

Brad P. Niergarth, CPA James G. Shumate, CPA Shelly K. Bedford, CPA Heidi M. Wendel, CPA Shelly A. Ashmore, CPA James M. Taylor, CPA Trina B. Ochs, CPA John A. Blair, CPA Aaron J. Mansfield, CPA Elizabeth A. Hedden, CPA Jonathan P. Benjamin, CPA

Sarna Salzman SEEDS PO Box 2454 Traverse City, MI 49685

Dear Sarna:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Aaron J. Mansfield, CPA



Member A Crowe Global



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared for	Sarna Salzman SEEDS PO Box 2454 Traverse City, MI 49685
Prepared by	DGN, LLC P.O. Box 947 Traverse City, MI 49685-0947
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning , 2021, and ending	ear 2021, or fiscal year beginning , 2021, and ending	
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2021

EIN or SSN

38-3482266

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Name and title of officer or person subject to tax

SEEDS

SARNA SALZMAN EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ► X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	_{1b} 2,507,504
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	. 3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	. 5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	. 7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or I am a person subject to tax with res	spect to (name
f entit	y)	, (EIN) and that I have	e examined a copy of the
021 e	lectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are	true, correct, and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: che	eck one	box	only	,
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X I authorize DGN,	LLC		to enter my PIN	11004
		ERO firm name		Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

38435111004

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ DGN, LLC

Date > 10/14/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print SEEDS 38-3482266 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 2454 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 49685 TRAVERSE CITY, MI Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) SARNA SALZMAN, EXECUTIVE DIRECTOR The books are in the care of ▶ PO BOX 2454 - TRAVERSE CITY, MI 49685 Telephone No. ► 231-947-0312 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

123841 01-12-22

instructions.

LHA

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change SEEDS Name change 38-3482266 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 231-947-0312 PO BOX 2454 termin-ated 2,525,284. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return TRAVERSE CITY, MI 49685 H(a) Is this a group return Applica-F Name and address of principal officer: SARNA SALZMAN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.ECOSEEDS.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1999 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: IMPLEMENT LOCAL SOLUTIONS TO Activities & Governance GLOBAL ISSUES AT THE INTERSECTION OF ECOLOGY, EDUCATION, AND DESIGN. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 120 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) <u>31</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 2,343,035. 1,931,773. Contributions and grants (Part VIII, line 1h) Revenue 158,359. 154,271. Program service revenue (Part VIII, line 2g) 9,890. 56. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 148. 308. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,090,336. 2.507.504. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 1,402,968. 1,530,884. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 629,513. 562,745 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,965,713. 2,160,397. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 347,107. 124,623. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 908,858. 552,253. Total assets (Part X, line 16) 347,798. 357,296. 21 Total liabilities (Part X, line 26) 204,455. 551,562. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SARNA SALZMAN, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed 10/14/22 **₽**00721554 AARON J. MANSFIELD, CPA Paid Firm's EIN > 20-2349670 Firm's name DGN, LLC Preparer Firm's address P.O. BOX 947 Use Only TRAVERSE CITY, MI 49685-0947 Phone no. 231 - 946 - 1722 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2021) SEEDS 38-3482266 Page **2**

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEEDS IS A 501(C)3 NONPROFIT ORGANIZATION ESTABLISHED TO IMPLEMENT
	LOCAL SOLUTIONS TO GLOBAL ISSUES AT THE INTERSECTION OF ECOLOGY,
	EDUCATION, AND DESIGN.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,494,629 • including grants of \$) (Revenue \$ 0 •)
	K12 TEACHING & LEARNING: IN 2021, SEEDS PROVIDED OVER 92,000
	STUDENT-CONTACT HOURS OF ACADEMIC AND CULTURAL ENRICHMENT ACTIVITIES AT
	11 PARTNER SCHOOLS IN RURAL NORTHWEST MICHIGAN SERVING OVER 1100 UNIQUE
	STUDENTS. WITH A FOCUS ON PLACE-BASED LEARNING IN SAFE AND INSPIRING
	SOCIAL-EMOTIONAL-LEARNING SPACES, SEEDS PROGRAMS PRIORITIZE HANDS-ON
	AND OUTDOOR ACTIVITIES THAT DEVELOP LEADERSHIP, LIFE SKILLS, AND
	RESILIENCE AND INCLUDE DAILY ACADEMIC ENRICHMENT, STEM SUBJECTS,
	NUTRITION AND CULINARY ARTS INSTRUCTION, ARTS AND CULTURE, AND
	WHOLE-FAMILY ACTIVITIES. STUDENTS ARE PREDOMINANTLY FROM UNDERSERVED
	COMMUNITIES WITH HIGH RATES OF POVERTY.
4b	(Code:) (Expenses \$375, 180 •including grants of \$) (Revenue \$137, 395 •)
	ECOCORPS PROGRAMMING: IN 2021, SEEDS EMPLOYED 36 MEMBERS WHO BUILT OR
	IMPROVED 63 MILES OF TRAIL, ENHANCED 5 MILES OF RIPARIAN HABITAT,
	PLANTED OVER 2000 TREES, AND ADDED VALUE TO OVER 140 ACRES IN 23 PARKS.
	CREW MEMBERS IN THIS GREEN COLLAR CAREER EXPLORATION PROGRAM SERVE
	THEIR COMMUNITY WHILE GAINING VALUABLE WORK EXPERIENCE, SKILLS
	TRAINING, PROFESSIONAL DEVELOPMENT, AND LEADERSHIP. THEIR EXPERIENCES
	INCLUDE HISTORIC PRESERVATION, PARKLAND MANAGEMENT, SUSTAINABLE TRAIL
	DESIGN, HABITAT RESTORATION, REFORESTATION, SMALL-SCALE AGRICULTURE,
	LIGHT CONSTRUCTION, AND MORE.
4c	(Code:) (Expenses \$ 173,348 • including grants of \$) (Revenue \$ 17,184 •)
40	(Code:) (Expenses \$
	PROFESSIONAL ANALYSIS, ASSISTANCE WITH 'GREEN GOALS', AND PLANNING FOR
	RESOURCE MANAGEMENT TO UNITS OF LOCAL GOVERNMENT AND A VARIETY OF OTHER
	COMMUNITY INSTITUTIONS. IN 2021, SEEDS CONTINUED SERVING AS GREEN TEAM
	FACILITATOR TO THE CITY OF TRAVERSE CITY, PROVIDED OVER 185 HOURS OF
	TECHNICAL ADULT EDUCATION, AND CONVENED AN EXPERT ADVISORY GROUP TOWARD
	THE COMPLETION OF A 10-COUNTY BENCHMARKING ANALYSIS OF ORGANIC WASTE
	DIVERSION PRACTICES IN NORTHWEST MICHIGAN.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,043,157.
	Form 990 (2021)

Form 990 (2021) SEEDS
Part IV Checklist of Required Schedules 38-3482266 Page **3**

			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	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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,			
	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
	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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		_		

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Form 990 (2021)

SEEDS

Part IV	Ch	ecklist	of Re	auired	Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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? If			.
	"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? If			7.7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	000	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				1.10
		2a 120			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other au				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	• •	4a		х
b	If "Yes," enter the name of the foreign country	, 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10.		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	` '	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		Х
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributio				
	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 serving	ces provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
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 cor	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
		10a			
b	, , , , , , , , , , , , , , , , , , ,	10b			
11	Section 501(c)(12) organizations. Enter:	1			
		11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	lab			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1b	120		
		12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-~			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_		13b			
С		13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an	ny			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Voc " complete Form 6060				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Ye	No.
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	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	8		
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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	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	1	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7t	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8		
b	Each committee with authority to act on behalf of the governing body?	. 8t	, X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		_	Ye	
	Did the organization have local chapters, branches, or affiliates?	. 10	а	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	a X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12	b	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	│ ┰	
	on Schedule O how this was done	. 12		
13	Did the organization have a written whistleblower policy?			
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		
	The organization's CEO, Executive Director, or top management official		77	-
D	Other officers or key employees of the organization	. 15	D 21	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16		X
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. 16	a	122
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16	h	
Sec	exempt status with respect to such arrangements? tion C. Disclosure	. 10	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ►MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c	\(3\e or	alv) ava	ilahla
.0	for public inspection. Indicate how you made these available. Check all that apply.	_A OJS OI	ny) ave	abit
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fir	nancial	
.9	statements available to the public during the tax year.	and III	اما اداطا	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SARNA SALZMAN, EXECUTIVE DIRECTOR - 231-947-0312			
	PO BOX 2454 TRAVERSE CITY MT 49685			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SARNA SALZMAN	40.00									
EXECUTIVE DIRECTOR	1 00	닏		Х				72,709.	0.	0 .
(2) ED SMITH	1.00	١,,								
DIRECTOR	1 00	Х						0.	0.	0 .
(3) PETE MUNOZ	1.00	X		х				0.	0.	0 .
VICE-CHAIR (4) MICHAEL COCO	1.00	₽		Λ				0.	0.	0 .
DIRECTOR	1.00	x						0.	0.	0 .
(5) JOHN TAYLOR	1.00	1							•	
CHAIR	2000	x		х				0.	0.	0 .
(6) MEGAN OLDS	1.00	 						•		
DIRECTOR		Х						0.	0.	0 .
(7) ED BAILEY	1.00	⇈								
SECRETARY		Х		Х				0.	0.	0 .
(8) JOEY DIFRANCO	1.00									
TREASURER		Х		Х				0.	0.	0 .
(9) NATASHA KOSS	1.00								_	
DIRECTOR		Х						0.	0.	0 .
		1								
		┢								
		1								
		 								
		-								
		\vdash								
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		\vdash								
		4								

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Part VII Section A. Officers, Directors, Trus	(B)	<u> </u>	, 553		<u>a i ii</u> C)	9.10	٠. ر	(D)	(E)			(F)	
Name and title	Average			Pos	ition			Reportable	Reportable		Fo	timate	d
name and title	hours per					than		compensation	compensation			nount (
	week					or/trus		from	from related		u.	other	,
	(list any	ctor						the	organization	1	com	pensa	tion
	hours for	dire				pa		organization	(W-2/1099-MIS			om the	
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizati	on
	organizations	l trus	nal tr		oyee	dwo		1099-NEC)			an	d relate	ed
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	วทร
	iii ie)	Pi.	lus	#0	Key	en Hig	휸						
		-											
		<u> </u>											
		<u> </u>											
		-											
		-											
1b Subtotal								72,709.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)		<u> </u>						72,709.		0.			0.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			C
compensation from the organization												Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s	uch individual										3		_X
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		X
5 Did any person listed on line 1a receive or a	-				-			ted organization or indivi	dual for services	3			v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or st	uch	pers	son .					5		X
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation 1	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi		/ear.				
(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	(C ompe)) nsatio	า
2 Total number of independent contractors /	including but -		mitc	d +c	the	SC 15	nto:	d abovo) who received	oro than				
2 Total number of independent contractors (\$100,000 of compensation from the organi		II	te	u 10		0 0		above) who received if	iore man				
								·			Form	990 (2	2021)

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Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a Membership dues 1b					
<u>a</u> 5			Fundraising events 1c		1			
ifts ar A			Related organizations 1d		-			
s, G			Government grants (contributions) 1e 1,	745,300.				
ioi			All other contributions, gifts, grants, and	<u> </u>	-			
the lat			similar amounts not included above 1f	597,735.				
		g	Noncash contributions included in lines 1a-1f					
ರ್ಷ ನಿ		h	Total. Add lines 1a-1f	>	2,343,035.			
				Business Code				
Se	2	а	SERVICE REVENUE	541300	154,271.	154,271.		
er.		b						
n Si		С						
grar Rev		d						
Program Service Revenue		е						
-			All other program service revenue		154,271.			
-	_		Total. Add lines 2a-2f Investment income (including dividends, interesting)		134,2/1.			
	3		other similar amounts)		-118.			-118.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	_				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	27,788.				
a		b	Less: cost or other basis	17 700				
evenue			and sales expenses	17,780.	_			
			Gain or (loss) 7c		10,008.			10,008.
er R			Net gain or (loss)		10,000.			10,000.
Other	0	а	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events	, >				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	+	_			
			Less: direct expenses 9b					
	40		Net income or (loss) from gaming activities	<u> </u>				
	10	а	Gross sales of inventory, less returns	_				
		h	and allowances 10a Less: cost of goods sold 10b		-			
			Net income or (loss) from sales of inventory	•				
$\overline{}$				Business Code				
ons e	11	а	MISCELLANEOUS	541300	308.	308.		
Miscellaneous Revenue		b						
Seve		С						
Ais		d	All other revenue					

12 132009 12-09-21 308. 2,507,504.

154,579.

e Total. Add lines 11a-11d

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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 respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		27.,001.000	35.15.21 SAPO11000	2.,50,,000
	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,				
	trustees, and key employees	72,709.	72,709.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	1 450 155	1 226 004	05 005	04.046
	persons described in section 4958(c)(3)(B)	1,458,175.	1,336,024.	97,905.	24,246
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	187,230.	168,600.	18,630.	
40	column (A), amount, list line 11g expenses on Sch 0.)	107,230.	100,000.	10,030.	
12	Advertising and promotion	2,633.	247.	2,386.	
13	Office expenses	2,055.	2476	2,300.	
14	Information technology				
15 16	Royalties	32,487.	4,022.	28,465.	
17	Occupancy	53,928.	41,184.	12,744.	
18	Travel Payments of travel or entertainment expenses	3373201	11/1010	12//110	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	90.		90.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,794.		9,794.	
23	Insurance	39,355.	18,137.	21,218.	
24	Other expenses. Itemize expenses not covered	32 / 333 1			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	218,090.	200,673.	17,278.	139
b	MISCELLANEOUS	60,904.	47,853.	13,051.	
c	DUES AND SUBSCRIPTIONS	18,792.	15,672.	3,120.	
d	BANK SERVICE CHARGES	4,924.		4,924.	
		1,286.	138,036.	-136,750.	
25	Total functional expenses. Add lines 1 through 24e	2,160,397.	2,043,157.	92,855.	24,385
26	Joint costs. Complete this line only if the organization	·	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2021) Part X Balance Sheet

Ра	πx	Balance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			494,386.	1	751,465
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			43,352.	4	145,269
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in sec	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			2,618.	9	10,513
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	131,864.			
	b	Less: accumulated depreciation		130,253.	11,897.	10c	1,611
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	552,253.	16	908,858
	17	Accounts payable and accrued expenses			84,595.	17	90,481
	18	Grants payable				18	
	19	Deferred revenue	251,474.	19	266,815		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or t	former offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial c	ontributor, or 35%			
<u>a</u>		controlled entity or family member of any of	these perso	ns		22	
_	23	Secured mortgages and notes payable to un			11,729.	23	
	24	Unsecured notes and loans payable to unrel	ated third p	arties		24	
	25	Other liabilities (including federal income tax,	, payables t	o related third			
		parties, and other liabilities not included on li	ines 17-24).	Complete Part X			
		of Schedule D			2.45 500	25	255 226
	26	Total liabilities. Add lines 17 through 25			347,798.	26	357,296
S		Organizations that follow FASB ASC 958,	check here	• ► <u>X</u>			
ဥ		and complete lines 27, 28, 32, and 33.			224 455		
<u>a</u>	27	Net assets without donor restrictions			204,455.	27	551,562
Ö	28	Net assets with donor restrictions				28	
Š		Organizations that do not follow FASB AS	C 958, che	ck here 🕨 📖 📗			
Z T		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fur				29	
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			004 455	31	FF4 F62
Š	32	Total net assets or fund balances			204,455.	32	551,562
	33	Total liabilities and net assets/fund balances			552,253.	33	908,858

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Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1	2,50 2,16 34	7,5 0,3	97. 07.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			• • •
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	55	1,5	62.
Par	rt XII Financial Statements and Reporting	10		_,_	<u></u>
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signature A 1222	igie Audit	3a	Х	
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irod audit	Ja	- 42	
U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
	or additio, explain may on contiduite or and describe any steps taken to undergo such additis				(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization SEEDS 38-3482266 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	э него и дего н, рте		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(3) 2010	(0) 2010	(a) 2020	(6) 2021	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")	1,126,590.	909,060.	1,318,068.	1,931,773.	2,093,035.	7,378,526.
2	Tax revenues levied for the organ-	, ,	,	, ,	, ,	, ,	<u> </u>
	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	1,126,590.	909,060.	1,318,068.	1,931,773.	2,093,035.	7,378,526.
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)						
	Public support. Subtract line 5 from line 4.						7,378,526.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,126,590.	909,060.	1,318,068.	1,931,773.	2,093,035.	7,378,526.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1.10	150	442	- -	440	250
	and income from similar sources	143.	158.	113.	56.	-118.	352.
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	2 211	989.	3,019.	40,827.	10,316.	57,362.
	assets (Explain in Part VI.)	2,211.	303.	3,013.	40,027.	10,310.	
	Total support. Add lines 7 through 10	-4- /!				40 1	7,436,240. ,239,171.
12	Gross receipts from related activities,	•	,				, 239, 111.
13	•	· ·				. , , ,	ightharpoonup
Sec	organization, check this box and stop etion C. Computation of Publ						
	Public support percentage for 2021 (column (f))		14	99.22 %
	Public support percentage from 2020					15	99.26 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets tl	_					
	organization meets the facts-and-circ				-		▶ □
18	Private foundation. If the organization		-	• •			s >

Schedule A (Form 990) 2021

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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.)

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	, ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-						
in						
					+	
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	1					
3 received from disqualified person	s					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a 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 businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
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.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u>
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	-1 a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	6		
	8		
	9a		
	01-		
	9b		
	9c		
	10a		
lula	10b		2021

Pa	rt IV Supporting Organizations (continued)			
	, and a second s		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		
	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 Part VI 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	5
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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-function	ally integra	ated Type III supporting ord	anization (see

Schedule A (Form 990) 2021

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		•		Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
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	es of supported organizatior	ns	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	he organization is responsive	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
С	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
С	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

SEEDS

Employer identification number 38-3482266

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.						
		(a) Donor advised	funds (b) Funds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held	d in donor advised fun	ds				
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grai	nt funds can be used	only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring				
_	impermissible private benefit?							
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	, line 7.				
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically important land area				
	Protection of natural habitat		Preservation of a certi	fied historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribu	tion in the form of a co					
	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements							
b				2b				
С	Number of conservation easements on a certified historic str			2c				
d	Number of conservation easements included in (c) acquired							
	listed in the National Register							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax							
	year ▶							
4	Number of states where property subject to conservation ea		 _					
5	Does the organization have a written policy regarding the per							
•	violations, and enforcement of the conservation easements i		d					
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and	d enforcing conservati	on easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violetions, and onf	avaina aanaanyatian aa	accompanie during the year				
7	** ** ** ** ** ** ** **	aling of violations, and emi	ording conservation ea	sements during the year				
8	Does each conservation easement reported on line 2(d) above	vo patiative the requirements	of coation 170(b)(4)(E	D)(i)				
0	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservati							
•	balance sheet, and include, if applicable, the text of the footi		•					
	organization's accounting for conservation easements.	note to the organization of	manoidi otatornomo ti	iat decembes the				
Par	t III Organizations Maintaining Collections o	f Art. Historical Trea	asures, or Other	Similar Assets.				
	Complete if the organization answered "Yes" on Form	-	,					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reve	nue statement and ba	lance sheet works				
	of art, historical treasures, or other similar assets held for pul	·						
	service, provide in Part XIII the text of the footnote to its final	· · · · ·		·				
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of				
	art, historical treasures, or other similar assets held for public	· ·						
	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							
2	If the organization received or held works of art, historical tre							
	the following amounts required to be reported under FASB A		- .					
а	Revenue included on Form 990, Part VIII, line 1			. • \$				
b	Assets included in Form 990, Part X							
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2021				

(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		20,661.	19,050.	1,611.
e Other		111,203.	111,203.	0.
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,611.

Schedule D (Form 990) 2021

Part VIII Investments - Other Securities.	5 000 D 1 N 1 N	141 O E 000 B 1V E 40	o a called Fugo
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 000. Dort IV. line	a 11a Caa Farm 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(S) DOOK Value	(5) Motified of Valuation. Cost of GI	a or your market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part 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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	205)		

Schedule D (Form 990) 2021

38-3482266 Page 4 SEEDS Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2,507,504. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 2,507,504. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,160,397. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 2,160,397 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 2,160,397. 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION AND CONDUCTS NO ACTIVITIES UNRELATED TO

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN ITS EXEMPT PURPOSES. PROVIDED IN THESE FINANCIAL STATEMENTS.

THE ORGANIZATION FILES AN INFORMATION RETURN IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2018.

Schedule D (Form 990) 2021



SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

QUZ I
Open to Public

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

Name of the organization

Employer identification number 38-3482266

OMB No. 1545-0047

Inspection

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

SEEDS

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 PRIOR TO FILING AND PROVIDES A COPY TO THE BOARD MEMBERS TO REVIEW BEFORE FILING.

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

THERE IS OPEN DISCUSSION ON ALL POTENTIAL CONFLICTS BEFORE THE FACT. FULL DISCLOSURE IS ENCOURAGED AND MANDATED ANNUALLY. THERE IS ALSO TRANSPARENCY IN OUR FINANCIAL RECORDS WITH EMPLOYEES IN THE ORGANIZATION.

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

EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE ENTIRE BOARD OF

DIRECTORS AND IS DECIDED BY PAST PERFORMANCE AND COMPENSATION SURVEYS OF

THE NON-PROFIT SECTOR. KEY EMPLOYEE COMPENSATION IS DETERMINED BY CONSENSUS

OF THE EXECUTIVE DIRECTOR AND AT LEAST ONE OTHER KEY MANAGER. THIS

COMPENSATION IS DECIDED BY PAST PERFORMANCE AND COMPENSATION SURVEYS OF THE

NON-PROFIT SECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORMS 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR