McKINNEY COMMUNITY DEVELOPMENT CORPORATION Project Grant Application

Fiscal Year 2023

Applications must be completed in full, using this form, and received by MCDC, via email or on a thumb drive. Contact us to discuss your plans and schedule a meeting with the Projects Subcommittee prior to completing the application.

Please submit application, including all supporting documentation, via email or on a thumb drive for consideration by the MCDC to:

McKinney Community Development Corporation 7300 SH 121, SB, Suite 200 McKinney, TX 75070

Attn: Cindy Schneible (cschneible@mckinneycdc.org)

2022 Project Grant Application Schedule

Application Deadline	Presentation to MCDC Board	Board Vote and Award Notification
Cycle I: December 30, 2022	January 26. 2023	February 23, 2023
Cycle II: March 31, 2023	April 27, 2023	May 25, 2023
Cycle III: June 30, 2023	July 27, 2023	August 24, 2023

APPLICATION

Project Grants support for projects eligible for consideration under Sections 501 and 505 of the Texas Local Government Code. These include:

- Projects Related to the Creation or Retention of Primary Jobs
- Infrastructure Improvement Projects Necessary to Develop New or Expanded Business Enterprises
- Public Parks and Open Space Improvements
- Projects Related to Recreational or Community (city/public access) Facilities
- Professional and Amateur Sports and Athletic Facilities, including Children's Sports
- Destination Entertainment, Tourist and Convention Facilities
- Projects Related to Low Income Housing
- Airport Facilities

McKinney Community Development Corporation – Overview

In 1996 McKinney voters approved the creation of an economic development sales tax corporation (Type B Corporation) to support community and economic development projects and initiatives to enhance quality of life improvements and economic growth for McKinney residents. MCDC receives revenue from a half-cent sales tax and awards grant funds for projects, promotional activities and community events that showcase the City of McKinney and support business development and tourism.

Guided by a City Council-appointed board of seven McKinney residents, the impact of investments made by MCDC can be seen throughout the community.

Projects grants are considered only if eligible for funding authorized under The Development Corporation Act and Chapters 501 to 505 of the Texas Local Government Code.

McKinney Community Development Corporation – Mission

To proactively work, in partnership with others, to promote and fund community, cultural and economic development projects that maintain and enhance the quality of life in McKinney and contribute to business development.

Guiding Principles:

- Serve ethically and with integrity
- Provide responsible stewardship
- Embrace our role and responsibility
- Honor the past provide innovative leadership for the future
- Make strategic and transparent decisions that best serve the community

McKinney Community Development Corporation – Goals

- Ensure application/project eligibility for MCDC consideration under Sections 501 to 505 of the Texas Local Government Code (see information below)
- Meet citizen needs for quality-of-life improvements, business development and sustainable economic growth for residents in the City of McKinney that are authorized in the Texas Local Government Code
- Provide support for cultural, sports, fitness, entertainment, community projects and events that attract resident and visitor participation and contribute to quality of life, business development and increased McKinney sales tax revenue
- Highlight and promote McKinney as a unique destination for residents and visitors alike
- Demonstrate informed financial planning addressing long-term costs, budget consequences and sustainability of projects for which funding is requested
- Educate the community about the impact that local dining and shopping has on investment in quality of life improvements in McKinney

General Guidelines

- Applications must be **completed in full**, **and provide all information requested**, to be considered by the MCDC board.
- Applicant must have been in business (preferably within the City of McKinney) for a minimum of two
 (2) years. The MCDC board may waive this requirement for economic development projects.

General Guidelines - continued

- The land, building or facility where the proposed project will be located should be owned by the Applicant. However, if the Applicant does not own the land, written acknowledgement/approval from the property owner must be included with the application. The letter must document the property owner is aware of the proposed use of the property or facility; and the property owner has reviewed the project plan and application, approves and supports the efforts of the Applicant.
- **Preference may be given** to Applicants who have **not** received funding from MCDC within the previous 12-month period.
- Performance agreements are required for all approved grants.
- Funded Projects must be completed within one year of the date the grant is approved by the MCDC board, unless an exception is granted.
- Completed Project must be inspected for Code compliance.
- A signed Contractor's Sworn Statement and Waiver of Lien to Date form must be completed, notarized and provided to MCDC prior to receiving grant funds.
- Property owner will be responsible for maintaining the infrastructure improvements made with funding for ten (10) years.
- Grant recipients must maintain financial books and records of the funded project and of their operations as a whole for at least two years, should MCDC or the City of McKinney require an audit. The books and records must be available upon request, and create a clear audit trail documenting revenues and expenses of the funded project.
- Within 30 days of completion of the funded project, the grant recipient is required to submit a final report that includes detailed information on the activity; visual documentation of pre and post-project completion; and any outstanding receipts for expenditures included under the scope of the grant.
- Grant recipient must recognize McKinney Community Development Corporation as a sponsor/funder of the project improvements. MCDC will provide a logo for grant recipient use.

Process

The McKinney Community Development Corporation Board of Directors are responsible for reviewing and voting on applications for grant funding, in accordance with requirements of the Texas Local Government Code.

- A **completed** application form must be submitted to MCDC in accordance with the schedule outlined above.
- The application will be evaluated to determine eligibility for MCDC funding under State law.
- Once eligibility for consideration is confirmed, a public hearing will be conducted, during a regularly scheduled MCDC board meeting, on the grant application submitted.
- Prior to the public hearing, notice will be published and posted in accordance with the requirements of the Open Meetings Act and the Texas Local Government Code. The application, along with all documents/attachments will become public information once submitted to MCDC.
- Following the public hearing, grant requests will be referred to a subcommittee of the MCDC board for evaluation and recommendation of approval or denial to the full board.
- Board action on the grant application will be scheduled for the board meeting the month following the public hearing.

- If a grant is approved, a performance agreement will be drafted for execution between MCDC and applicant.
- Funds awarded for approved applications are provided on a reimbursement basis, following submission of receipts and documentation of payment for qualified expenditures.
- The final 20% of the award may be withheld until a final project report is submitted to MCDC and compliance with all requirements of the executed performance agreement are confirmed.

PPLICANT INFORMATION							
Name: Casey Cutler							
Company: McKinney Roots							
ederal Tax I.D.: 47-2377828							
Incorporation Date: March 4, 2015							
Mailing Address: PO Box 2712	lailing Address: PO Box 2712						
City McKinney ST: TX Zip: 75070							
Phone: 781-223-0655	Fax:	Email: casey@mckinneyroots.org					
Website: www.mckinneyroots.org	Vebsite: www.mckinneyroots.org						
Check One:							
 Corporation Partnership Sole Proprietorship Governmental entity XX Nonprofit – 501(c) Attach a copy of IRS Determination Letter Other 							
PROJECT INFORMATION:							
Project/Business Name: McKinney	Project/Business Name: McKinney Roots Coop						
Location of Project: McKinney Roots							
Physical Address: 5595 FM-1461							
City: McKinney	ST: TX	Zip: 75071					
Property Size: 5 acres	Collin CAD Property ID: 280)7159					

-	provide the inform	-	sted below:	., .,	_		
	An expansion/imp			X Yes		No	
٠		•				No	
•	A multi-phase pro	oject				No	
•	A new project			🗆 Yes	i	No	
	RTY OWNER INFO	RMATION (if	different from .	Annlicant	t info above	a)•	
				hppiicain		.)•	
Name:	Muhammed Uc	ldin					
Company	y:						
	11260 1						
Mailing A	Address: 11268 M	lajestic Drive					
City:	Frisco	ST:	ТХ	Zip:	75035		
City.	111300	51.		<i>Σ</i> ιρ.	73033		
Phone	806-640-4872	Fax:			Email: ude	din2020@gmail.com	Cell:

DETAILED PROJECT INFORMATION:

Project Details and Proposed Use:

McKinney Roots requests funding from the MCDC to be put towards our "McKinney Roots Coop" project which will allow us to triple our farms egg production, which in turn will result in tripling the amount of eggs donated to our community partners who work with the food insecure.

See attached proposal for more information regarding the project

Estimated Date of Project Completion: July 2023

Days/Hours of Business Operation: Open 7 days a week, seasonal hours based on farm work needs.

Estimated Annual Taxable Sales: \$0- No sales are made from our property. We are 100% donation based farm and operation.

Current Appraised Value of Property: n/a? Estimated Appraised Value (*Post-Improvement*): n/a?

Estimated Construction Cost for Total Project: Total Chicken Coop Expansion Costs= \$60,706.26 Total Build Cost= \$26,626.81

Total Estimated Cost for Project Improvements included in grant request: \$22,000

⊠No

Total Grant Amount Requested: \$22,000

Will funding be requested from any other City of McKinney entity (e.g. TIRZ Grant, City of McKinney 380, CDBG Grant)?

□Yes

Has a request for grant funding been submitted to MCDC in the past?

X Yes 🗆 No

Date(s): 4/21/2021 contract signed

Will the project be competitively bid?

□ Yes X No

If yes, please attach bids for the project

Has a feasibility study or market analysis been completed for this proposed project? If so, please attach a copy of the Executive Summary.

Additional Information – please attach the following

- Business plan
- Current financial report
- Audited financials for previous two years (if not available, please indicate why)
- Plat/map of property extending 200' beyond property in all directions (if applicable to your project)
- Detailed budget for the project
- Describe planned support activities; use; admission fees if applicable
- Timeline and schedule from design to completion
- Plans for future expansion/growth

Acknowledgements

If funding is approved by the MCDC board of directors, Applicant acknowledges the following:

- The Project for which financial assistance is sought will be administered by or under the supervision of the applying individual/company.
- All funds awarded will be used exclusively for the purpose described in this application.
- Applicant owns the land, building or facility where the proposed infrastructure improvements will be made. If the Applicant does not own the land, written acknowledgement/approval from the property owner must be included with the application. The letter must document the property owner is aware of the proposed improvements and use of the property or building; and the property owner has reviewed the project plan and application, approves and supports the efforts of the Applicant.
- MCDC will be recognized as a funder of the Project. Specifics to be agreed upon by applicant and MCDC and included in an executed performance agreement.
- Individual/company representative who has signed the application is authorized to submit the application.
- Applicant will comply with the Grant Guidelines in executing the Project for which funds were awarded.

- Funded Projects must be completed within one year of the date the grant is approved by the MCDC board unless an exception is granted.
- Completed Project must be inspected for Code compliance.
- A signed Contractor's Sworn Statement and Waiver of Lien to Date form must be completed, notarized and provided to MCDC prior to receiving grant funds.
- Property owner will be responsible for maintaining the infrastructure improvements made with funding from Grant for ten (10) years.

Acknowledgements - continued

- A final report detailing the successful completion of the Project will be provided to MCDC no later than 30 days following completion of the Project.
- Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses.
- Up to 20% of the grant funds awarded may be withheld until a final report on completion of the Project is provided to MCDC.
- A performance agreement will be required that may outline requirements for acknowledging MCDC funding support for the project. Additionally, it will contain a provision certifying that the applicant does not and will not knowingly employ an undocumented worker in accordance with Chapter 2264 of the Texas Government Code, as amended. Further, should the applicant be convicted of a violation under 8 U.S.C. § 1324a(f), the applicant will be required to repay the amount of the public subsidy provided under the agreement plus interest, at an agreed to interest rate, not later than the 120th day after the date the MCDC notifies the applicant of the violation.

[The Remainder of this Page Intentionally Left Blank]

BY SIGNING THIS APPLICATION, I CERTIFY THAT I AM THE LEGAL OWNER OF THE ABOVE REFERENCED PROPERTY OR THAT I AM AUTHORIZED TO REPRESENT AND ACT ON THE BEHALF OF THE OWNER OF THE ABOVE REFERENCED PROPERTY. I ALSO CERTIFY THAT ALL OF THE INFORMATION PROVIDED HEREON IS ACCURATE AND TRUE SO FAR AS I AM AWARE AND UNDERSTAND THAT I AM LEGALLY RESPONSIBLE FOR THE ACCURACY OF THIS APPLICATION. I FURTHER UNDERSTAND THAT I AM NOT GUARANTEED A GRANT.

Applicant's Signature Property Owner's Signature

Signature

Signature

Casey Cutler Printed Name

Printed Name

Date

Date

INCOMPLETE APPLICATIONS, OR THOSE RECEIVED AFTER THE DEADLINE, WILL NOT BE CONSIDERED.

A FINAL REPORT IS TO BE PROVIDED TO MCDC WITHIN 30 DAYS OF THE COMPLETION OF THE PROJECT. FINAL PAYMENT OF FUNDING AWARDED WILL BE MADE UPON RECEIPT OF FINAL REPORT.



McKinney Roots Coop Project Proposal

Summary:

McKinney Roots is a five-acre non-profit farm located in West McKinney where everything produced is donated to community partners who help alleviate hunger in Collin County. McKinney Roots currently grows over 21 varieties of seasonal produce and raises 80 laying hens using only organic and natural practices. The farm uses roughly 2 acres for field crops, a mobile chicken coop for rotational grazing and fertilization, and a hydroponic greenhouse that can produce up to 5,000 heads of lettuce per year. In 2022, McKinney Roots donated 12,000 pounds of produce and 3,000 dozen eggs to local community kitchens and food banks, serving at least 250 families a week. McKinney Roots accomplishes this work with three employees and over 400 volunteers.

Mission:

McKinney Roots' mission is to provide fresh, nutrient-dense food to people experiencing hunger in Collin County. We achieve this by bringing our healthy harvests directly to the hands of those working with food insecure.

About McKinney Roots:

Founded in 2017, McKinney Roots started as a small backyard garden with the goals to reduce hunger and improve food access in Collin County. Food banks typically distribute canned or dry foods, often lacking the nutrient-dense produce needed to nourish the clients who depend on their offerings. To make up for the lack of fresh produce and help improve the health of the community, McKinney Roots started supplying local food pantries and community kitchens with produce grown in their gardens.

As the garden grew, so did its impact in the community, and the greater demand for fresh produce from local community partners inspired McKinney Roots to expand. After hearing about McKinney Roots' mission and need for space, Dr. Muhammad Uddin and Dr. Rahima Afroza offered their unused nearby property for rent. Located in West McKinney, the five-acre lot features an abandoned baseball field and soon became the new, bigger home of McKinney Roots.

At the beginning of 2020, it became apparent that to expand the operation from a garden to a farm, the organization also needed to expand. McKinney Roots merged their board of directors with the Harvest Seed Project Foundation's board of directors, allowing them to take advantage

of years of non-profit and farming experience provided by the new board. As part of the expansion, an experienced Executive Director and a full time Farm Director were brought on to take over production. These changes positioned McKinney Roots to dramatically grow the farm in 2021 to provide more healthy food to people experiencing food insecurity.

The farm now features two acres of land in production of 21 varieties of seasonal produce, 8 honeybee hives, a mobile chicken coop, and a hydroponic greenhouse. McKinney Roots distributes to several food banks and community kitchens in Collin County including Community Lifeline Center, McKinney Little Free Pantry, Community Garden Kitchen, the Samaritan Inn, Neighbors Nourishing Neighbors, and churches. In 2022, McKinney Roots donated 12,000 pounds of produce and 3,000 dozen eggs to these partners. We have developed a dedicated team of more than 400 volunteers who generously give their time and talents to help us run our operations.

Project:

The McKinney Roots Coop Project is an expansion project to house an additional 400 laying hens, generating an average of 116,480 eggs a year, all of which will be donated to food pantries and community kitchens within Collin County. Our community partners have expressed extremely high demand for more eggs, and our current flock is unable to meet their needs. This coop expansion project will allow us to not only meet the needs of our partners, but to also add up to two additional distribution partners to supply with eggs, increasing our impact on the fight to eradicate hunger in Collin County.

The importance of donating more eggs to our community partners is significant. Along with our nutrient-dense produce, the eggs allow us to supply a lean protein source to nourish families in need. Farm fresh eggs are shown to produce less cholesterol and saturated fat than eggs purchased from the store. They also contain up to 20 times more omega 3 fatty acids, beta carotene, and vitamins A, E, and D, all of which contribute to a healthy diet. Our farm fresh egg donation goal will equal to 698,880 grams of protein provided to the food insecure. This amount of protein meets the requirements for 64 children every single day. Along with fulfilling protein and vitamins needs, the farm fresh eggs taste better, too! McKinney Roots believes in delicious, farm fresh food for all, from produce to protein.

The McKinney Roots Coop will be a 84 ft x 12ft x 24ft wooden framed chicken coop, and is designed to be as efficient and sustainable as possible with a rainwater harvesting system, solar powered doors, automatic feeders, drinkers, and rollout nesting boxes. In addition to the being more sustainable, these self-sufficient components boost efficiency by freeing our staff to work in the field, knowing the chickens are cared for in the coop. In addition to being an egg producer, the McKinney Roots Coop will serve as a composter, since the byproduct of the chickens will be used as fertilizer on the field crops to improve the nutrient density of produce. Chicken manure is a slow-release soil amendment that has balanced levels of NPK, high calcium, and lots of organic matter, all of which contribute to improving the clay soil we are currently cultivating. The rainwater harvested from the roof will be used to enrich the "chicken litter" and in turn, enrich the soil.

While the coop is not moveable like our current one, the chickens will still rotate on pasture through a "wagon wheel grazing system". Electric fencing will be used to move their grazing location and provide predator protection. By changing the free space they have access to, the chickens will always have fresh pasture to forage while allowing other sections to

recover. The hens will also be supplied with continuous fresh water in a freeze-proof system, minimizing staff time to fill, monitor, break ice, and repair. The new coop will provide all the necessary amenities to have happy hens, happy farmers, and delicious eggs.

Timeline and schedule of Project:

McKinney Roots will begin the coop construction over this winter and complete it before Spring, our busiest growing season. Construction of the coop is estimated to take 4-5 months, taking into consideration that winter weather may cause delays.

January: Begin construction of the coop February: Install electrical, solar panels, and automatic doors March-April: Installation of roosting spaces, nesting boxes, waterers, etc. April: Order chicks which will be brooded for us by a local farm June: Acclimate chicks to the McKinney Roots coop July: Coop fully operational

Population Served:

McKinney Roots focuses on serving the food insecure in Collin County, especially McKinney. Our organization works with nine community partners including McKinney Little Free Pantry, Community Garden Kitchen, Community Lifeline Center, the Samaritan Inn, Neighbors Nourishing Neighbors, and more. Each of these partners are food pantries, community kitchens, or churches that provide free meals and/or a food pantry to low-income families. In 2022, McKinney Roots was able to support 6,300 meals served by community kitchens or groceries for 250 families every week.

According to a 2020 study by Feeding America, 109,310 people in Collin County are food insecure. Our partner, Community Garden Kitchen, reports that more than 48,000 children in Collin County experience food insecurity, and 15% of Collin County residents live below the poverty line. Our goal at McKinney Roots is to reduce hunger in Collin County by providing farm fresh nutrient-dense food to community partners who serve this population.

Impact Goals:

Through the McKinney Roots Coop project, our goals are:

- 1. Build a new chicken coop to increase our number of laying hens from 80 to 480
- 2. Increase the number of eggs we donate to from 3,000 dozen a year to over 10,000 dozen
- 3. Increase the number of community partners receiving our eggs by at least two
- 4. Create a multipurpose chicken coop that is as sustainable as possible

Metrics to Evaluate Success:

McKinney Roots staff collects data daily regarding the inputs and outputs of our programs, including the pounds of produce and number of eggs donated to community partners. Additionally, we monitor the number of volunteers that assist us and how many hours of time

they contribute to the farm. This data helps us determine the health and productivity of the farm as well as the impact of our donations on the community.

From our community partners, we receive information regarding the people that benefit from our donations, such as the number of families or individuals served or the number of meals provided.

Plans for Expansion:

McKinney Roots is always thinking forward about how we can grow more to give. Our goals for 2023 are to triple egg production and expand field production by 33%, thereby dramatically increasing the pounds of produce and number of eggs we donate to our community partners.

From: <u>Uddin</u> Sent: Wednesday, December 21, 2022 3:49 PM To: <u>Vicki Deerman</u> Subject: Re: McKinney Roots new chicken coop project

Yes, I approve the project of new coop. Thanks Muhammad uddin and Rahima Afroza

On Wed, Dec 21, 2022 at 1:36 PM Vicki Deerman <vicki@mckinneyroots.org> wrote:

Hi Muhammad,

We are in the process of applying for a grant from McKinney CDC to build the new coop that I spoke to you about on the phone. Part of the grant application is to provide documentation that the land owner is award of and approves of the project. We you please do me the favor of just responding to this email to say that you approve of the project. Please let me know if you have any questions. Thanks so much, Vicki Vicki Deerman

McKinney Roots Executive Director 469-450-6465

McKinney Roots Coop Budget		
Building Materials		
Lumber	\$15,383.08	
Metal Roofing	\$3,125.78	
Fasteners	\$215.00	
Total Building Materials	\$18,723.86	
Coop Additions		
Automatic Coop Doors/Actuators	\$195.96	
Solar Controller/Battery	\$186.99	
Chicken Drinker	\$85.00	
Feed Storage Bin	\$2,060.00	
Nesting Boxes	\$825.00	
Total Coop Addtions	\$3,352.95	
Rainwater Collection Component		
Gutters	\$550.00	
Tank	\$1,600.00	
Pump	\$400.00	
Total Rainwater Collection Systems	\$2,550.00	
Equipment Rental	\$2,000.00	
Total Coop Build Cost	\$26,626.81	
Additional Expenses	A- - - - - - - - - -	
Cost of hens (400 ready to lay hens)	\$5,000.00	
Cost of chicken feed and supplements for 1 year	\$13,104.00	
Egg Cartons for 10k dozen	\$1,415.45	
Labor for care/egg processing (\$20/hr x 2hr for 1 year)	\$14,560.00	
Total Additional Costs	\$34,079.45	
Total Chicken Coop Expansion Costs	########	
TOTAL CHICKELL COOP EXPANSION COSTS	******	

The Seed Project Foundation Statement of Activity: McKinney Roots 2022

Revenue		
Corporate Contributions		1,200.00
Individ, Business Contributions		6,000.00
Grants		16,200.00
Donation through SPF		182,000.00
Miscellaneous Revenue		2,550.00
Total Revenue		
Total Revenue	\$	207,950.00
Total Revenue Expenditures	\$	207,950.00
	\$	207,950.00 2,132.00
Expenditures	\$	
Expenditures Bees	\$	2,132.00

Chicken supplies - feed, etc	3,021.23
Facilities & Equipment	24,876.78
General Farm Supplies	9,431.82
Hydroponic Greenhouse	41,546.62
Insurance - Liability, D and O	757.00
Internet Service	305.00
Irrigation	100.00
Misc equipment	6,119.99
Printing and Copying	389.30
Produce supplies	7,604.07
Promotional	677.65
Security Camaras & Equipment	777.88
Total Salaries	95,771.24
Tractor Payments	6,358.77
Utilities	7,668.56
Website & Sign up	 329.00
Total Expenditures	\$ 207,904.24
Net Revenue	\$ 45.76



To Whom it may concern-

We do not currently have an audited financial statement because it is not required of us. Our financial records show that we fall under the threshold needed for this requirement.

Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

On n to Public spection

2021

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 Inspection	
A	For the 2021 calend	dar year, or tax year beginning	01/01/2021	and ending	12/31/2021	
В	Check if applicable:	C Name of organization HARVEST SI	EED PROJECT FOU	NDATION	D Emp	loyer identification number
	Address change	Doing business as Seed Project F	oundation and One	Heart McKinney		47-2377828

	Name o	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	e	E Telephone number	
	Initial re	eturn	PO Box 2712		214-794-1228	
	Final ret	turn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amend	ed return	McKinney, TX 75070		G Gross receipts \$	440,573
	Applica	ition pending	F Name and address of principal officer: Rick Wells H(a) I	is this a grou	up return for subordinates? 🔲 Y	es 🗹 No
			670 Wendy Lane, Lucas, TX 75002 H(b)	Are all su	bordinates included?	es 🗌 No
1	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527 If "No	o," attach	a list. See instructions	
J	Websit	e: 🕨 www.sp	ftx.org H(c) C	Group ex	emption number 🕨	
к	_	organization:	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 20	014	M State of legal domicile:	тх
P	art I	Summa	У			
	1	Briefly des	ribe the organization's mission or most significant activities: The Seed Project	ct Foun	dation (SPF) funds	
Ce			, agricultural, and community initiatives that support sustainability. Sustainabilit			proves
nar		(Continued	on Schedule O, Statement 1)			
Governa	2	Check this	box \blacktriangleright \Box if the organization discontinued its operations or disposed of more	e than 2	5% of its net assets.	
ĝ	3	Number of	voting members of the governing body (Part VI, line 1a)	ie (ie	3	7
<u>م</u>	4	Number of	independent voting members of the governing body (Part VI, line 1b)	a a	4	0
ties	5	Total numb	er of individuals employed in calendar year 2021 (Part V, line 2a)		5	0
ctivities	6	Total numb	er of volunteers (estimate if necessary)	2.2	6	50
Ā	7a	Total unrela	ted business revenue from Part VIII, column (C), line 12	a a	7a	651

	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
			Prior Year	Current Year
Ō	8	Contributions and grants (Part VIII, line 1h)	407,052	388,065
en	9	Program service revenue (Part VIII, line 2g)	1,738	2,485
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	376	498
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	1,587	651
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	410,753	391,699
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	279,335	82,482
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,231	78,629
SUS(16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ► 5,569		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,447	93,088
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	335,013	254,199
	19	Revenue less expenses. Subtract line 18 from line 12	75,740	137,500
or ces			Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	310,952	459,609
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	0	121
хŗ	22	Net assets or fund balances. Subtract line 21 from line 20	310,952	459,488

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.

Sign Signature of officer Here Vicki Deerman, Treasurer Type or print name and title					Date		
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check [] if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN 🕨			
	Firm's address 🕨			Phone no.			
May the IRS	discuss this return with the preparer	iscuss this return with the preparer shown above? See instructions					No
For Paperwo	rk Reduction Act Notice, see the separa	te instructions	Cat. No. 11282)	/		Eorm Q	QA (2021)

the separate instructions.

Cat. No. 11282Y

If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	Check if Schedule O contains a response or note to any line in this Part III	
1 Breidly describe the organization's mission: The Seed Project Foundation (SPD) funds educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that improves the current quality of ite without compromising future generations. The Foundations was subblished in the predise that funding sustainability is our mission. 2 Did the organization underske any significant program services during the year which were not listed on the prior Form 990 or 990-E27 Item 70%; "describe these new services on Schedule O. 3 Did the organization current quality of item as explicitant changes in how it conducts, any program services? Item 70%; "describe these conducting, or make significant changes in how it conducts, any program services? 4 Code: Yes; "describe the organization case conducting, or make significant changes in how it conducts, any program services? 4 Code: (Expenses 5) 10,000 praination case accomptishtments for each of its three largest program services to ot the total accentes, and revenue, if any, for each program service reported. 4 Code: (Expenses 5) 10,000 praination are service for the amount of grants and allocations to ot the total accentes the Maximum and Community. Organization include McKimery High School gardens, FARFA, Coline, A Support. Indi and volunteer McKimery. 4 (Code: (Expenses 5) 37,782 including grants of 5 37,782 i/(Revenue 5) 0 i/ 4		
The Seed Project Foundation (SPE) funds educational, apricultural, and community initiatives that support sustainability. Sustainability is a social ablenge that improves the carrend quality of life without compromising future generations. The Foundation was established on the prenise that funding sustainabile ideas today will support ecological and social balance in the future. Providing seed money for causes that enhance the principles of sustainability is our mission. 2 Did the organization underska any significant program services during the year which were not listed on the principles of sustainability is a social ablenka any significant program services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program service on Schedule 0. 4 Code:	The billing describe the organization's mission.	<u>.</u>
 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-52? 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services (2 excendition cease conducting, or make significant changes in how it conducts, any program services, as measure services? 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measure services? 3 Did the organization services accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to oil the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 10,000 including grants of \$ 10,000) (Revenue \$ 0) Grants to provide enhanced education, framing, and community. Organizations include McKinney High School gardens, FARFA, Collin Ag Support fund and Volunteer McKinney. 4b (Code:) (Expenses \$ 37,782 including grants of \$ 37,782) (Revenue \$ 0) Ore Heart McKinney grants to McKinney Texas non-profit organizations that were negatively impacted by Covid 19 4c (Code:) (Expenses \$ 34,700 including grants of \$ 34,700) (Revenue \$ 0) Farm Crisis grants. Assistance to farmers who were impacted by the winter fraze storm. Those helped were Revers Family Farm Highway 19 Produce and Berries, Texas Fungus, Misty Moon Farms, Cedar Ridge Egg Farm, Jersey Girl Milk, and He Farm. 4d Other program services (Describe on Schedule O.) See Schedule O, Statement 2 	Sustainability is a social challenge that improves the current quality of life without compromising future generations. The Foundation was established on the premise that funding sustainable ideas today will support ecological and social balance in t	ne
prior Form 990 or 990-E27 Ures If "Yes," describe these werevices on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(6)(3) and 501(4)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported. 4a (Code:		
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	prior Form 990 or 990-EZ?	No
 4 Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 10,000 including grants of \$ 10,000) (Revenue \$ 0) Grants to provide enhanced education. familing, and community. Organizations include McKinney High School gardens, FARFA, Collin Ag Support fund and Volunteer McKinney. 4b (Code:) (Expenses \$ 37,782 including grants of \$ 37,782) (Revenue \$ 0 , 0) One Heart McKinney grants to McKinney Texas non-profit organizations that were negatively impacted by Covid 19 4c (Code:) (Expenses \$ 34,700 including grants of \$ 34,700) (Revenue \$ 0) Farm Crisis grants, Assistance to farmers who were impacted by the winter freeze storm. Those helped were Reeves Family Farm Highway 19 Produce and Berries, Texas Fungus, Misty Moon Farms, Cedar Ridge Egg Farm. Jersey Girl Milk, and Ha Farm. 4d Other program services (Describe on Schedule O.) See Schedule 0, Statement 2 	3 Did the organization cease conducting, or make significant changes in how it conducts, any program	No
Grants to provide enhanced education, farming, and community. Organizations include McKinney High School gardens, FARFA, Collin Ag Support fund and Volunteer McKinney. Good and the second	4 Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	ed to ther
40 (Code:	Grants to provide enhanced education, farming, and community. Organizations include McKinney High School gardens, FARFA	
4b (Code:	Collin Ag Support fund and Volunteer McKinney.	
4b (Code:) (Expenses \$		
4b (Code:) (Expenses \$		
4b (Code:) (Expenses \$		
One Heart McKinney grants to McKinney Texas non-profit organizations that were negatively impacted by Covid 19		
One Heart McKinney grants to McKinney Texas non-profit organizations that were negatively impacted by Covid 19		
Farm Crisis grants. Assistance to farmers who were impacted by the winter freeze storm. Those helped were Reeves Family Farm Highway 19 Produce and Berries, Texas Fungus, Misty Moon Farms, Cedar Ridge Egg Farm, Jersey Girl Milk, and Ha Farm.		
Farm Crisis grants. Assistance to farmers who were impacted by the winter freeze storm. Those helped were Reeves Family Farm Highway 19 Produce and Berries, Texas Fungus, Misty Moon Farms, Cedar Ridge Egg Farm, Jersey Girl Milk, and Ha Farm.		
Farm Crisis grants. Assistance to farmers who were impacted by the winter freeze storm. Those helped were Reeves Family Farm Highway 19 Produce and Berries, Texas Fungus, Misty Moon Farms, Cedar Ridge Egg Farm, Jersey Girl Milk, and Ha Farm.		
Highway 19 Produce and Berries, Texas Fungus, Misty Moon Farms, Cedar Ridge Egg Farm, Jersey Girl Milk, and Ha Farm.		
		m,

Part IV

Part	IV Checklist of Required Schedules			
		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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		↓
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			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	7		✓
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? <i>If "Yes," complete Schedule D, Part IV</i> .	8		✓ ✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	110		
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	11a 11b		<u>√</u>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		<u>↓</u>
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		 ✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		 ✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		·
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		▼
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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			<u> </u>
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		1
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		✓
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\checkmark
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Page **3**

Form 990 (2021)

b

С

Part	IV Checklist of Required 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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
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		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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		1
b C	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		✓ ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31 32		· ·
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		v v
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		v v
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	1	
Part	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		103	110

Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Page 4

1 Form 990 (2021)

0

1c

1b

Form 99	0 (2021)		I	Page 5
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, filed for the calendar year ending with or within the year covered by this return 2a 0			N. Sa
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ĥ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	1
С	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	2010	TO DRI	, <i></i>
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			£
	and services provided to the payor?	7a	\checkmark	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			- 14
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1-1-		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		0/200 TEL
			1973	
	Initiation fees and capital contributions included on Part VIII, line 12	1.1	100	
	Section 501(c)(12) organizations. Enter:	120	201	
	Gross income from members or shareholders			35.5
	Gross income from other sources. (Do not net amounts due or paid to other sources	100		E.s.
	against amounts due or received from them.)	1.01		
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		571	- 3
	Section 501(c)(29) qualified nonprofit health insurance issuers.	19.37	14-1	
а	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.	les!	10.8	30
	Enter the amount of reserves the organization is required to maintain by the states in which	1.5		
	the organization is licensed to issue qualified health plans	1, 21	844	
	Enter the amount of reserves on hand	1.5		
		14a		1
		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		√
	If "Yes," see the instructions and file Form 4720, Schedule N.	16	1005	×.1.
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O.	050		
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.	17	6.7	- C V 7
	n rea, completer onn ouoa.			

Part	WI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	tions.
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 1b 1b 1b 1b 1b 1b 1b	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		▼
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		\checkmark
6	Did the organization have members or stockholders?	6		$\overline{\checkmark}$
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	-
b	Each committee with authority to act on behalf of the governing body?	8b	· ·	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Co	ode.)	
4.0			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110	125	-112
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b	15.00	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c)
19	□ Own website □ Another's website ☑ Upon request □ Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	of inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Vicki Deerman, (469)450-6465	cords		

Form 990 (202	Fage F
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
	. 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.

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

				(C)				(
(A)	(B)	(da			sition			(D)	(E)	(F)
Name and title	Average	box,	unles	ss pe	rson	e than o is both	ıan	Reportable	Reportable	Estimated amount
	hours per week	office				or/trus		compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	
Megan Neubauer	10.00									
Executive Director	0.00	1		1	1	1		19,819	0	0
Vicki Deerman	10.00									
Treasurer	0.00	1		1		<u></u>	_	14,702	0	0
Rick Wells	5.00									
President	0.00	1		1				0	0	0
Lynne Siporia	1.00									
Secretary	0.00	1		1	_			0	0	0
Andrea Shackelford	1.00									
Vice President	0.00	1		1	_		_	0	0	0
Toby Thomason	1.00									
director	0.00	1	_	-				0	0	0
Carissa	1.00									
Bleeker	0.00	1					-	0	0	0
										000

Form 990 (2021)

Par	t VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	es, ar	nd H	lighest Compe	ensated Emplo	yees (co	ontinue
	(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos neck s pe d a c	ersor lirect	e than is bot tor/trus	h an stee)	(D) Reportable compensation from the	(E) Reportable compensation from related	Estimate of	(F) ed amoun other ensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	froi organiz	m the ration and rganizatio
-												
1b c	Subtotal . Total from continuation sheets to Part		· •		•		5 - S		34,521	0		
d	Total (add lines 1b and 1c)			•	: -				34,521	0		
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed	above	e) wi	no received mor	e than \$100,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	officer, dire	ctor,	trus	stee	e, k	ey e	mple	oyee, or highes	st compensated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortab	ole d	com	per	nsatic					
5	individual									ion or individual	4	1
Secti	for services rendered to the organization? on B. Independent Contractors	? If "Yes," c	omple	ete S	Sch	edu	ile J f	for s	uch person .		5	1
1	Complete this table for your five high compensation from the organization. Repo	est compensort compens	ensate sation	ed i for	nde the	eper ca	ndent Ienda	co r yea	ntractors that r ar ending with or	eceived more t within the organ	han \$1(ization's	0,000 tax yea
	(A) Name and business add	ress							(B) Description of serv	vices ((C) Compensat	tion
None												
2	Total number of independent contracto							b the	ose listed above	e) who	1.1017	10513
	received more than \$100,000 of compens	ation from t	he org	gani	zati	on l			0			1.34

Page 8

Form 990 (2021)

rai	τνιιι	Check if Schedule			espor	ise or note to an	y line in this Pa	art VIII	5 180 080 080 080 080	🗍
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
its,	1a	Federated campaig			1a	0				CF She Rev
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
S, G	C	Fundraising events			10	136,765				
aift.	d e	Related organizatio Government grants			1d 1e	0		1. C. M. R. L. S. M.		615.336
imi,	f	All other contribution			Te	0				
tior er S		and similar amounts n			1f	251,300				
jā Ē	g	Noncash contributi						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
d of		lines 1a-1f			1g					1. 2000
<u>ه</u> ي	h	Total. Add lines 1a	-1f .	<i>.</i>		1	388,065			
đ						Business Code				
Program Service Revenue	2a									
gram Ser Revenue	b	*****					-			
Zer Je	c d	••••••								
gra Re	e									
e C	f	All other program se					2,485	2,485	0	0
	g	Total. Add lines 2a-				🕨	2,485		I Patranos	10000000000
	3	Investment income) (inc	luding divid	dends	s, interest, and				
		other similar amour					498	498	0	0
	4	Income from investr					0	0	0	0
	5	Royalties	<u></u>				0	0	0	0
		. .		(i) Real		(ii) Personal		이는 비사 이는	the second second	
	6a	Gross rents	6a				R. 74 - 18 - 29 - 3			Const.
	b c	Less: rental expenses Rental income or (loss)	6b 6c		0	0		的行业的时代		Fa (* 2 4 9)
	d	Net rental income o		s)						
	7a	Gross amount from	[(i) Securit		(ii) Other		Strew Less	- 친구 공동 유가 다	A PARTIN PLANT
		sales of assets								
		other than inventory	7a				1. Sec. 2. 10 3	81-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		이 것같은 그 나라
P	b	Less: cost or other basis							10 31 21 21 19	요즘은 다. 않
en		and sales expenses .	7b				1. 34 1. 74	The start of the		
Sev		Gain or (loss)	7c		0	0				
er Revenue		Net gain or (loss)			<u> </u>	🕨				
oth	8a	Gross income from					5.5 C - 5.5			
Ŭ		events (not including of contributions rep		136,765						自己民族东方法
		1c). See Part IV, line			8a	49,525	5.56	を公式した。	10 S. L. B. S. 848	
	Ь	Less: direct expens			8b	48,874		(민준준) 같이		
	c	Net income or (loss)					651		651	0
	9a	Gross income f					Road Stream	5.533.51		
		activities. See Part I	IV, lin	e19.	9a		In Live-Soft		Sin Said	and the state of
		Less: direct expense		11	9b					Section 1
		Net income or (loss)			tivitie	s 🕨				
	10a	Gross sales of in		-			R 2011 1 1 2 1			Second Mr. 1
		returns and allowan		• • •	10a		1.250 (4.0)		「日本」の大学	
	b c	Less: cost of goods Net income or (loss)			10b	rv 🕨				
(0)		THELINCOME OF (1088)		I JAICS UL III	vento	Business Code	Call Street Provide		N. AUSTENDIUS II	
sno 🤹	11a				8	Submood Oodd				
ane	b	******								
scellaneo Revenue	c									
Miscellaneous Revenue	d	All other revenue								
2	е	Total. Add lines 11a			ະຄິ	r r r r 🕨	0			
	12	Total revenue. See	instr	uctions 💡		a a a a a	391,699	2,983	651	0

Page **9**

Jech	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response	or note to any line	in this Part IX	nust complete colun	пп (A).
	ot include amounts reported on lines 6b, 7b, b, 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 and domestic governments. See Part IV, line 21	82,482	82,482	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	17.422	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	70,023	61,197	17,432	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a	Other employee benefits				
b c d	Legal	41		41	
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	5,108	4,373	735	
12	Advertising and promotion	941	257	684	
13	Office expenses	176		176	
14	Information technology	7,125		1,556	5,5
15	Royalties				
16	Occupancy	3,462	3,462		
17 18	Travel	0			
19 20	Conferences, conventions, and meetings	5,507	5,282	225	
21	Interest				
22	Depreciation, depletion, and amortization				
23		2,093		2,093	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)			2,000	
a b	Farm expenses, produce supplies, feed, building	68,310	68,310	0	
с					
d					
е	All other expenses	325		325	
25	Total functional expenses. Add lines 1 through 24e	254,199	225,363	23,267	5,50
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
1	Cash-non-interest-bearing	310,952	1	459,609	
2	Savings and temporary cash investments		2		
3	Pledges and grants receivable, net		3		
4	Accounts receivable, net		4		
5	Loans and other receivables from any current or former officer, director,		211		
	trustee, key employee, creator or founder, substantial contributor, or 35%	1992 - 1997	200		
	controlled entity or family member of any of these persons		5		
6	Loans and other receivables from other disqualified persons (as defined	S			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6		
7	Notes and loans receivable, net		7		
8	Inventories for sale or use		8		
9	Prepaid expenses and deferred charges		9		
10a				1. W. St.	
	basis. Complete Part VI of Schedule D 10a				
b	Less: accumulated depreciation 10b		10c		
11	Investments-publicly traded securities		11		
12	Investments-other securities. See Part IV, line 11		12		
13	Investments-program-related. See Part IV, line 11		13		
14	Intangible assets		14		
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 33)	310,952	16	459,609	
17	Accounts payable and accrued expenses	0	17	121	
18	Grants payable	0	18		
19	Deferred revenue	0	19		
20	Tax-exempt bond liabilities	0	20		
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21		
22	Loans and other payables to any current or former officer, director,		1224		
	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		1.1.1		
		0	22		
23	Secured mortgages and notes payable to unrelated third parties	0	23		
24 25	Unsecured notes and loans payable to unrelated third parties	0	24		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X				
	of Schedule D				
26			25		
20	Total liabilities. Add lines 17 through 25 . . <th .<="" td=""><td>0</td><td>26</td><td>121</td></th>	<td>0</td> <td>26</td> <td>121</td>	0	26	121
	and complete lines 27, 28, 32, and 33.		6.72		
27		400.004	27	000 440	
28	Net assets without donor restrictions	192,201	28	282,412	
20	Organizations that do not follow FASB ASC 958, check here ►	118,751	20	177,076	
	and complete lines 29 through 33.	Mark State	See.		
29	Capital stock or trust principal, or current funds		29		
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	310,952	32	459,488	

Form 990 (2021)

Form 990 (2021) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI · 🗆 1 1 391,699 . 2 Total expenses (must equal Part IX, column (A), line 25) 2 254,199 3 3 137,500 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 310,952 5 5 0 6 Donated services and use of facilities 6 0 7 Investment expenses 7 0 Prior period adjustments 8 8 11,036 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 10 459,488 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the b required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b

Form 990 (2021)

SCHEDULE A (Form 990 or 990-EZ)

(D)

(E) Total

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.

2021	
Open to Public Inspection	

OMB No. 1545-0047

	tment of the Treas al Revenue Service			ich to Form 990 or Forr Form990 for instructions		test inform	ation	Open to Public Inspection
Name	of the organiza					cotimorni	Employer identification	
	-	ROJECT FOUNDATIO	N					377828
-				II organizations mus	t compl	oto this r		
				is: (For lines 1 through				10115.
1	-	-		ion of churches descr	-		'	
2				(Attach Schedule E (F			0(0)(1)(-)(i).	
3							1)(Δ)(iii)	
 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)(iiii). Enter the		
•		name, city, and sta						
5		ization operated for 70(b)(1)(A)(iv). (Cor		college or university	owned o	or operate	ed by a governmer	ital unit described ir
6 7	🗌 An organ		receives a subs	amental unit described stantial part of its sup te Part II.)				m the general public
8	🗌 A commu	nity trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	🗌 An agricu	ltural research orga sity or a non-land-gr	nization describe	d in section 170(b)(1) riculture (see instruction	(A)(ix) op	erated in er the nan	conjunction with a ne, city, and state c	land-grant college of the college or
10	support f	rom activities relate	d to its exempt fu nt income and un	e than 33 ¹ /3% of its sunctions, subject to ce related business taxa 75. See section 509(a	rtain exc ble incon	eptions; a ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11				sively to test for publi				
12				ively for the benefit of,				y out the purposes of
	one or mo	ore publicly supporte	d organizations d	lescribed in section 5	09(a)(1) c	r section	509(a)(2). See sec	tion 509(a)(3). Check
	the box o	n lines 12a through 1	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
а	the su	pported organizatio	n(s) the power to	d, supervised, or contr regularly appoint or e ete Part IV, Sections	elect a ma	ajority of t		
b	contro	of or management of	the supporting c	sed or controlled in co organization vested in I V, Sections A and C	the same			
c				ting organization oper ons). You must comp				ally integrated with,
d	that is	not functionally inte	grated. The orga	pporting organization nization generally mu complete Part IV, Sec	st satisfy	a distribu	ution requirement a	
е	Check function	this box if the orga onally integrated, or	nization received Type III non-func	a written determination a written determination at a written determination at a written at a wr	on from t	he IRS the organizat	at it is a Type I, Typ ion.	e II, Type III
f		mber of supported						
g	Provide the	following information	on about the supp	ported organization(s).				
	(i) Name of supp	ported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)	_							

Page 2

Par							
	(Complete only if you checked the						alify under
Cont	Part III. If the organization fails to ion A. Public Support	o quality unde	er the tests li	sted below, p	lease compl	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2017	(1) 0010	(-) 0010	(-1) 0000	(-) 0001	(0 T
Caler 1	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
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)						
6	Public support. Subtract line 5 from line 4				WEAR WAR -		
	ion B. Total Support			r			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					EV. Services	
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the	-					
-	organization, check this box and stop her						► 📘
	on C. Computation of Public Suppor	and the second se					
14	Public support percentage for 2021 (line 6					14	%
15	Public support percentage from 2020 Sch					15	%
1 6 a	33 ¹ / ₃ % support test-2021. If the organi box and stop here. The organization qual						
b	33 ¹ / ₃ % support test – 2020. If the organization		• • •	•			
	this box and stop here. The organization						
17a		D21. If the orga	anization did n -and-circumst umstances tes	ot check a bo ances test, ch	x on line 13, 1 eck this box a	6a, or 16b, and and stop here.	d line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa a facts-and-cir	acts-and-circu cumstances te	nstances test, est. The organ	check this bo ization qualifie	ox and stop he s as a publicly	re. Explain supported ►
18	Private foundation. If the organization of instructions						

Part III

	(Complete only if you checked th						der Part II.
Sect	If the organization fails to qualify ion A. Public Support	under the tes	als listed beid	w, please co	mplete Part I	1.)	
	ndar year (or fiscal year beginning in)	(a) 2017	(6) 0010	(a) 0010	(1) 0000	(-) 0001	(0 Tetel
Caler 1	Gifts, grants, contributions, and membership fees	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	201,191	104,527	76,686	405,278	388,065	1,175,747
3	organization's fax-exempt purpose	2,610				2,485	5,095
4	Tax revenues levied for the organization'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	203,801	104,527	76,686	405,278	390,550	1,180,842
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	11,400	603	205	0	o	12 200
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000	11,400	003	295	0		12,298
	or 1% of the amount on line 13 for the year					0	0
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from	11,400	603	295	0	0	12,298
3	line 6.)						1,168,544
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨 🗌	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	203,801	104,527	76,686	405,278	390,550	1,180,842
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	44	744	367	376	498	2,029
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		/44	307	376	430	2,029
с	Add lines 10a and 10b	44	744	367	376	498	2,029
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	203,845	105,271	77,053	405,654	391.048	1,182,871
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	first, second,	third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Secti	on C. Computation of Public Support						
15	Public support percentage for 2021 (line 8.	and the second se		3 column (f))		15	98.79 %
16	Public support percentage from 2020 Schoon D. Computation of Investment Inc	edule A, Part II	I, line 15			16	98.28 %
17				ulino 10 anti-	an (f))	47	0.47 0/
18	Investment income percentage for 2021 (li Investment income percentage from 2020	Schedule A, P	art III, line 17			17 18	0.17 % 0.19 %
19a	33 1 / ₃ % support tests – 2021. If the organiz 17 is not more than 33 1 / ₃ %, check this box a	nd stop here. T	The organizatio	n qualifies as a	publicly suppo	rted organizatio	on . 🕨 🗌
b	331 /3% support tests – 2020. If the organization 18 is not more than 331/3%, check this b	ation did not ch ox and stop he	eck a box on li re. The organiz	ine 14 or line 19 zation qualifies a	9a, and line 16 as a publicly su	is more than 33 pported organia	³¹ /₃%, and zation ► 🔽

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌

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

3c

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?
 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?
 - **b** A family member of a person described on line 11a above?
 - c 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.**

Section B. Type I Supporting Organizations

- 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.
- 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

- 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?
- 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).
- **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.*

Section 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 year (see instructions).
- a 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.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Yes No

this regard. 3b

Schedule A (Form 9	90 or 990-EZ) 2021
--------------------	--------------------

2a

2b

3a

	Yes	No
1		1
2		

11b

11c

	Yes	No
112	1	
32		
200	201	
1		

	Yes	No
		(R.)
1	1000	
i Leen		
2		
2015	6-3	
3		

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g trust nization	on Nov. 20, 1970 (exp ns must complete Sec	lain in Part VI). See tions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Yea (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	<u>6</u>	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			a start and
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		
iecti	on C–Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		83
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		0
5	Income tax imposed in prior year	5		2
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Pari		7	te ferrining a	1	
Sect	tion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exercise	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide 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 whic	ch the organization is res	ponsive		
	(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	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 202
1	Distributable amount for 2021 from Section C, line 6	2419 25 8 8 6	计与正规图的语言		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021		Sector Charles	-36	
а	From 2016	the Mine of the American			
b	From 2017				
С	From 2018	Sur a the first of the first			
d	From 2019		un Statistica		
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)				
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				12 De 10-11/2
4	Distributions for 2021 from			TYPE	AND TAM
	Section D, line 7: \$			100	The second second
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount			1394	
С	Remainder. Subtract lines 4a and 4b from line 4.		L DECHELL S		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.	and the second			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:			1	电道流动 如此生成的
а	Excess from 2017				
b	Excess from 2018		한 대학 감독이 있다.		
С	Excess from 2019				
d	Excess from 2020			12	
е	Excess from 2021				

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

•••••••••••••••••••••••••••••••••••••••

Form	DULE G S 990 or 990-EZ Pent of the Treasury Revenue Service S	(The States	nization ar ation ente	nswered "Yes red more tha ttach to Form	" on Form 99(n \$15,000 on 990 or Form), Part IV, line 17, 18, o Form 990-EZ, line 6a.	or 19, or if the	OMB No. 1545-0047
ame c	f the organization						Employer identif	
	EST SEED PROJECT							-2377828
Part	Form 990-E	Activities. Compl Z filers are not requ	uired to	complete	this part.			· 2
1	Indicate whether th	e organization raised	d funds t			•		
а	Mail solicitation	S		е [on of non-govern	•	
b	Internet and em			f	_	on of government	•	
c	Phone solicitati			g	Special f	undraising events		
d 2a	In-person solici	tations n have a written or o						
b	or key employees li If "Yes," list the 10	sted in Form 990, Pa highest paid individu ast \$5,000 by the org	art VII) or uals or e	r entity in co ntities (fund	onnection v	with professional f	undraising services	? 🗌 Yes 🗌 N
	(i) Name and address of in or entity (fundraise		Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No		1077 ·	
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2021

Schedule G (Form 990 or 990-EZ) 2021

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

	r		(a) Event #1	(b) Event #2	(c) Other events	
			Gala			(d) Total events (add col. (a) through
			(event type)	Supper with a Cause (event type)	1 (total number)	col. (c)
e			(event type)	(event type)	(total humber)	
Revenue	1	Gross receipts	162,765	17,600	5,925	186,290
ш	2	Less: Contributions	123,540	11,000	2,225	136,765
	3	Gross income (line 1 minus				
		line 2)	39,225	6,600	3,700	49,525
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	17,500	0	0	17,500
sesu	6	Rent/facility costs	0	0	1,300	1,300
Direct Expenses	7	Food and beverages	19,035	4,725	208	23,968
Direct	8	Entertainment	0	0	0	0
	9	Other direct expenses .	6,088	0	18	6,106
	10	Direct expense summary. Ac				48,874
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	.	651

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
irect E	4	Rent/facility costs .						
	5	Other direct expenses						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	□ Yes% □ No			
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)				
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)				
	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 							
10a I		Vere any of the organization's g "Yes," explain:	aming licenses revoked			? Yes No		

Schedule G (Form 990 or 990-EZ) 2021

Schedu	le G (Form 990 or 990-EZ) 2021		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ves	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	🗌 Yes	
3	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
5a	Does the organization have a contract with a third party from whom the organization receives gaming	_	_
L		🗌 Yes	∐ No
D	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the		
с	amount of gaming revenue retained by the third party ► \$		
	Name		
	Address ►		
6	Gaming manager information:		
	Name		
	Gaming manager compensation		
	Description of services provided ►		
	Director/officer		
7	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	T Yes	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
art I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		
			•••••
	Schedule G (Form 9	990 or 990-	EZ) 2021

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	90) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.							
Name of the organization							Inspection Employer identification number	
HARVEST SEED PROJECT FOU	NDATION						47-2377828	
Part I General Informa	ation on Grants an	d Assistance						
Does the organization in the selection criteria use Describe in Part IV the e Part III Grants and Oth Port IV line 21 6	ed to award the grants organization's procedu	or assistance? ares for monitoring comestic Organia	the use of grant fu	unds in the United	States.	the organizatio		
1 (a) Name and address of organiza		(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation			
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	(g) Description noncash assista		
(1) Sch I, Stmt 1					unug			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of se 3 Enter total number of ot For Paperwork Reduction Act No	her organizations liste	d in the line 1 table		• • • • 36 393	at. No. 50055P	N X 31 N 8 8 N X 31 N 8 8	0 2 Schedule I (Form 990) 203	

Part III Grants and Other Assistance t Part III can be duplicated if addit	o Domestic Individua tional space is needed	als. Complete if th	ne organization ansv	vered "Yes" on Form 990,	Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			I ine 2; Part III, colum	h (b); and any other additi	onal information.
			 ine 2; Part III, colum	n (b); and any other additi	onal information.
			I ine 2; Part III, colum	n (b); and any other additi	onal information.
			 ine 2; Part III, colum	n (b); and any other additi	onal information.
			I ine 2; Part III, colum	n (b); and any other additi	onal information.
			I ine 2; Part III, colum	h (b); and any other additi	onal information.
			I ine 2; Part III, colum	L (b); and any other additi	onal information.
			I ine 2; Part III, colum	L (b); and any other additi	onal information.
t IV Supplemental Information. Pro edule I, Part I, Line 2 - A written 6 month follow			I ine 2; Part III, colum	L (b); and any other additi	onal information.

Schedule I (Form 990) 2021

Schedule I, Part IV, Statement 1

HARVEST SEED PROJECT FOUNDATION

Form: Schedule I (2021)

Page: 1

EIN: 47-2377828

Part II, Line 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Texas Fungus	84-4100191	5,200	
	3201 E Pioneer Parkway		·	
	Ste 9			
	Arlington, TX 76010			
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To assist in recovery of farm losses from freezing weather			
Name and address	Ha Farm	63-4381913	10.000	
	112 Ethan Dr			
	Greenville, TX 75402			
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Assistance to recover from winter storm damage			

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047						
Department of the Treasury	► Attach to Form 990 or Form 990-EZ.		Open to Public						
Internal Revenue Service	ternal Revenue Service Go to www.irs.gov/Form990 for the latest information.								
Name of the organization			tification number						
HARVEST SEED PROJ	ECT FOUNDATION ion A, Line 2 - Toby Thomason, business relationship. Andrea Shackleford, busine		7-2377828						
FOIII 990, Fait VI, Sect	ion A, Line 2 - Toby Thomason, business relationship. Andrea Shackleford, busine	ss relationshi	<u>p</u>						
Form 990, Part VI, Sect	ion B, Line 11b - 990 emailed to each director for review.								
Form 990, Part VI, Sect	Form 990, Part VI, Section B, Line 12c - All dealings are reviewed by the president and executive director for conflict of interest.								
Form 990. Part VI. Sect	ion C, Line 19 - Financial documents are available upon request.		•••••						
		••••••							

***********************************	***************************************		•••••••••••						

••••••									

			•••••••••••••••••••••••••••••••••••••••						

			••••••••••••••••••••••••••••••						
			•••••						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

the current quality of life without compromising future generations. The Foundation was established on the premise that funding sustainable ideas today will support ecological and social balance in the future. Providing seed money for causes that enhance the principles of sustainability is our mission.

ooncaure	O, Statement 2	HARVEST SEEL	HARVEST SEED PROJECT FOUNDATION			
Form: For	m 990 (2021)		EIN	47-237782		
Page: 2			Pa	rt III, Line 4		
	Other Program Services Accomplishments					
Activity Code	Description	Expense	Grants	Revenu		
	Hosted symposium for farmers and chefs to promote local, healthy food systems.	5,282	0	2,48		
	McKinney Roots: Expenses for food production for the food donation farm including equipment, farm workers, produce growing supplies, feed for chickens, etc.	137,599	0	11		
Total:		142,881	0	2,48		

	000
Form	330

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 2020

Open to Public

antin

Department of the Treasury Internal Revenue Service

> 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

Year of a divides change Doing business as Seed Project Foundation and One Heart McKinney 47-2377828 Number and street (or P.O. box II mail is not delivered to street address) Room/suite E Telephone number Ham of hange Number and street (or P.O. box II mail is not delivered to street address) Room/suite E Telephone number Application pending McKinney, TX, 75070 G Gross receipts \$ G Gross receipts \$ Application pending F Name and address of principal officer: Rick Wells H(a) Is this a group ratum for subordinates: Inclueed? Yea Vestil: ¥www.spftx.org H(b) Are all subordinates inclueed? Yea Vestil: ¥www.spftx.org H(b) Are all subordinates inclueed? Yea 1 Briefly describe the organization 's mission or most significant activities: The Seed Project Foundation (SPF) funds educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im (Continued on Schedule Q). Statement 2) 2 Check this box is fit the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2020 (Part VI, line 1b) 4 4 4 4 Number of individuals employed in calendar year 2020 (Part VI, line 1b) 5 6 6							
✓ Address change Doing business as Seed Project Foundation and One Heart McKinney 47.2377828 Number and street (or P.O. box If mail is not delivered to street address) Room/suite E Telephone number Initial return PO Box 2712 Goros receipts \$ Goros receipts \$ Application pending McKinney, TX, 75070 Goros receipts \$ Goros receipts \$ Application pending F Name and address of principal officer. Rick Wells H(a) Is this a group return for subordinates Included? Ve I Tax-exempt status: ∑ 501(c)(3) 501(c) () < (nsert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions Vebsite: Www.spftx.org H(b) Are all subordinates Included? Ve 1 Briefly describe the organization 's mission or most significant activities: The Seed Project Foundation (SPF) funds educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im in (Continued on Schedule 0, Statement 2) 2 Check this box ▶ 1 4 Aumber of individuals employed in calendar year 2020 (Part V, line 1a) 4 4 4 Number of individuals employed in calendar year 2020 (Part V, line 1a) 5 6 6 3 Number of individuals employed in calendar year 2020 (Part V, line 1a)	<u>A</u>	For th	e 2020 calen	dar year, or tax year beginning 01/01 , 2020, and endir	ig 12/	31	, 20 20
Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 469-459-6465 Initial return Final return/return G Gross receipts 3 Amended return F Name and address of principal officer: Rick Wells H(a) is this a group return for subordinates? G Gross receipts 3 Application pending F Name and address of principal officer: Rick Wells H(a) is this a group return for subordinates? W(b) Are all subordinates included? W(c) Are all subordinates included? <th>в</th> <th>Check i</th> <th>if applicable:</th> <th>C Name of organization HARVEST SEED PROJECT FOUNDATION</th> <th></th> <th>D Emp</th> <th>loyer identification number</th>	в	Check i	if applicable:	C Name of organization HARVEST SEED PROJECT FOUNDATION		D Emp	loyer identification number
Initial return PO Box 2712 469-459-6465 Initial return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Application pending FName and address of principal officer: Rick Wells H(a) Is this a group return for subordinates? Verify a	\checkmark	Addres	s change	Doing business as Seed Project Foundation and One Heart McKinney			47-2377828
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return FName and address of principal officer: Rick Wells H(a) is this a group return for subordinates? If Yee For Wendy Lane, Lucas, TX 75002 H(b) Are all subordinates included? Yee Tax-exempt status: Z 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527 Website: > www.spftx.org H(c) Group exemption number ▶ Remote organization: Z Oter Association Other ▶ L Year of formation: 2014 M State of legal domicilie: Part I Summary I Briefly describe the organization's mission or most significant activities: The Seed Project Foundation (SPF) funds educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that imm (Continued on Schedule 0, Statement 2). 3 4 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volunteers (estimate if necessary) . . 3 4 A number of volunteers (estimate if necessary) 5 5 5 G Total number of volunteers		Name c	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone number
Armended return McKinney, TX, 75070 G Gross neceipts \$ Application pending F Name and address of principal officer: Rick Wells H(a) Is this a group return for subordinates included? Yet I Tax-exempt status: I off(c)(1) I (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yet J Website: www.spftx.org H(c) Group exemption number > H(c) Group exemption number > K Form of organization (2) Corporation Trust Association Other > L Year of formation: 2014 M State of legal domicile: Part I Summary I Briefly describe the organization is mission or most significant activities: The Seed Project Foundation (SPF) funds. educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im (Continued on Schedule 0, Statement 2) A Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of individuals employed in calendar year 2020 (Part VI, line 2a) 5 5 5 Total number of volunteers (estimate if necessary) 6 7a 7a 7b Net unrelated business revenue from Part VIII, column (C), line 12 7a 7a 6 Prior Year Current Yee 8<		Initial re	eturn	PO Box 2712			469-459-6465
Application pending F Name and address of principal officer: Rick Wells H(a) is this agroup return for subordinates? Ye I Tax-exempt status: Z 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Ye I Tax-exempt status: Z 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 527 H(c) Group exemption number > K Form of organization: Z Corporation Trut Association Other > L Year of formation: 2014 M State of legal domicile: Part! Summary 1 Briefly describe the organization's mission or most significant activities: The Seed Project Foundation (SPF) funds: educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im; (Continued on Schedule O, Statement 2) 2 C Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2020 (Part VI, line 1a) 4 4 Total numeter of individuals employed in calendar year 2020 (Part VI, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7a 7a Total unu		Final ret	turn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
670 Wendy Lane, Lucas, TX 75002 H(b) Are all subordinates included? □ Ye 1 Tax-exempt status: ① 501(c)(3)] 4 (insert no.)] 4947(a)(1) or □ 527 If "No," attach a list. See instructions Website: ▶ www.spftx.org H(c) Group exemption number ▶ K Form of organization: ① Corporation □ Tust □ Association ○ Other ▶ L Year of formation: 2014 M State of legal domicile: Part II Summary 1 1 Briefly describe the organization 's mission or most significant activities: The Seed Project Foundation (SPF) funds. educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im (Continued on Schedule O, Statement 2) 2 Check this box ▷ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2020 (Part VI, line 1a) 4 4 Number of individuals employed in calendar year 2020 (Part VI, line 2a) 5 5 Total number of volunteers (estimate if necessary) 7a 6 Total number of volunteers (estimate if necessary) 7a 7 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 9 Program ser		Amende	ed return	McKinney, TX, 75070			
1 Tax-exempt status: ✓ 501(c)(3) 501(c)(1) ◄ (insert no.) ↓ 947(a)(1) or 527 If "No." attach a list. See instructions J Website: ► www.spftx.org H(c) Group exemption number ► K Form of organization: ∑ Corporation Trust Association Other L Year of formation: 2014 M State of legal domicile: Part II Summary 1 Briefly describe the organization's mission or most significant activities: The Seed Project Foundation (SPF) funds. educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im (Continued on Schedule O, Statement 2) 3 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business taxable income from Form 990-T, Part I, line 11 7b 9 Program service revenue (Part VIII, line 2g) 3,367 10 Investment income (Part		Applica	ation pending	F Name and address of principal officer: Rick Wells	H(a) Is this a gr	oup return l	for subordinates? 🔲 Yes 🗹 No
J Website: ▶ www.spftx.org H(e) Group exemption number ▶ K Form of organization: [] Corporation] Trust] Association] Other ▶ L Year of formation: 2014 M State of legal domicile: Part I Summary 2014 M State of legal domicile: 1 Briefly describe the organization's mission or most significant activities: The Seed Project Foundation (SPF) funds educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im (Continued on Schedule 0, Statement 2) 2 Check this box ▶] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)					H(b) Are all s	ubordina	tes included? 🗌 Yes 🗌 No
K Form of organization: [2] Corporation □ Trust □ Association □ Other ▶ L Year of formation: 2014 M State of legal domicile: Part1 Summary 1 Briefly describe the organization's mission or most significant activities: The Seed Project Foundation (SPF) funds educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im (Continued on Schedule O, Statement 2) 3 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a). 3 4 4 Number of individuals employed in calendar year 2020 (Part V, line 2a) 5 5 6 7a Total number of volunteers (estimate if necessary) 6 7a Total number of volunteers (estimate if necessary) 7a 7b 9 Prior Year Current Ye 7a 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 3a 3a 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27.037 11 Other revenue (Part VIII, column (A), lines 1-3) 56.985					If "No," attac	h a list. S	ee instructions
Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Seed Project Foundation (SPF) funds educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im (Continued on Schedule O, Statement 2) 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)	J	Websit	e: 🕨 www.s	oftx.org	H(c) Group e	xemptior	number 🕨
1 Briefly describe the organization's mission or most significant activities: The Seed Project Foundation (SPF) funds educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that im [Continued on Schedule O, Statement 2) 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 4 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 7a 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 7 Prior Year Current Ye 8 Contributions and grants (Part VIII, line 2g) 3a67 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,033 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 56,985 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 5-	-	_	organization: 🗸	Corporation Trust Association Other L Year of formation	ation: 2014	M State	e of legal domicile: TX
educational, agricultural, and community initiatives that support sustainability. Sustainability is a social challenge that imm (Continued on Schedule O, Statement 2) 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)	Pa	art I					
(Continued on Schedule O, Statement 2) 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)		1					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b B Contributions and grants (Part VIII, line 1h) Prior Year Current Year B Contributions and grants (Part VIII, line 2g) 3,367 76,686 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 3,367 367 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 367 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 367 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 9 9 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 36,985 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 0 38,415 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 36,982 36,982 17 Other expenses (Part IX, column (D), line 25) 9,082 7,981 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381 83,381	Sce		educationa	I, agricultural, and community initiatives that support sustainability. Sus	tainability is a	social c	hallenge that improves
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b B Contributions and grants (Part VIII, line 1h) Prior Year Current Year B Contributions and grants (Part VIII, line 2g) 3,367 76,686 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 3,367 367 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 367 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 367 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 9 9 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 36,985 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 0 38,415 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 36,982 36,982 17 Other expenses (Part IX, column (D), line 25) 9,082 7,981 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381 83,381	nar		(Continued	on Schedule O, Statement 2)			
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 3,367 367 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 367 367 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (D), line 25) 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381	ver	2	Check this	box \blacktriangleright if the organization discontinued its operations or disposed	of more than	25% of	f its net assets.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 3,367 367 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 367 367 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (D), line 25) 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381	ß	3	Number of	voting members of the governing body (Part VI, line 1a)		3	7
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 3,367 367 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 367 367 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (D), line 25) 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381	еб И	4	Number of	independent voting members of the governing body (Part VI, line 1b)	4	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 3,367 367 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 367 367 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (D), line 25) 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381	itie	5	Total numb	er of individuals employed in calendar year 2020 (Part V, line 2a)		5	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 3,367 367 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 367 367 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (D), line 25) 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381	ti	6	Total numb	er of volunteers (estimate if necessary)		6	10
PriorPriorCurrent Year8Contributions and grants (Part VIII, line 1h)76,6869Program service revenue (Part VIII, line 2g)3,36710Investment income (Part VIII, column (A), lines 3, 4, and 7d)36711Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)27,03712Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3)107,45713Grants and similar amounts paid (Part IX, column (A), lines 1–3)56,98514Benefits paid to or for members (Part IX, column (A), line 4)015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)18,41516aProfessional fundraising fees (Part IX, column (A), line 11e)017Other expenses (Part IX, column (D), line 25) ▶9,08218Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)83,381	Ă	7a				7a	1,587
8Contributions and grants (Part VIII, line 1h)76,6869Program service revenue (Part VIII, line 2g)3,36710Investment income (Part VIII, column (A), lines 3, 4, and 7d)36711Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)36712Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3)56,98513Grants and similar amounts paid (Part IX, column (A), lines 1–3)56,98514Benefits paid to or for members (Part IX, column (A), line 4)015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)18,41516aProfessional fundraising fees (Part IX, column (A), line 11e)017Other expenses (Part IX, column (D), line 25)9,08218Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)83,381		b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0
9 Program service revenue (Part VIII, line 2g) 3,367 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 367 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 107,457 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (A), line 25) ▶ 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381					Prior Yea	r	Current Year
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 107,457 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 17 Other expenses (Part IX, column (D), line 25) ▶ 9,082 9,082 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	ല	8	Contributio	ns and grants (Part VIII, line 1h)	-	76,686	407,052
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 107,457 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 17 Other expenses (Part IX, column (D), line 25) ▶ 9,082 9,082 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	eur		-			3,367	1,738
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,037 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 107,457 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 17 Other expenses (Part IX, column (D), line 25) ▶ 9,082 9,082 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	ě		Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		367	376
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 56,985 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 83,381	-	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,037	1,587
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381					1	07,457	410,753
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,415 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381						56,98 5	279,335
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 9,082 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381			Benefits pa	id to or for members (Part IX, column (A), line 4)		0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381	s	15				18,415	13,231
17 Other expenses (Part IX, column (A), lines Tra=Trd, TT=24e) . 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381	Sus	16a				0	0
17 Other expenses (Part IX, column (A), lines Tra=Trd, TT=24e) . 7,981 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 83,381	ăX	b				a Fi n	Charles Station
	ш	17				7,981	42,447
		18				83,381	335,013
19 Revenue less expenses. Subtract line 18 from line 12		19	Revenue le	ss expenses. Subtract line 18 from line 12		24,076	75,740
	s or				Beginning of Curr	ent Year	End of Year
ម្ល័គ្គ 20 Total assets (Part X, line 16)	alan				2	35,212	310,952
[21 Total liabilities (Part X, line 26)	ld B B					0	0
혼금 22 Net assets or fund balances. Subtract line 21 from line 20 235,212	ž 🗄	22	Net assets	or fund balances. Subtract line 21 from line 20	2	35,212	310,952

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.

Sign Here	Signature of officer Vicki Deerman, Treasurer Type or print name and title			Date	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if if self-employed	PTIN
Preparer Use Only	Firm's name	Firm's EIN ►			
	Firm's address <	Phone no.			
May the IRS	discuss this return with the pre	parer shown above? See instruct	ions		Yes No
For Papanao	rk Reduction Act Notice see the	eenarate instructions	Cot No. 11292V	r	Form 990 (2020)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2020) Page 2
Part I	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Seed Project Foundation (SPF) funds educational, agricultural, and community initiatives that support sustainability.
	Sustainability is a social challenge that improves the current quality of life without compromising future generations. The
	Foundation was established on the premise that funding sustainable ideas today will support ecological and social balance in the
	future. Providing seed money for causes that enhance the principles of sustainability is our mission.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 166,861 including grants of \$ 147,481) (Revenue \$ 224,100)
	One Heart McKinney grants to McKinney Texas non-profit organizations that were negatively impacted by Covid 19. These
	included 21 different organizations.
4b	(Code:) (Expenses \$ 80,950 including grants of \$ 54,000) (Revenue \$ 0) Grants to non-profits to assist them with their mission of ministering to those in the community. The organizations include: Empty Bowls McKinney, Good Local Markets, Blue Sky Therapeutic, Connemara Conservancy Foundation, Hugs Cafe, Community Lifeline Center, Council for Healthy Food Systems.
	······································
4c	(Code:) (Expenses \$ 44,426 including grants of \$ 44,426) (Revenue \$ 0)
	(Code:) (Expenses \$ 44,426 including grants of \$ 44,426) (Revenue \$ 0) Farm Crisis grants. Assistance to farmers who were impacted by the Covid 19 shutdowns. Those helped were Cartermere Farms,
	Texas Fungus, and Profound Foods
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 3
	(Expenses \$ 26,335 including grants of \$ 7,000) (Revenue \$ 0)
4e	Total program service expenses ► 318,572

Observed at a CD

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	-	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		1
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		1
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		1
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	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		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		\checkmark
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		1
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		1
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		1
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Part	V Checklist of Required 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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		 Image: A start of the start of
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			N. N.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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.	35a 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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Parl				
	Check if Schedule O contains a response or note to any line in this Part V	26.5		
	Estable such a second in Roy 2 of Form 1000. Estat 0, if not on-likely a second in Roy 1 do 1		Yes	No
1a 5	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a15935Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0	1.000	138	1 miles
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		CALES.
U	reportable gaming (gambling) winnings to prize winners?	10	1	

Form 990 (2020)

orm 99	90 (2020)		F	Page 5
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			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-	57	1.22
U.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	1	77.02
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	10000	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		v
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ►	istra		1974
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	8- S. ()	H.S.	12.4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\checkmark
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\checkmark
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	1	-
7	Organizations that may receive deductible contributions under section 170(c).	7.74		Mary .
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	1	O. N
b	and services provided to the payor?	7a 7b	1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	•	
Ŭ	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		19.8	W Pass
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		\checkmark
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	5.040	1211.5	
•	sponsoring organization have excess business holdings at any time during the year?	8	COLUMN STR	
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00	13 14	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		_
10	Section 501(c)(7) organizations. Enter:	30	Marrow 1	
а	Initiation fees and capital contributions included on Part VIII, line 12	16 m		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		511	1000
а	Gross income from members or shareholders			100
b	Gross income from other sources (Do not net amounts due or paid to other sources	138	4.5.3	146
	against amounts due or received from them.)	26	1999	
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		37	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
L	Note: See the instructions for additional information the organization must report on Schedule O.	1.57	1.2.1	122
b	Enter the amount of reserves the organization is required to maintain by the states in which	3.5	1314	12.1
с	the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			5 St.
l4a	Enter the amount of reserves on hand	14a	1	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.	1	3.70	
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.	1.1	G_1.5	

Form 990 (2020)

Form	990	(2020)
------	-----	--------

Part V	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struci	tions.
Sectio	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	1	12	
	If there are material differences in voting rights among members of the governing body, or	-2010	nn -	
	if the governing body delegated broad authority to an executive committee or similar	Ting	50.	
	committee, explain on Schedule O.	e RUN	136	
b	Enter the number of voting members included on line 1a, above, who are independent . [1b] 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		-	
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	_
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Real B	3251	the state
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	\checkmark	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		\checkmark
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ŭ	describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by		123	2 Di
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	22	17
а	The organization's CEO, Executive Director, or top management official	15a		1
a b	Other officers or key employees of the organization	15b		1
Ø	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	12.000	38.1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.00	110.00	128
a	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			ł
17	List the states with which a convertible Form 000 is required to be filed Name			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	rest r	olicv
15	and financial statements available to the public during the tax year.			-,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		
-	Vicki Deerman, (469)450-6465			
	286 Cheyenne Dr, Fairview, TX 75069	For	m 99() (2020

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours	box,	unles	neck ss pe	erson	e than is both or/trus	n an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Megan Neubauer	10.00									
Executive Director		1		1	1	1		13,890	0	0
Rick Wells	5.00									
President	1111 E 172 O M I O M	1		1				0	0	0
Lynne Siporia	1.00									
Secretary	0.00	1		1				0	0	0
Andrea Shackelford	1.00									
Vice President	0.00	1		1				0	0	0
Vicki Deerman	5.00									
Treasurer	0.00	1		1	_			0	0	0
Toby Thomason	1.00									
director	0.00	1						0	0	0
Carissa	1.00									
Bleeker	0.00	1					_	0	0	0
				Ĩ						

Page 7

Page 8

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emp	oloy	yee	s, an	dŀ	lighest Compe	nsated Emplo	yees (cor	ntinued)
	(A) Name and title	(B) Average hours per week	box,	unles	Pos leck is pe	rson	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated of otl compen	amount her
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organizat related orga	the ion and
						T						
				T		T						
1b	Subtotal			8	ŝ.	0.3	• •		13,890	0		0
c d	Total (add lines 1b and 1c)	a a a a	<u>n e</u>				• • • •		13,890	0		0
2	Total number of individuals (including bureportable compensation from the organ		d to t	hose	e lis	ted	abov	e) v	vho received mor 0	e than \$100,000) of	
											P	'es No
3	Did the organization list any former employee on line 1a? If "Yes," complete							mp	loyee, or highes	st compensated	3	1
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150	cor ,000	npe 0?	nsatio If "Ye	on a es, "	and other compe complete Sche	nsation from the dule J for such	9 h 4	1
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue c 1? If "Yes,"	ompe comp	ensa lete	tior Sc	n fro hed	om ang lule J	y ur for	nrelated organiza such person	tion or individua	1 5	1
Secti	ion B. Independent Contractors											
1	Complete this table for your five hig compensation from the organization. Rep	hest comport comport	ensa nsatio	ted in fo	ind or th	lepe e ca	endent alenda	t co ar ye	ontractors that ear ending with o	received more r within the orga	than \$10 nization's	0,000 of tax year.
	(A) Name and business ad	dress							(B) Description of ser	vices	(C) Compensati	ion
None												
								-				
2	Total number of independent contract received more than \$100,000 of compen							o t	hose listed abov 0	ve) who		

Form 990 (202	0)
Part VIII	Statement of Revenue

12

Total revenue. See instructions

		Check if Schedule O contains a re	spor	ise of note to any				<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ង ស	1a	Federated campaigns	1a	0	A SALE ON A	N COLOR S IN		
un i	b	Membership dues	1b	0		민준이, 것 같이 같아.		
<u>5</u> e	c	Fundraising events	1c	2,000		10 S. X. 16		1.2 W.3.4 B.4
Ϋ́	d	Related organizations	1d	0				UBMER ASS.
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e	0		s de Addes III		The Martine State
	f	All other contributions, gifts, grants,						
e l		and similar amounts not included above	1f	405,052		승규는 말을 했다.		日期に分析られ
i fi	g	Noncash contributions included in				15 - 17 Million 24		100 100
Þ		lines 1a-1f	1g	\$ 0		de la substant		The sale
a d	h	Total. Add lines 1a-1f	- »		407,052	일 것 이나 석가		
				Business Code	" a "red" dist			4 10 M S 31
Revenue	2a	Symposium	_	110000	1,738	1,738	0	
e	b							
	c							
Revenue	d							
, œ	e							
	f	All other program service revenue			0	0	0	
_	9	Total. Add lines 2a-2f			1,738			STANKE SHA
	3	Investment income (including divid	lends	s, interest, and				
		other similar amounts)			376	376	0	
	4	Income from investment of tax-exemption	pt bc	ond proceeds 🕨 📙	0	0	0	
	5	Royalties	•		0	0	0	
		(i) Real		(ii) Personal				
	6a	Gross rents 6a				202300		
	b	Less: rental expenses 6b				SV		
	C	Rental income or (loss) 6c	0	0	12. 1. 1. 12-14		A SECTION IN	111 June 1914
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securitie	es	(ii) Other		1287-1483 1887-1883		思想和感知
		sales of assets						
		other than inventory 7a			A CARLES		10.39459.4	2511.54 91
anu	b	Less: cost or other basis						
Ver		and sales expenses . 7b				1 - 1 - 2 - 3	· 신격과 영향품 (and a second second
Hevenue		Gain or (loss) 7c	0	0	10.00 (C)	material appreciation		
ē	d	Net gain or (loss)	200	<u></u>		11 10 144 IF V 10 10	+1 1	Contraction of the
5	8a	Gross income from fundraising		12	Surger San			4 Tang 3 7 /
		events (not including \$ 2,000 of contributions reported on line						
		1c). See Part IV, line 18	8a				S. 1943	
	h	Less: direct expenses	8b	3,099		이 같은 것 같은		
		Net income or (loss) from fundraising		1,512	1 607		4 507	0.7 1-03 1.2
			1 646	nts 🕨	1,587		1,587	2.5.11
	9a	Gross income from gaming activities. See Part IV, line 19 .	9a				Man Andrewski and	
	b	Less: direct expenses	9a 9b					
		Net income or (loss) from gaming act						
		Gross sales of inventory, less	IVILIE		and the process of	-1	0	Contract of the second
	10a		10a			이 아주, 왕성과 남	1342 62 1	
	b		10b				Mar Nicks	
	c	Net income or (loss) from sales of inv		nrv			a state of the	
_		not moorne or possy norn sales of inv	onto	Business Code			NO. Y DITA SHA	
	11a			Duaniess COUR				
anc	b		•••••					
Revenue	c		•••••					
Be	d d	All other revenue						
		Total. Add lines 11a–11d			•	A DECISION OF THE		S8
_	12	Total revenue See instructions	19		0		1 - C - C - C - C - C - C - C - C - C -	

ao ar ar

410,753

0

1,587

2,114

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (D) Fundraising (C) Management and Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 279,335 279,335 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 0 0 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 Benefits paid to or for members 0 0 4 5 Compensation of current officers, directors, trustees, and key employees 13,231 4,645 3,586 5,000 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 11 Management а b Legal Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column q (A) amount, list line 11g expenses on Schedule O.) . 2,969 3,163 194 20,403 19,343 1,060 12 Advertising and promotion Office expenses 284 284 13 Information technology . . . 4,857 1,518 1,186 2,153 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization . 1,049 1,049 23 Insurance Other expenses. Itemize expenses not covered 24 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.) Supplies for McKinney Roots 10,762 10,762 0 0 а Expenses for fundraisers that didn't happen due to 1.929 0 n 1,929 b С d All other expenses е 7,359 9,082 25 Total functional expenses. Add lines 1 through 24e 335,013 318,572 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [] if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . * * * 12 (A) **(B)** End of year Beginning of year Cash-non-interest-bearing 1 235.212 1 310.952 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 7 7 Assets 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . | 10a Less: accumulated depreciation 10b 10c b Investments-publicly traded securities 11 11 12 Investments-other securities. See Part IV, line 11 . . 12 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) . 16 235,212 16 310,952 17 Accounts payable and accrued expenses 17 0 0 18 18 0 0 Deferred revenue 19 19 0 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . 21 0 0 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 0 0 Secured mortgages and notes payable to unrelated third parties . . . 23 23 0 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 0 25 Other liabilities (including federal income tax, pavables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 Total liabilities. Add lines 17 through 25 26 0 26 0 Organizations that follow FASB ASC 958, check here 🕨 🗹 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . 155,472 27 192,201 28 Net assets with donor restrictions 28 79,740 118,751 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund . . 30 30 Retained earnings, endowment, accumulated income, or other funds . . 31 31 32 32 235,212 310,952 33 235,212 33 310,952

Page 11

Form 990 (2020)

Form 99	30 (2020)				Pa	ge 12			
Parl	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		_	41	0,753			
2									
3	Revenue less expenses. Subtract line 2 from line 1	3			7	5,740			
4									
5	Net unrealized gains (losses) on investments	5				0			
6	Donated services and use of facilities	6				0			
7	Investment expenses	7				0			
8	Prior period adjustments	8				0			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			_	0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10			31	0,952			
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	2, 20 z	1.1	1	21 1				
			-		Yes	No			
1	Accounting method used to prepare the Form 990: 🗌 Cash 🗹 Accrual 🔲 Other				200	a har			
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in		200				
	Schedule O.		50	31	1.5				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		1			
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		1				
	reviewed on a separate basis, consolidated basis, or both:		100		1				
	Separate basis Consolidated basis Both consolidated and separate basis			See		5.21			
b	Were the organization's financial statements audited by an independent accountant?		2	2b		1			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a	628	1.1	21.21			
	separate basis, consolidated basis, or both:		18	27	150				
	Separate basis Consolidated basis Both consolidated and separate basis		-		200				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of						
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	2	2c					
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on 📗						
	Schedule O.		20						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t	he						
	Single Audit Act and OMB Circular A-133?			Ba		✓			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	dergo t	he						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b					

		F					ĩ	OMB No. 1545-0047
	HEDULE A m 990 or 990-EZ)			ty Status and				2020
		Complete if the orga		ization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.				
	rtment of the Treasury al Revenue Service	► Go		orm990 for instructions		test inform	ation.	Open to Public Inspection
	e of the organization						Employer identification	
Contraction		for Public Cha		Il organizations mus	t compl	oto this I		377828
				is: (For lines 1 through				10115.
1	-			ion of churches descr				
2				(Attach Schedule E (F				
3				ganization described i				
4		me, city, and stat		onjunction with a hos	pital desc	ribea in s	section 170(b)(1)(A)(III). Enter the
5	🗌 An organizat		the benefit of a	college or university	owned c	or operate	ed by a governmer	tal unit described in
6				mental unit described				
7		ion that normally section 170(b)(1)		stantial part of its sup	port from	n a gover	mmental unit or fro	m the general public
8)(1)(A)(vi). (Complete	Part II.)			
9	🗆 An agricultur	al research organ	ization describe	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a	land-grant college
	university:			riculture (see instructio			-	-
10	receipts from	activities related	to its exempt fu	e than 331/3% of its su inctions, subject to ce	rtain exc	eptions: a	and (2) no more that	n 331/3% of its
	acquired by f	l gross investmen the organization a	t income and un ifter June 30, 19	related business taxa 75. See section 509(a	ble incom a)(2). (Coi	ne (less s mplete Pa	ection 511 tax) fron art III.)	1 businesses
11	-	-		sively to test for public	-			
12				sively for the benefit o				
				ons described in sect i scribes the type of sup				
а				l, supervised, or contr	-	-		•
	the suppo	orted organization	(s) the power to	regularly appoint or e	elect a ma	ajority of t	• • • • • • • • • • • • • • • • • • • •	
				ete Part IV, Sections				
b				sed or controlled in co organization vested in				
				V, Sections A and C		porcorio		lage the supported
С				ting organization oper ons). You must comp				ally integrated with,
d				pporting organization				
				nization generally must complete Part IV, Sec				nd an attentiveness
e	Check thi	s box if the organ	ization received	a written determination	on from tl	he IRS th	at it is a Type I, Typ	e II, Type III
f		per of supported of			-	-		
g				oorted organization(s).				
	(i) Name of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	 (vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								

(D)

(E) Total

Schedule A (Form 990 or 990-EZ) 2020

 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.)

 Section A. Public Support

Sectio	on A. Public Support						Contra Co
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization'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)
4	0	1	Company and	and a start of the second		and the second	
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly		I. Print	in the second in	And Hearing a	A State Barrier	
	supported organization) included on	and the second second	time water		China Statistics	Part and the life	
	line 1 that exceeds 2% of the amount		ALC: NO DECEMBER OF A				
	shown on line 11, column (f)			and states to	Stent The	and the second	
6	Public support. Subtract line 5 from line 4		112 1291 114	12 23 21 21	12 20.000	EVEN NY COM	
	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	n Historic - Im	distant and a	mean st m	non in com	344-95-61-4A	
12	Gross receipts from related activities, etc					12	504()(0)
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he						
	on C. Computation of Public Support			11 1 (0)			0/
14	Public support percentage for 2020 (line					14	%
15	Public support percentage from 2019 Sc			 		15	%
168	331 /3% support test – 2020. If the organ box and stop here. The organization qua						
L	33 ¹ / ₃ % support test—2019. If the organi	•		-			-H
b	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	tion		🕨 🗆
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the						
	organization						
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the			-			
	organization						
18	Private foundation. If the organization						-
	instructions					• • • •	· · · ► 🗋

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part III

If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees 1 received. (Do not include any "unusual grants.") 10,695 201,191 104,527 76,686 405,278 798,377 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . 2,610 2,610 Gross receipts from activities that are not an 3 unrelated trade or business under section 513 Tax revenues levied for the 4 organization'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. . . . 10,695 203,801 104,527 76,686 405,278 800,987 7a Amounts included on lines 1, 2, and 3 received from disgualified persons . 11,400 603 295 0 12,298 b Amounts included on lines 2 and 3 received from other than disgualified 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 0 11,400 603 295 0 12,298 8 Public support. (Subtract line 7c from line 6.) 788,689 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 6 9 10,695 203,801 104,527 76,686 405,278 800,987 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 44 744 367 376 1,531 b Unrelated business taxable income (less) section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b 0 44 744 367 376 1,531 Net income from unrelated business 11 activities not included in 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.) 10,695 203,845 105,271 77.053 405.654 802,518 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f) 15 98.28 % 16 Public support percentage from 2019 Schedule A, Part III, line 15 16 0 % Section D. Computation of Investment Income Percentage Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 17 0.19 % 18 18 0 % 331/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 19a 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ 🗸 b 331/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

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.

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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, Ioan, 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2020

10b

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - **a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 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.
- 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

- 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?
- 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).
- **3** By reason of the relationship described in 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.*

Section 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 year (see instructions)
- a 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.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3a

3b

isoo ir	nstruct	ionel
300 //	Yes	
2a		
2b		

	Yes	No
	2.	
1		
	1013	
2	1000	OBUT

Page 5

Yes No

11a

11b

11c



0015	Yes	No
	ine;	
1	1200	dia ta
	133	
2	-Sered	2,3
3		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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):	100		en de martin l'
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):	1e		les Conservations
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	10		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	S. D. S. S. Harrison	(a)
2	Enter 0.85 of line 1.	2	In the state of the second	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	E List in the set in the	
4	Enter greater of line 2 or line 3.	4	A STATE OF A STATE	200
5	Income tax imposed in prior year	5	a Part de annoné	
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 int	egrated Type III suppr	orting organization

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

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(Supporting Organi	zations (continued)					
Sect	ion D-Distributions			Curre	nt Year				
1	Amounts paid to supported organizations to accomplish			1					
2	Amounts paid to perform activity that directly furthers exporting organizations, in excess of income from activity	empt purposes of suppo		2					
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	3					
4	Amounts paid to acquire exempt-use assets	mounts paid to acquire exempt-use assets							
5		ualified set-aside amounts (prior IRS approval required - provide details in Part VI)							
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 whic (provide details in Part VI). See instructions.	ch the organization is res		в					
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount		1	0					
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	5 Distril	iii) butable t for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI).</i> See instructions.								
3	Excess distributions carryover, if any, to 2020		ALISE IN A TI	Sec. and	24. J.A.				
а	From 2015			3892 - SA	1.17.5				
b	From 2016								
С	From 2017	S. B. Bass Mr. E.C.		1 The service					
d	From 2018								
е	From 2019		일이 아이 있는것이 것이	n 11 192 19					
f	Total of lines 3a through 3e				12011				
g	Applied to underdistributions of prior years			for still 1993	114.3				
h		l , ⊷é Sak Sydi		(c)					
i	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D, line 7: \$								
а	Applied to underdistributions of prior years			w different	100.00				
b	Applied to 2020 distributable amount		Mathess Sector						
С	Remainder. Subtract lines 4a and 4b from line 4.				Trains				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j and 4c.								
8	Breakdown of line 7:			3 18-13 6					
а	Excess from 2016								
b	Excess from 2017			7. M.S. 1983	and the				
С	Excess from 2018				11.				
d	Excess from 2019				a dia				
е	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

lines 2, 3, and 6. Also complete this part for any additional mormation. (See instructions.)	
	••••••

the selection criteria used to 2 Describe in Part IV the organi Part II Grants and Other As	zation's procedu	ures for monitoring	g the use of grant fu	unds in the United				
Part IV, line 21, for an 1 (a) Name and address of organization or government							d. n of	(h) Purpose of g
(1) Sch I, Stmt 1		V	0		Uner			
.(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)			-					
(11)								
(12)								
2 Enter total number of section						5 A A 12 A	.	•17
3 Enter total number of other or For Paperwork Reduction Act Notice, s			e		at. No. 50055P			Schedule I (Form
ror Paperwork Neutonin Act Notice, a		na tor r onn 330.		0	at No. 50055F			acheudie I (Form

Part III can be duplicated if additio	The second se			vered "Yes" on Form 990,	r dit iv, inic 22.
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

			•••••••••••••••••••••••••••••••••••		

Schedule I (Form 990) 2020

Schedule I, Part IV, Statement 1

Form: Schedule I (2020)

HARVEST SEED PROJECT FOUNDATION

EIN: 47-2377828

Page: 1

Part II, Line 1

		Recipient EIN	Amt. of cash grant	Amt. of non cash asst
Name and address	Empty Bowls McKinney 511 Foote St	75-1447168	8,000	
	McKinney, TX 75069			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash As				
Purpose of grant	Empty Bowls sponsor			
Name and address	Grow North Texas	20-8043130	15,000	
	8907 San Leandro Dr			
	Dallas, TX 75218			
IRC code section	501c3			
Method of valuation Desc. of Non-Cash As:	st.			
Purpose of grant	development of school garden programs			
Name and address	Hugs	46-2332714	6,500	
	224 E Virginia Street			
	McKinney, TX 75069			
IRC code section Method of valuation	501c3			
Desc. of Non-Cash As	e†			
Purpose of grant	update their website and incorporate e-commerce			
Name and address		75 000000	10.000	
Name and address	Community Lifeline Center 1601 N Waddill St	75-2286990	10,000	
	McKinney, TX 75069			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash As	st.			
Purpose of grant	Emergency grant for food			
Name and address	Cartermere Farms	46-3699558	15,000	
	8436 CR 134	40 000000	10,000	
	Celina, TX 75009			
IRC code section				
Method of valuation				
Desc. of Non-Cash As:	st.			
Purpose of grant	farm crisis for chicken feed			
Name and address	Texas Fungus	84-4100191	7,600	
	3201 E Pioneer Pkwy			
	Suite 9			
	Arlington, TX 76010			
IRC code section				
Method of valuation				
Desc. of Non-Cash Ass	st.			
Purpose of grant	Crisis grant for supplies			
Name and address	Profound Foods	46-5523510	21,826	
	1020 W Forest Grove Rd			
	Lucas, TX 75002			
RC code section				

Schedule I, Part IV, Statem	nent 1	HARVEST SEED PROJECT FOUNDATIO		
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Covid19			
Name and address	McKinney Little Free Pantry	82-5320214	6,000	
	2000 N McDonald St			
	Suite 100			
	McKinney, TX 75071			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.	0			
Purpose of grant	Covid19			
Name and address	Hope Clinic of McKinney	20-0637782	10,000	
	120 S Central Expressway			
	Suite 102			
	McKinney, TX 75070			
IRC code section	50163			
Method of valuation				
Desc. of Non-Cash Asst.	0			
Purpose of grant	Covid19			
Name and address	Community Health Clinic of McKinney	81-3813928	10,000	
	4510 Medical Center Dr			
	Suite 204			
	McKinney, TX 75069			
IRC code section	501c3			
Method of valuation Desc. of Non-Cash Asst.				
Purpose of grant	Covid19			
		75 0000000	40.000	
Name and address	Community Lifeline Center	75-2286990	10,000	
	1601 N Waddill St McKinney, TX 75069			
IRC code section	501c3			
Method of valuation	30103			
Desc. of Non-Cash Asst.				
Purpose of grant	Covid19			
Name and address	Holy Family School	75-1025515	10,000	
Name and address	500 Throckmorton	73-1023515	10,000	
	McKinney, TX 75069			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Covid19			
Name and address	Emmanuel Labor	82-2959797	10,000	
	PO Box 2735			
	McKinney, TX 75070			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Covid19			
Name and address	Meals on Wheels Collin County	75-1544507	7,500	
	600 N Tennessee St		•	
	McKinney, TX 75069			
IRC code section	501c3			
Method of valuation				

HARVEST SEED PROJECT FOUNDATION

Schedule I, Part IV, Statement 1 Desc. of Non-Cash Asst. Purpose of grant Covid19		HARVEST SEED PROJECT FOUNDATION	
Name and address	North Texas Family Health Foundation	75-2429644	10,000
	4510 Medical Center Drive		
	Suite 201		
IRC code section	McKinney, TX 75070 501c3		
Method of valuation	50103		
Desc. of Non-Cash Asst.			
Purpose of grant	Covid19		
Name and address	St Jude Catholic Parish	75-2057614	5,500
		75-2057814	5,500
	1112 Ashby Drive Allen, TX 75002		
IRC code section	501c3		
Method of valuation	30103		
Desc. of Non-Cash Asst.			
Purpose of grant	Covid19		
		50 000007	7 700
Name and address	The Salvation Army	58-0660607	7,780
	600 Wilson Creek Parkway		
IRC code section	McKinney, TX 75069		
	501c3		
Method of valuation			
Desc. of Non-Cash Asst. Purpose of grant	Covid19		
-		00 1007071	5.000
Name and address	Above All Things	83-1637871	5,300
	PO Box 1232		
IDO and an atlan	Anna, TX 75409		
IRC code section	501c3		
Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	Covid19		
Name and address	Hope Womens Center	56-2530679	8,000
	2740 Virginia Parkway		
	Suite 200		
	McKinney, TX 75071		
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.	0		
Purpose of grant	Covid19		X
Name and address	McKinney Roots	81-4804348	7,000
	803 s College St		
	McKinney, TX 75069		
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	farm development		

SCHEDULE 0	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047	
(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.		2020		
Department of the Treasury	► Attach to Form 990 or 990-EZ.		Open to Public	
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection	
Name of the organization		Employer ider	ntification number	
HARVEST SEED PROJ	ECT FOUNDATION		47-2377828	
Form 990, Part III, Line 2 - Due to Covid-19, we started a DBA called One Heart McKinney which accepted donations to help support local				
organizations which were being impacted by the Covid-19 environment.				
Form 990, Part VI, Section B, Line 11b - Email 990 and schedules to each director for review				
Form 990, Part VI, Section C, Line 19 - The organization has not made the governing documents available to the general public. No				
requests by the public	for these documents have been received.			

Cat. No. 51056K

Schedule O, Statement 1

Form: Form 990 (2020)

Page: 1

HARVEST SEED PROJECT FOUNDATION

EIN: 47-2377828

Header Section

Reasonable Cause Explanations

Explanation

Filed an extension

Schedule O, Statement 2	HARVEST SEED PROJECT FOUNDATION
Form: Form 990 (2020)	EIN: 47-2377828
Page: 1	Part I, Line 1
Activity Or Miss	ion Description

Description

the current quality of life without compromising future generations. The Foundation was established on the premise that funding sustainable ideas today will support ecological and social balance in the future. Providing seed money for causes that enhance the principles of sustainability is our mission.

Schedule O, Statement 3 HARVEST SEED PROJECT FOUNDATION Form: Form 990 (2020) EIN: 47-2377828 Page: 2 Part III, Line 4d **Other Program Services Accomplishments** Activity Description Expense Grants Revenue Code Hosted symposium for farmers and chefs to promote local, healthy food systems. 2,126 0 0 McKinney Roots: Assisted as need to keep the farm running. 7,000 0 19,564

4,645

26,335

0

7,000

0

0

Salaries allocated to program work

Total: