) SHALLY STANLEY	7.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(12) DALE STEWART	6.00									
SECRETARY & GOVERNANCE COMMITTEE CHA		Х		Х				0.	0.	0.
(13) PEGGY BROOKINS	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(14) TOM FRY	6.00									
DEVELOPMENT COMMITTEE CHAIR		Х						0.	0.	0.
(15) KELLY GARRETT	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(16) JAMES FERRI	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
(17) MERIANNE ROTH	5.00									
MEMBER AT LARGE		Х						0.	0.	0.
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2021.04030 REAL SCHOOL GARDENS

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Form 990 (2021) REAL SCHOOL GARDENS 20-5946552									Pa	age <b>8</b>				
Par	Part VII         Section A. Officers, Directors, Trustees, Key Employ           (A)         (B)           Name and title         Average           hours per         Name and title					<b>C)</b> ition		one	ompensated Employee (D) Reportable compensation	s <u>(continued)</u> (E) Reportable compensatio			(F) timate	
		week (list any hours for related organizations below line)				irecto	Highest compensated	tee)	(W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	l s SC/	comp fro orga and	other pensati om the anizati I relate nizatio	tion e on ed
	Subtotal Total from continuation sheets to Part VI								657,395.		0.	26	5,64	<u>49.</u> 0.
	Total (add lines 1b and 1c) Total number of individuals (including but no								657, 395.	000 of reportable	0.	26	5,64	<b>19.</b>
	compensation from the organization		030	11310			,				,		Yes	5 No
3	Did the organization list any <b>former</b> officer,	-			•			Ŭ	• •		[		103	
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4	X	
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or si	ich r	oers	on .					5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	pensat	ion fro	m	
	(A) (B) Name and business address NONE Description of services								С	(C omper		า		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nited	d to t	thos (		ted	above) who received mo	ore than				
	. ,	F				-				1		Form <b>S</b>	<b>990</b> (2	2021)

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			SCHOOL G	ARDENS			20-5946	552 Page <b>9</b>
Pa	rt VII							
		Check if Schedule O cont	ains a response	or note to any lin		(P)	(0)	
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ខ្ល	1 a	Federated campaigns	1a	135,000.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		-				
۵. ۵	с	Fundraising events						
ar A	d	Related organizations	1d					
is, 0	е	Government grants (contribut	ions) <b>1e 1</b> ,	143,168.				
rtion S	f	All other contributions, gifts, gran	its, and					
ipri the		similar amounts not included abo		063,658.				
ontro	g	Noncash contributions included in lines			1 241 026			
<u>ð</u> õ	h	Total. Add lines 1a-1f		Business Code	4,341,826.			
		PROGRAM FEES			1,390,071.	1 390 071		
Program Service Revenue	2 a b			900099	1,390,071.	<u>, , , , , , , , , , , , , , , , , , , </u>		
Serv	c b							
E S	d							
Be	e							
Pro	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			1,390,071.			
	3	Investment income (including						
		other similar amounts)			1,116.			1,116.
	4	Income from investment of tax						
	5	Royalties	(i) Real					
				(ii) Personal				
		Gross rents <u>6a</u> Less: rental expenses <b>6b</b>						
	b c	Less: rental expenses 6b Rental income or (loss) 6c						
		Net rental income or (loss)	<u>' I</u>					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>						
	b	Less: cost or other basis						
ne		and sales expenses 7b	,					
venue		Gain or (loss) 7c						
-Be		Net gain or (loss)		<b>&gt;</b>				
Other	8 a	Gross income from fundraising ev	•					
Ò		including \$						
		contributions reported on line						
	h	Part IV, line 18 Less: direct expenses						
	c	Net income or (loss) from func		►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		►				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	c	Net income or (loss) from sale	s of inventory	Business Code				
sn	11 ~			Busilless Code				
Jeor	11 a b							
iscellaneous Revenue	с С							
lisce	d	All other revenue						
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			5,733,013.	1,390,071.	0.	1,116.
13200	9 12-09							Form <b>990</b> (2021)

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	Check If Schedule O contains a respon	se or note to any line in		(2)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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,				
5	trustees, and key employees	335,640.	235,158.	72,485.	27,997.
6		555,040.	255,150.	72,403.	21,0010
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	1,843,033.	1,595,624.	130,561.	116,848.
7	Other salaries and wages	1,043,033.	1,395,024.	130,301.	110,040.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	160 040	110 000	21 200	10 000
9	Other employee benefits	168,240.	119,009.	31,208.	18,023.
10	Payroll taxes	168,160.	139,498.	14,472.	14,190.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	561.		561.	
	Accounting	52,059.		52,059.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	26,830.			26,830.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	474,147.	340,126.	115,778.	18,243.
12	Advertising and promotion		100 500		
13	Office expenses	204,124.	129,529.	66,826.	7,769.
14	Information technology				
15	Royalties		4 010		
16	Occupancy	48,844.	4,812.	44,032.	
17	Travel	80,143.	73,514.	5,320.	1,309.
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	00.170	00.170		
23	Insurance	20,178.	20,178.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	222.005	222.005		
а	OUTDOOR CLASSROOM MATER	223,885.	223,885.		
b	PROFESSIONAL LEARNING	19,204.	19,204.		
c					
d					
	All other expenses	3 665 040	2 000 527	E33 303	231,209.
25	Total functional expenses. Add lines 1 through 24e	3,665,048.	2,900,537.	533,302.	431,4U9.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2021)

REAL SCHOOL GARDENS Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

REAL SCHOOL GARDENS

(A)		(D)	
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		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,383,805.	1	1,039,065.
	2	Savings and temporary cash investments			2,591,943.	2	3,521,698.
	3	Pledges and grants receivable, net			770,349.	3	1,126,907.
	4	Accounts receivable, net			213,688.	4	827,868.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			8,014.	9	11,018.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	375,248.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	25,952.	15	7,788.		
	16	Total assets. Add lines 1 through 15 (must equa			4,993,751.	16	6,534,344.
	17	Accounts payable and accrued expenses			173,468.	17	197,422.
	18	Grants payable			01 040	18	
	19	Deferred revenue			91,949.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			10 059	22	26 162
-	23	Secured mortgages and notes payable to unrela			<u>19,958.</u> 465,582.	23	26,163.
	24 05	Unsecured notes and loans payable to unrelated			405,502.	24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines				05	
	26	of Schedule D			750,957.	25 26	223,585.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			130,331.	20	225,505.
Se		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			1,852,794.	27	3,851,926.
3ala	28				2,390,000.	28	2,458,833.
Б	20	Organizations that do not follow FASB ASC 9			_,	20	_,,
Ъц		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,242,794.	32	6,310,759.
2	33	Total liabilities and net assets/fund balances			4,993,751.	33	6,534,344.
					· · ·		Form <b>990</b> (2021)

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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)	1	5,733		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,665	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	2,067		
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,242	2,79	94.
5 1	Net unrealized gains (losses) on investments	5			
<b>6</b> [	Donated services and use of facilities	6			
<b>7</b>	Investment expenses	7			
8	Prior period adjustments	8			
9 (	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
<b>10</b> I	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,310	),7!	<u>59.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
				Yes	No
1 /	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 📃 Other		_		
I	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a \	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
5	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
(	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		_X_
	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	<u> </u>

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	e of t	he organization							identification number			
REAL         SCHOOL         GARDENS           Part I         Reason for Public Charity Status. (All organizations must complete this part.) See							2	0-5946552				
Ра	πι	S.										
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	)(iii). Enter	the hospital's name,			
	city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	ernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normal						ne general i	oublic described in			
		section 170(b)(1)(A)(vi). (C			5			5				
8		A community trust describe		1)(A)(vi). (Complete Parl	EIL)							
9		An agricultural research org				ed in coniu	inction with a	land-grant	college			
č		or university or a non-land-g				-		-	-			
		university:	, and conlege of agric				, and clare er	ine eenege				
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s membersh	in fees and	d aross receipts from			
10		activities related to its exem										
		income and unrelated busir		•	. ,				0			
		See section 509(a)(2). (Cor				ses acqui	red by the org	anization a				
11		An organization organized a		volv to tost for public sat	aty Soo	soction 50	Q(a)(4)					
12		An organization organized a	-		•			rny out tho	purposes of one or			
12		more publicly supported or	-	-				•				
			-									
-		lines 12a through 12d that o	•••					-				
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-						
		the supported organization			majority c	it the aired	tors or trustee	es of the su	ipporting			
	_	organization. You must c	-									
b		<b>Type II.</b> A supporting orga	-				•		•			
		control or management of			ame perso	ns that co	ntrol or manag	ge the supp	oorted			
	_	organization(s). You mus	-									
С		Type III functionally inte						ly integrate	d with,			
	_	its supported organization		-								
d		<b>Type III non-functionally</b>	• •					•				
		that is not functionally inter-	•	<b>v</b>			•	an attentiv	/eness			
		requirement (see instructi	,	•								
е		Check this box if the orga					Type I, Type	II, Type III				
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			<b></b>			
f Enter the number of supported organizations												
g		vide the following information i) Name of supported		d organization(s). (iii) Type of organization	(iv) Is the oro:	inization listed	(v) Amount of	monoton	(vi) Amount of other			
	(	organization	(ii) EIN	(III) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see in	istructions,				
Tota	1											

REAL SCHOOL GARDENS

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

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

Se	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2344099.	2963805.	3328369.	3857433.	4341826.	16835532.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2344099.	2963805.	3328369.	3857433.	4341826.	16835532.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						4963097.			
6	Public support. Subtract line 5 from line 4.						11872435.			
	ction B. Total Support				•	•	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	2344099.	2963805.	3328369.	3857433.		16835532.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	4,219.	18,093.	4,448.	623.	1,116.	28,499.			
9	Net income from unrelated business	-	-							
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						16864031.			
	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	,292,729.			
	First 5 years. If the Form 990 is for th			fourth. or fifth tax v	vear as a section 5		· · ·			
	organization, check this box and stop	-		-						
See	ction C. Computation of Publi	c Support Per					·			
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	70.40 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	62.67 %			
	33 1/3% support test - 2021. If the o					ore, check this bo				
	stop here. The organization qualifies						N V			
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test		•••							
	and if the organization meets the fact									
	meets the facts-and-circumstances te			-	-					
b	10% -facts-and-circumstances test	-		• • • •	-					
	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
<u>18</u>	Private foundation. If the organization						s <b>&gt;</b>			
							(Form 990) 2021			

# REAL SCHOOL GARDENS

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiza	tion,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						17 is not
_	more than 33 1/3%, check this box a						►∟
b	<b>33 1/3% support tests - 2020.</b> If the						
	line 18 is not more than 33 1/3%, che						י ר
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	3 01-04-22		15			Schedule	A (Form 990) 2021

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1

2

3a

3b

3c

4a

4b

Yes No

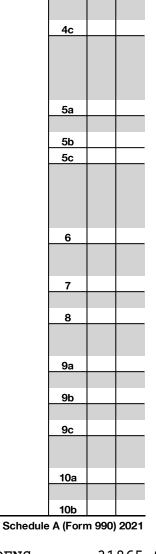
# Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A	(Form 990) 2021	REAL	SCHOOL	GARDENS
Part IV	Supporting Organi	zations (	continued)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				

<u>supervised. or controlled the supporting organization</u>	
Section C. Type II Supporting Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D	. All Typ	e III Sup	porting C	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a The organization satisfied the Activities Test. *Complete* line 2 *below*.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a governm	ental entity (see instruction <u>s).</u>
---	--	--------------------------------	----------------------	-------------------------	-------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

Yes No

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Schedule A (Form 990) 2021

1					
	All other Type III non-functionally integrated supporting organizations mus	t complete s		(B) Current Year	
Sect	Section A - Adjusted Net Income		(A) Prior Year	(optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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REAL SCHOOL GARDENS

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 Schedule A (Form 990) 2021
 REAL SCHOOL GARDENS

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
C	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<u> </u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7: Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

**Current Year** 

1

Schedule A (Form 990) 2021

Schedule A				GARDENS			20-59	46552	Page <b>8</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8	2, 3b, 3c, nes 2 anc	4b, 4c, 5a, 6, 13; Part IV, Se	9a, 9b, 9c, 11a, 11b, an ection E, lines 1c, 2a, 2b,	d 11c; Part 3a, and 3b;	IV, Section B, I ; Part V, line 1;	ines 1 and 2; Part Part V, Section B,	IV, Section line 1e; Pa	C, rt V,
	(See instructions.)	, and Fai		, intes 2, 3, and 0. Also c		s part for any a			
132028 01-04-2	2						Schedule	A (Form 9	90) 2021
	- 759370 31865.0(	100		20 2021.0403	ז אים כ	gouoot			31865.0
ェエリム /	10.000000000000000000000000000000000000			2021 • 0403	лалы	PCUOD	GUUDENS		7100700

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

2021

Employer identification number

20-5946552

	REAL	SCHOOL

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

GARDENS

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (For	m 990) (2021)
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Name of organization

Part I

Employer identification number

20 - 5946552

### REAL SCHOOL GARDENS

	1		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>135,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$566,863.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$439,419.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,037,440.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2021)

Page **2** 

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Schedule B (For	m 990) (2021)
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Name of organization

Page **3** 

Employer identification number

20 - 5946552

### REAL SCHOOL GARDENS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

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2021.04030 REAL SCHOOL GARDENS

23

Name of or	ganization		Employer identification number
REAL S	SCHOOL GARDENS		20-5946552
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in set	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			—   ———
-			
		(e) Transfer of gift	
Ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift		
-		e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift		
F		e) Transfer of gift	I
	_		
┝	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	
123454 11-11-	-21		Schedule B (Form 990) (2021
		24	

17041027 759370 31865.0000

2021.04030 REAL SCHOOL GARDENS

31865.01

SCHEDULE D (Form 990)       Supplemental Financial Statements         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.         Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047		
Nam	e of the organizati	REAL SCHOOL GARDEN			2	ridentificatio 0-5946	552	
Par		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		or Ac	counts.	Complete if t	he	
			(a) Donor advised funds	(	<b>b)</b> Funds an	d other acco	unts	
1	Total number at er	nd of year						
2	Aggregate value o	f contributions to (during year)						
3	Aggregate value o	f grants from (during year)						
4	Aggregate value a	t end of year						
5		on inform all donors and donor advisors in v	writing that the assets held in donor advis	sed fund	ls			
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes	🗌 No	
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferri	ng			
	impermissible priv					Yes	No No	
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.			
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).					
	Preservation	n of land for public use (for example, recrea	tion or education)	of a histo	rically impor	rtant land are	а	
	Protection o	f natural habitat	Preservation of	of a certi	fied historic	structure		
	Preservation	n of open space						
2		through 2d if the organization held a qualif	fied conservation contribution in the form	of a cor				
	day of the tax year	r.			Held	at the End of t	he Tax Year	

#### a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 \$ а

Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
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2021.04030 REAL SCHOOL GARDENS

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Sche		HOOL GARDE						20-59	4655	2 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	r Othe	r Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	I 🗌 L	oan or exc	hange progra	ım					
b	Scholarly research	e	, 🗌 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how the	y further th	ne organizatio	n's exer	npt purpc	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hist	orical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the o	organizatio	on answered "	Yes" on	Form 990	), Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for co	ontribution	s or other ass	ets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•	0						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	<b>(b)</b> Pri	ior year	(c) Two year	's back	(d) Three	years back	(e) Fou	years	back
1a	Beginning of year balance										
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 the curr	ent year end balance	e (line 1g,	column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for th	ie organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment fu	nds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answered			line 11e C		Dout V	line 10				
			-						( ) 5		
	Description of property	(a) Cost or o basis (investr		.,	t or other (other)	• •	ccumulat preciatior		( <b>d</b> ) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				9,195.		139,1				0.
	Other				6,053.		236,0	53.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. columr	n (B), line 1	0c.)						0.
								<u> </u>		000	0004

Schedule D (Form 990) 2021

132052 10-28-21

Dart VII	Investmen	ts - Other Sec	uritice	
Schedule D	(Form 990) 202	1 REAL	SCHOOL	GARDENS

a) Description of security or category (including name of sec		e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
C)			
(D)			
(E)			
•			
F)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 1: rt VIII Investments - Program Relate	2.) <b>&gt;</b>		
Complete if the organization answered		11a Cas Form 000 Dart V line 12	
			and of your market yolyo
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 1	3.) ►		
rt IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
1)			
2)			
2) 3)			
2) 3) 4)			
2) 3) 4) 5)			
2) 3) 4) 5) 6)			
2) 3) 4) 5) 6) 7)			
2) 3) 4) 5) 6) 7) 8)			
2) 3) 4) 5) 6) 7) 8) 9)			
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. Irt X Other Liabilities.			
2) 3) 4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. rt X Other Liabilities. Complete if the organization answered			
2) 3) 4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. rt X Other Liabilities. Complete if the organization answered (a) Description of liability			25. (b) Book value
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. rt X Other Liabilities. Complete if the organization answered (a) Description of liability 1) Federal income taxes			
2) 3) 4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. rt X Other Liabilities. Complete if the organization answered (a) Description of liability 1) Federal income taxes 2)			
2) 3) 4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. rt X Other Liabilities. Complete if the organization answered (a) Description of liability 1) Federal income taxes 2)			
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. rt X Other Liabilities. Complete if the organization answered (a) Description of liability 1) Federal income taxes 2) 3)			
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. wit X Other Liabilities. Complete if the organization answered (a) Description of liability 1) Federal income taxes 2) 3) 4)			
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. Int X Other Liabilities. Complete if the organization answered (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)			
Complete if the organization answered (a) Description of liability			
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. Int X Other Liabilities. Complete if the organization answered (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6)			
2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. rt X Other Liabilities. Complete if the organization answered (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

X

Sche	dule D (Form 990) 2021 REAL SCHOOL GARDENS			20-5	5946552	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	5,859,	241.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	126,228.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	126,	228.
3	Subtract line 2e from line 1			3	5,733,	013.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,733,	013.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,791,	276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	126,228.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		228.
3	Subtract line 2e from line 1			3	3,665,	048.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,665,	048.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

OUT TEACH IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
(THE CODE) FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN UNRELATED
BUSINESS INCOME. IN ADDITION, OUT TEACH HAS BEEN DETERMINED BY THE
INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING
OF SECTION 509(A) OF THE CODE.

132054 10-28-21

Schedule D (Form 990) 2021

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				<sup>.</sup> 19,	or if the	2021		
Department of the Treasury Internal Revenue Service	•	Attach to Form 990						Open to Public Inspection		
Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informatio	on.	Employer id	entification number		
5		HOOL GARDENS					20-5946			
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, lii	ne 17	7. Form 990-E	Z filers are not		
<ol> <li>Indicate whether the</li> <li>a Mail solicitation</li> <li>b Internet and</li> <li>c Phone solicitation</li> <li>d In-person social</li> <li>2 a Did the organization</li> <li>key employees listing</li> <li>b If "Yes," list the 1000</li> </ol>	1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events									
compensated at le	east \$5,000 by the	organization.								
<b>(i)</b> Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
ELEVATE - 806 7TH	ST, NW	GRANT WRITING AND	Yes	No						
#301, WASHINGTON,	DC 20001	REPORTING		x	0.		0.	. 25,090.		
Total		I						25,090.		
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re			
DC, MD, VA, NC,	GA,TX,FL									

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

Schedule G (Form 990) 2021

132081 10-21-21

REAL SCHOOL GARDENS

tII	-undraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000	
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000	0.

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	.,		•	
Pa	rt I	<b>Gaming.</b> Complete if the organization				1
		\$15,000 on Form 990-EZ, line 6a.	1	(1) Dull take (instant		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Å	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
٩	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming ac		states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
13208	2 10	)-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021 REAL SCHOOL	GARDENS	20-5946552 Page 3
11 Does the organization conduct gaming activities with non	members?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a tru		
to administer charitable gaming?		Yes No
<b>13</b> Indicate the percentage of gaming activity conducted in:		
a The organization's facility		
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares t</li></ul>		
14 Enter the name and address of the person who prepares t	the organization's gaming/special events books al	id records.
Name ►		
Address 🕨		
<b>15a</b> Does the organization have a contract with a third party fr	om whom the organization receives gaming rever	nue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by	the organization <b>&gt;</b> \$ and	I the amount
of gaming revenue retained by the third party $\blacktriangleright$ \$		
<b>c</b> If "Yes," enter name and address of the third party:		
Name		
Address ►		
16 Gaming manager information:		
Name		
Gaming manager compensation 🕨 💲		
Description of services provided		
Director/officer Employee	Independent contractor	
<b>17</b> Mandatory distributions:		
<b>a</b> Is the organization required under state law to make chari	table distributions from the gaming proceeds to	
retain the state gaming license?		Yes No
<b>b</b> Enter the amount of distributions required under state law	to be distributed to other exempt organizations of	or spent in the
organization's own exempt activities during the tax year		
Part IV Supplemental Information. Provide the e 15b, 15c, 16, and 17b, as applicable. Also provide		i) and (v); and Part III, lines 9, 96, 106,
SCHEDULE G, PART I, LINE 2B, LIS	ST OF TEN HIGHEST PAID FU	NDRAISERS:
(I) NAME OF FUNDRAISER: ELEVATE		
/		
(I) ADDRESS OF FUNDRAISER: 806 7	7 <u>TH ST, NW #301, WASHING</u>	TON, DC 20001
PART I, LINE 2B, COLUMN (V):		
ELEVATE PROVIDED GRANT WRITING S	SERVICES TO OUT TEACH.	

132083 10-21-21

	Schedule G (Form 990)
132004 11 19 21	

132084 11-18-21

SCHEDULE J	Compensation Information	I	OMB No. 1	545-004	17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	71	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		<b>20</b>	<b>Z I</b>	1
Department of the Treas	Alles to Essent 000		Open to		ic
Internal Revenue Servic	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the orga		Employer i			nber
David L. Over	REAL SCHOOL GARDENS	20-5	5946552	2	
Part I Que	tions Regarding Compensation				
				Yes	No
	propriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
í í	on A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	s or charter travel Housing allowance or residence for perso				
	r companions Payments for business use of personal re mnification and gross-up payments Health or social club dues or initiation fee				
	nary spending account Personal services (such as maid, chauffe	ur, chei)			
<b>b</b> If any of the	oxes on line 1a are checked, did the organization follow a written policy regarding payment or				
•	to r provision of all of the expenses described above? If "No," complete Part III to explain		1b		
	zation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate whi	n, if any, of the following the organization used to establish the compensation of the organization?	6			
	e Director. Check all that apply. Do not check any boxes for methods used by a related organizat				
	pensation of the CEO/Executive Director, but explain in Part III.				
	sation committee				
	lent compensation consultant $\overline{X}$ Compensation survey or study				
	) of other organizations I Approval by the board or compensation	committee			
4 During the y	ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization	r a related organization:				
a Receive a se	erance payment or change-of-control payment?		4a		X
<b>b</b> Participate in	or receive payment from a supplemental nonqualified retirement plan?		4b		X
•	or receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to a	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
•	the revenues of:				v
a The organiza	on?		<u>5a</u>		X
	ganization?		5b		X
	e 5a or 5b, describe in Part III.				
	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	the net earnings of:		0-		X
	on?				X
	ganization?		6b		Δ
	e 6a or 6b, describe in Part III.				
	sted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments on lines 5 and 6? If "Yes," describe in Part III		7		x
	punts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
			8		x
	e 8, did the organization also follow the rebuttable presumption procedure described in				
	ection 53.4958-6(c)?		9		
	brk Reduction Act Notice, see the Instructions for Form 990.		J S I	1 9901	2021
		001100			

132111 11-02-21

### 20-5946552

Page **2** 

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEANNE MCCARTY	(i)	172,263.	2,500.	0.	0.	9,380.	184,143.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF DIRECTORS, LED BY THE BOARD CHAIR, ESTABLISHES COMPENSATION

AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER. A COMPENSATION SURVEY OR

STUDY IS USED DURING THIS PROCESS TO DETERMINE A MARKET RANGE, AS IN

BENCHMARKING WITH SELECT EDUCATION NON-PROFITS. COMPENSATION IS FINALIZED

WITHIN THE MARKET RATE RANGE BASED ON EXPERIENCE, AND RESULTS THE SELECTED

CANDIDATE DEMONSTRATED IN RECENT ROLES. THE BOARD OF DIRECTORS APPROVES

THE COMPENSATION AND BENEFITS PACKAGE FOR THE CHIEF EXECUTIVE OFFICER.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Employer identification number 20-5946552

OMB No. 1545-0047

REAL SCHOOL GARDENS

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INNOVATING TO GO FURTHER - FROM CREATING DIGITAL LEARNING EXPERIENCES

FOR TEACHERS TO BUILDING OUT CUSTOMIZABLE RESOURCE LIBRARIES AND

DEVELOPING REPLICABLE MODELS, OUT TEACH PRIORITIZES INNOVATIONS THAT

PAVE THE WAY FOR GREATER IMPACT AND BROADER, NATIONAL REACH AND SCALE.

EVIDENCE BUILDING - WITH SUPPORT FROM EFFECTIVE PARTNERSHIPS ACROSS

STATES, DISTRICTS, AND CORPORATIONS, OUT TEACH WORKS TO CREATE SYSTEMIC

CHANGE THAT STICKS. BY BUILDING AN EVIDENCE BASE THAT DEMONSTRATES THAT

EARLY SCIENCE IMPROVES TEACHING AND LEARNING ACROSS THE BOARD, OUT

TEACH ENABLES AN EDUCATION SYSTEM THAT CREATES REAL OPPORTUNITIES FOR

ALL STUDENTS TO ACCESS SCIENCE WHEN IT MATTERS MOST FOR THEIR FUTURES -

EARLY ON.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS INITIALLY REVIEWED BY THE VICE PRESIDENT OF FINANCE AND BUSINESS OPERATIONS AND THE CHIEF EXECUTIVE OFFICER. THE DOCUMENT IS REFINED THEN DISTRIBUTED TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. AFTER THE FINANCE COMMITTEE IS SATISFIED, THE FULL BOARD OF DIRECTORS IS PROVIDED A COPY TO REVIEW AND COMMENT ON IF NEEDED. THE FORM 990 IS THEN FINALIZED AND SUBMITTED TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL NEW EMPLOYEES ARE BRIEFED ABOUT THE CONFLICT OF INTEREST POLICY AS PART

OF AN ORIENTATION ABOUT STANDARDS OF PROFESSIONAL CONDUCT FOR THE

ORGANIZATION. THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH ALL

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202113221111-11-21

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization REAL SCHOOL GARDENS	Employer identification number 20-5946552
EMPLOYEES AND THE BOARD OF DIRECTORS EACH FALL. AT THIS T	IME, EACH
DIRECTOR, OFFICER AND EMPLOYEE IS ASKED TO ACKNOWLEDGE IN	WRITING THEIR
UNDERSTANDING OF THE POLICY. IN ADDITION, EACH DIRECTOR,	OFFICER AND
EMPLOYEE IS ASKED TO COMPLETE A DISCLOSURE FORM THAT IDENT	IFIES ANY
RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES THAT MIGHT REPR	ESENT A CONFLICT
OF INTEREST. THE VICE PRESIDENT OF FINANCE AND BUSINESS C	PERATIONS SERVES
AS THE COMPLIANCE OFFICER FOR THE ORGANIZATION, INVESTIGAT	ING ANY REPORTED
VIOLATIONS TO THE CONFLICT OF INTEREST POLICY. FINDINGS A	RE PRESENTED TO
THE BOARD OF DIRECTORS, INCLUDING THE CHIEF EXECUTIVE OFFI	CER, AND
APPROPRIATE CORRECTIVE ACTIONS ARE DETERMINED. POSSIBLE C	ORRECTIVE ACTIONS
INCLUDE FORMALLY ENDING EXTERNAL RELATIONSHIPS THAT PRESEN	T A CONFLICT OF
INTEREST OR VOLUNTARILY EXITING FROM THE BOARD OR COMPANY.	

FORM 990, PART VI, SECTION B, LINE 15:

THE CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT OF FINANCE AND BUSINESS OPERATIONS ESTABLISHES COMPENSATION AND BENEFITS FOR EMPLOYEES IN THE ORGANIZATION, BASED ON MARKET RATE RANGE, EXPERIENCE, AND RESULTS DEMONSTRATED BY THE CANDIDATE. THE CHIEF EXECUTIVE OFFICER PRESENTS EMPLOYEE PROMOTION AND COMPENSATION RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR THEIR INPUT. REVIEWS ARE CONDUCTED BY THE BOARD CHAIR, AND DOCUMENTED IN THE BOARD'S MEETING MINUTES. THE COMPENSATION OF THE VICE PRESIDENT OF FINANCE AND BUSINESS OPERATIONS IS ESTABLISHED USING THIS SAME CRITERIA BY THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION C, LINE 19: REAL SCHOOL GARDENS D/B/A OUT TEACH'S GOVERNING DOCUMENTS, POLICIES AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

132212 11-11-21

Name of the organization REAL SCHOOL GARDENS	Employer identification number 20-5946552
FORM 990, PART IX, LINE 11G, OTHER FEES:	·
MARKETING & COMMUNICATION :	
PROGRAM SERVICE EXPENSES	19,266.
MANAGEMENT AND GENERAL EXPENSES	335.
FUNDRAISING EXPENSES	789.
TOTAL EXPENSES	20,390.
LICENSE FEES & PERMITS:	
PROGRAM SERVICE EXPENSES	140.
MANAGEMENT AND GENERAL EXPENSES	4,210.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,350.
OUTSIDE CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	138,682.
MANAGEMENT AND GENERAL EXPENSES	53,686.
FUNDRAISING EXPENSES	6,190.
TOTAL EXPENSES	198,558.
HUMAN RESOURCES:	
PROGRAM SERVICE EXPENSES	12,636.
MANAGEMENT AND GENERAL EXPENSES	30,454.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,090.
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	169,402.
MANAGEMENT AND GENERAL EXPENSES	27,093.
<sup>132212</sup> <sup>11-11-21</sup> 38 941027 759370 31865.0000 2021.040	Schedule O (Form 990) 202 30 REAL SCHOOL GARDENS 3186!

17041027 759370 31865.0000

31865.01

Schedule O (Form 990) 2021		Page 2
Name of the organization REAL SCHOOL GARDENS		Employer identification number 20-5946552
FUNDRAISING EXPENSES		11,264.
TOTAL EXPENSES		207,759.
TOTAL OTHER FEES ON FORM 990, PART I	X, LINE 11G, COL A	474,147.
PART XII LINE 2C		
THE FINANCE COMMITTEE ASSUMES RESPON	SIBILITY FOR OVERSIGHT	' OF THE AUDIT
AND SELECTION OF AN INDEPENDENT ACCO	UNTANT. THIS PROCESS H	AS NOT
CHANGED FROM THE PRIOR YEAR.		
132212 11-11-21	39	Schedule O (Form 990) 2021
)41027 759370 31865.0000 20	21.04030 REAL SCHOOL C	GARDENS 31865

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