Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2023 calend	dar year, or tax year	r beginning	1		, 2023 , a	and end	ing		, 20
В	Check if a	applicable:	C Name of organization	Seeds	of Learn	ing				D Empl	loyer identification number
	Address o	change	Doing business as								84-1450521
	Name cha	ange	Number and street (o	or P.O. box if ma	ail is not delivered to	street address)		Room/su	ite	E Telep	phone number
Ī	Initial retu	•	PO Box 583			,				·	(970)264-5513
П		rn/terminated	City or town, state or		try and ZIP or foreig	an postal code		1		G Gros	s receipts
П	Amended		Pagosa Spi	•	•	gr. poolar oodo				\$	1,090,623
H		n pending	F Name and address of						H(a) Is this a d		for subordinates? Yes X No
ш	приодно	ar perialing	1 Numb and address of	r principal cinoc					` '		res included? Yes No
_	Tax-exem	not etatue: X	501(c)(3) 501(c	5) () (insert no.)	4947(a)(1) or	527		1 ' ′		st. See instructions
.	Website:		301(0)(3)	<i>5</i>) ((insert no.)				H(c) Group e		
<u>,</u>		,	Corporation Trust	Association	on Other		L Year of formati	ion: 100		•	gal domicile: CO
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9	3		oting members of th		•	•				3	8
જ	4		ndependent voting m	-						4	8
ies	5		er of individuals empl		-					5	
Activities &	6		er of volunteers (estir							6	25
Ä			ted business revenu		• ,					7a	55
			ed business taxable i			, .				7b	0
	В	ivet uniterate	u business taxable i	income non	11-01111 990-1, F	aiti, iiile ii			Prior Year	7.0	
	8	Contribution	s and grants (Part V	(III line 1h)						750	Current Year
a			s and grants (Fart v rvice revenue (Part \							,759	433,511
ğ	9	Ū	ncome (Part VIII, col	,						,927	514,631
Revenue	10									,841	46,356
œ	11									,802)	
	12		similar amounts paid						1,238	,/25	1,041,234
	13		•		` ,.	,					0
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S	15								655	,076	694,339
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x	. 47		ising expenses (Part ises (Part IX, column		· · · -	۵)		-	202	0.7.4	252 625
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		•	ses. Add lines 13-17		•	, ,				,150 ,575	944,966
		Revenue les	ss expenses. Subtrac	ct line to no	milline iz	· · · · · · · · · · · · · · · · · · ·		- Barri			
sor	ğ E 20	Total assets	(Part X, line 16)					Беді	nning of Curre		End of Year
sset	<u> </u>		,						2,648	-	2,821,012
Net Assets or	22		es (Fart A, line 26) or fund balances. Su						2,578	,320	66,911
_	art II		ire Block	ibilaci iiile z	1 1101111111111111111111111111111111111				2,370	,311	2,754,101
	•		clare that I have examined	d this return, inc	luding accompanyir	ng schedules and statem	ents, and to the best	of my kno	wledge and beli	ief, it is	
true	e, correct, a	and complete. De	eclaration of preparer (other	er than officer) is	s based on all inform	nation of which preparer	has any knowledge.		-	1	
		Fval	yn Tennyson								
Sig	n	Signature of office								Da	ate
He	-	Fval	yn Tennyson,	Dreside	nt						
	. •	Type or print nar		rreside	110						
			eparer's name	Prep	parer's signature		Date		Check	if	PTIN
Ра	id		Matthews	'	ie Matthe	ura	10-07-20	24	self-em	_	P01899878
	eparer				news, CPA	W D	μυ-υ/-20		Firm's EIN	Jioyeu	F01033070
	e Only			Box 2996					Phone no.		
-3	- Oilly	i iiiis addres		ango CO					none no.	970-	460-8575
May	the IRS	S discuss this	return with the prep			structions				970-	X Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		Λ
Ū	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	, , , , , , , , , , , , , , , , , , ,	445		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		Х
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa		Х
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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 I.V	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part.II	18	х	
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		х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	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</i> "Yes," <i>complete Schedule L, Part.II.</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			Λ
	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		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	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	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		X
30	19? Note : All Form 990 filers are required to complete Schedule O	38		
Par		30	Х	<u> </u>
raf	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Concount C Contains a response of note to any line in this fait v	• • •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		x
	. 5 5 6 6 7 6 1			

EEA

Par	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 2!	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		X
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		Х
O	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			Α
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	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.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

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

Se	ction 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	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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 Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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		х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
	with a taxable entity during the year?	16a		X
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	464		
S00	organization's exempt status with respect to such arrangements?	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an erganization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T. (section 601/s)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
13				
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.			
LU	otate the harne, address, and telephone number of the person who possesses the organizations books and records.			

Archuleta Bookkeeping Services (970)264-5513, PO Box 5831, Pagosa Springs, CO 81147

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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 instructions for the order in which to list the persons above.

				((C)					
(A) Name and title	(B) Average hours per week	box,	unles	eck m ss per	son is	nan one s both an /trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)		Key employee Officer Institutional trustee Individual trustee or director		Highest compensated employee	1099-MISC/ 1099-NEC)		organizations (W-2/ 1099-MISC/ 1099-NEC)	organization and related organizations	
	40.00									
Executive Director		Х						73,900	0	0
(2)Lisa Peters	2.00									
Member		Х						0	0	0
(3)Bob Scott	2.00									
Member		Х						0	0	0
(4)Linda Espinosa	2.00									
Member		Х						0	0	0
(5)Martin Rose	2.00									
Member		X						0	0	0
_(6)Lauri_Heraty	2.00									
Vice President		X		х				0	0	0
(7)Janae Ash	2.00									
Secretary		x		х				0	0	0
(8)Bob Brobst	2.00									
Treasurer		х		х				0	0	0
(9)Evelyn Tennyson	2.00									
President		x		х				0	0	0
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										

Form 990 (2023) Seeds of Learning									84-145			age 8
Part VII Section A. Officers, Directors,	Γrustees,	Key I	Ξmp	oloy	yee	s, an	nd H	lighest Comp	ensated Emp	loyees	(cont	inued)
(A) Name and title	(B) Average hours per week	officer and a director/trustee) compensat						Reportable compensation from the	(E) Reportable compensation from related	on com		
	(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)	orga	from the anization and organiz	
<u>(15)</u>												
<u>(16)</u>												
(17)												
(18)												
(19)												
(20)												
<u>(21)</u>												
(22)												
(23)												
<u>(24)</u>												
(25)												
1b Subtotal					• •							
d Total (add lines 1b and 1c)	not limited t							73,900 received more th	0 nan \$100,000 o	f		0_
reportable compensation from the organiza	ation										Yes	0 No
3 Did the organization list any former officer, directly		-				-		•			103	
employee on line 1a? If "Yes," complete ScheduFor any individual listed on line 1a, is the sum of it	reportable co	mpens	ation	and	othe	er com	npens	sation from the		3		X
organization and related organizations greater the individual					•					. 4		х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Ye	e compensati	on from	any	unr	elate	ed orga	aniza	ation or individual				x
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-										
compensation from the organization. Repo	ort compens	sation	for t	ne c	alei	ndar y	year	ending with or v	within the organ	ization's (c)		ear.
Name and business addre	ess							Description of service	es	Compens		
2 Total number of independent contractors (_					ose li	sted	l above) who				
received more than \$100,000 of compensation	ation from th	he org	aniz	atio	n							

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Part VIII

Statement of Revenue

		Check if Schedule O contains a respons	se or note to any li	ine in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
vice Contributions, Gifts, Grants and Other Similar Amounts			191,507 85,987 156,017 \$ 23,625	433,511 485,925 28,706	485,925 28,706	business revenue	
Program Service Revenue		All other program service revenue		514,631			
	3 4 5	Investment income (including dividends, interest, other similar amounts)	ceeds	46,356			46,356
	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss)	(ii) Personal				
		Ret rental income or (loss)	(ii) Other				
Other Revenue	c d	Less: cost or other basis and sales expenses 7b Gain or (loss)					
ō		events (not including \$ 191,507 of contributions reported on line 1c). See Part IV, line 18		46,586			46,586
	9a b	Gross income from gaming activities. See Part IV, line 19 9st Less: direct expenses		·			
	b	Gross sales of inventory, less returns and allowances	b				
Miscellanous Revenue	b c	Miscellaneous	Business Code 624410	150	150		
Mis	е	All other revenue		150 1.041.234	514.781	0	92.942

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or n				` ′
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	•	Total expenses	Program service	Management and	Fundraising
_	Ob, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	73,900	62,076	8,129	3,695
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				_
7	Other salaries and wages	531,781	531,781		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,822	37,822		
10	Payroll taxes	50,836	49,258	1,272	306
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	27,993		27,993	
d	Lobbying	,		, , , , , ,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	1,425	1,425		
12	Advertising and promotion	4,553	1,911	1,347	1,295
13	Office expenses	-	3,889	-	1,293
14	Information technology	8,096	3,009	4,207	
		1,880		1,880	
15	Royalties		1		
16	Occupancy	20,262	17,020	2,229	1,013
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,403	36,459	4,774	2,170
23	Insurance	15,967	13,413	1,756	798
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.)				
а	Classroom expenses	19,461	19,461		
b	Food program	81,469	81,469		
С	Repairs and Maint	12,131	10,190	1,334	607
d	Dues/Subs/License	5,307	1,975	3,332	_
е	All other expenses	8,680	5,468	1,759	1,453
25	Total functional expenses. Add lines 1 through 24e	944,966	873,617	60,012	11,337
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)				
FFA					Form 990 (2023)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	77,802	1	123,197
	2	Savings and temporary cash investments	608,311	2	566,231
	3	Pledges and grants receivable, net	150,002	3	100,000
	4	Accounts receivable, net	305,041	4	45,416
	5	Loans and other receivables from any current or former officer, director,	222,022		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	3,098	9	
•	10a	Land, buildings, and equipment: cost or other	0,000		
		basis. Complete Part VI of Schedule D 10a 1,279,070			
	b	Less: accumulated depreciation 10b 519,512	801,840	10c	759,558
	11	Investments - publicly traded securities	668,759	11	1,193,691
	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	34,044	15	32,919
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,648,897	16	2,821,012
	17	Accounts payable and accrued expenses	51,953	17	43,159
	18	Grants payable	-	18	,
	19	Deferred revenue	4,867	19	13,817
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties	7,072	23	4,904
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	6,428	25	5,031
	26	Total liabilities. Add lines 17 through 25	70,320	26	66,911
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	2,551,108	27	2,638,986
ala	28	Net assets with donor restrictions	27,469	28	115,115
B		Organizations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,578,577	32	2,754,101
	33	Total liabilities and net assets/fund balances	2,648,897	33	2,821,012

Form	990 (2023) Seeds of Learning	84-145052	1	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	041,	234
2	Total expenses (must equal Part IX, column (A), line 25)	2		944,	966
3	Revenue less expenses. Subtract line 2 from line 1	3		96,	268
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	578,	577
5	Net unrealized gains (losses) on investments	5		79,	256
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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	2,	754,	101
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	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?		2a		x
	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		х
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		

3b

Form **990** (2023)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

repartment of the Treasury

Attach to Form 990 or Form 990-EZ.

Doen to Publi

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Seed	s	of Learning					84-145052			
Par	: I	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	art.) See instruction	ons.		
The o	_	ization is not a private foundation be	`	0 ,	,	,				
1		A church, convention of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)	-			
2	_	A school described in section 170								
3	=	A hospital or a cooperative hospital	•							
4	Ш	A medical research organization of	perated in conjunct	ion with a hospital desc	ribed in se	ction 170(b)(1)(A)(iii). Enter the			
	_	hospital's name, city, and state:								
5		An organization operated for the be	=	r university owned or op-	erated by a	a governme	ental unit described in			
_	_	section 170(b)(1)(A)(iv). (Complete	,							
6	=	A federal, state, or local governme	· ·		` ' '	,, ,, ,				
7		An organization that normally received			overnmen	tal unit or ti	om the general public			
	described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8 9	An agricultural research organization described in section 170(b)(1)(A)(vi) . (Complete Part II.)									
9		or university or a non-land-grant co				-	=	ege		
		university:	liege of agriculture	(See instructions). Litter	trie riarrie,	city, and si	ate of the conege of			
10	_	An organization that normally receive	ves (1) more than 3	3 1/3% of its support fro	m contribu	tions mem	hership fees, and gross	<u> </u>		
		receipts from activities related to its	exempt functions,	subject to certain excep	tions; and	(2) no more	e than 33 1/3% of its	,		
		support from gross investment inco acquired by the organization after) from businesses			
11	_	An organization organized and ope					·).			
12	$\overline{\Box}$	An organization organized and ope	rated exclusively fo	r the benefit of, to perfor	m the func	tions of, or	to carry out the purpos	es of		
		one or more publicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	See section 509(a)(3	3). Check		
		the box on lines 12a through 12d th	at describes the typ	oe of supporting organiza	ation and c	omplete lin	es 12e, 12f, and 12g.			
а		Type I. A supporting organizat	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving		
		the supported organization(s) to	he power to regula	rly appoint or elect a ma	jority of the	directors	or trustees of the			
		supporting organization. You r	•	•						
b		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g		
		control or management of the s			persons tha	at control o	r manage the supporte	d		
		organization(s). You must cor	•							
С		Type III functionally integrate		•				with,		
		its supported organization(s) (s								
d		Type III non-functionally inte	•					` '		
		that is not functionally integrate requirement (see instructions).	-	• •		•	ent and an attentivenes	S		
е		Check this box if the organization	-				I Tyne II Tyne III			
•		functionally integrated, or Type					i, Type ii, Type iii			
f	F	nter the number of supported organ		integrated supporting o	igai iizatioi					
g		rovide the following information abo		ganization(s).						
		i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10		ir governing	support (see	other support (see		
				above (see instructions))	docum	ient?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)	_									
Total										

Schedule A (Form 990) 2023 Seeds of Learning 84-1450521 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 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 The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support **(e)** 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 Amounts from line 4 7 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 12 13 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) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions EEA Schedule A (Form 990) 2023

84-1450521

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	169,583	211,625	965,992	768,759	502,011	2,617,970
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose	305,254	234,471	293,656	352,017	421,832	1,607,230
3	Gross receipts from activities that are not an	•	•			•	
	unrelated trade or business under section 513						
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	474,837	446,096	1,259,648	1,120,776	923,843	4,225,200
	Amounts included on lines 1, 2, and 3	1/1,03/	440,090	1,239,040	1,120,770	923,043	4,223,200
7 4	received from disqualified persons						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	-						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
C	Public support. (Subtract line 7c from						
8	`						4 005 000
Cooti	line 6.)						4,225,200
	on B. Total Support dar year (or fiscal year beginning in)	(=) 2010	(h) 2020	(=) 2024	(4) 2022	(-) 2022	(f) Tatal
		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	474,837	446,096	1,259,648	1,120,776	923,843	4,225,200
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	3,136	4,264	11,729	13,841	46,355	79,325
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	3,136	4,264	11,729	13,841	46,355	79,325
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.)	477,973		1,271,377		970,198	4,304,525
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, th	ird, fourth, or fi	fth tax year as	a section 501(c)(3)
	organization, check this box and stop her	е					
Secti	on C. Computation of Public Suppor	t Percentage	е				
15	Public support percentage for 2023 (line 8	, column (f), di	ivided by line	13, column (f))		15	98.16 %
16	Public support percentage from 2022 Sch					16	94.13 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			-		17	2.00 %
18	Investment income percentage from 2022					18	0.00 %
19a	33 1/3% support tests - 2023. If the orga	nization did no	t check the bo	ox on line 14, a	nd line 15 is m	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this be	ox and stop h e	ere. The orgar	nization qualifie	es as a publicly	supported org	anization 🗴
b	33 1/3% support tests - 2022. If the organizati	on did not check	a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3%, a	
	line 18 is not more than 33 1/3%, check this bo	x and stop here	. The organizati	on qualifies as a	publicly support	ed organization	
20	Private foundation. If the organization die	d not check a b	oox on line 14	. 19a. or 19b. c	heck this box a	ind see instruc	tions \square

Schedule A (Form 990) 2023 Seeds of Learning Page 4 84-1450521

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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.)

S

ecti	on A. All Supporting Organizations			
_			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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	4.		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
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	F		
L	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Eh		
_	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
6	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, (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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	U		
•	(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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	Ū		
ou	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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	- Ju		
~	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	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? <i>If "Yes," provide detail in Part VI.</i>	9с		
I0a	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.	10a		
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.)	10b		

EEA

Seeds of Learning

 Schedule A (Form 990) 2023
 Seeds of Learning
 84-1450521
 Page 6

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	ganiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (exp	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Secti	ons A through E.
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Secti	on A - Adjusted Net Income		(A) FIIOI Teal	(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		
Sooti	on B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year
Secti	On B - Millimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona		egrated Type III suppor	ting organization

EEA Schedule A (Form 990) 2023

(see instructions).

9

Schedu	ule A (Form 990) 2023 Seeds of Learning	84-14505	21 Page
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (c	continued)	5
Sect	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	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 which the organization is responsive		
	(provide details in Part VI). See instructions.	8	

Distributable amount for 2023 from Section C, line 6

	Distributable amount for 2023 from Section 6, line 6		9	
_10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
<u>C</u>	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
<u>g</u> _	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
	Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3q, 3h, and 3i from line 3f.			
<u></u>	Distributions for 2023 from			
4	Section D, line 7:			
a				
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

EEA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

11c, 11d, 11e, 11f, 12a, or 12b.

Open to Pu

Open to Public Inspection

Employer identification number

Seeds of Learning 84-1450521 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c, acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

_	de D (1 01111 990) 2023 Seeds Of Hearing		• • • • • •				04-140	00321			aye.
Par			•			•			S (CC	ntını	ued,
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	ny of the fo	llowing that i	make sig	nificant use of its	6			
	collection items (check all that apply):										
а	Public exhibition		d	_	r exchange p	rogram					
b	Scholarly research		е	Other							,
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how the	y further the	e organizatio	n's exem	pt purpose in Pa	rt			
	XIII.										
5	During the year, did the organization solicit o	r receive donations	of art, histo	orical treas	ures, or othe	r similar					
	assets to be sold to raise funds rather than t	o be maintained as	part of the	organizatio	on's collectio	n?		[Yes		No
Par											
	Complete if the organization	answered "Yes'	" on Forr	n 990, P	art IV, line	9, or r	eported an ai	moun	t on l	Form	า
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ntributions	or other asse	ets not					
	included on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	ole.							
							A	mount			
С	Beginning balance					. 1c					
d	Additions during the year					. 1d					
е	Distributions during the year					. 1e					
f	Ending balance					. 1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for es	crow or cu	stodial accou	ınt liabilit	y?	. [Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the	explanation	has been	provided on	Part XIII					
Par											
	Complete if the organization	answered "Yes'	on Forr	n 990, P	art IV, line	10.					
	•	(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years bac	k (e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end baland	ce (line 1a.	column (a)) held as:						
а	Board designated or quasi-endowment	%	3,	(-)	,						
b	Permanent endowment %										
C	Term endowment %										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	•	zation that	are held an	d administer	ed for the	:				
	organization by:	.								Yes	No
	(i) Unrelated organizations?							[3a(i)		
	(ii) Related organizations?							T I	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz							- H	3b		
4	Describe in Part XIII the intended uses of the							· · L			
Par			201111011110								
I di	Complete if the organization		" on Forr	n 990 P	art IV line	11a S	See Form 990) Par	t X li	ine 1	0
	Description of property	(a) Cost or oth			r other basis				d) Book		0.
	резсприон от ргоретту	(a) Cost or oth		1 ' '	other basis		Accumulated preciation	(u) BOOK	vaiue	
1a	Land	,			,						
la b		•		1 1	174 126		420 250			45	767
	· ·	•			074,126		428,359			45,	
C C	Leasehold improvements			 	200,187		87,372			12,	
d	Equipment	•			4,757		3,781				976
e	VIII	1		I .		1	1				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).......

759,558

Schedule D (For			84-1450	521 Page 3
Part VII	Investments - Other Securities Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11b. See Form 990	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial (2) Closely-he	derivatives			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, col.(B)).			
Part VIII	Investments - Program Related Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)			<u> </u>	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11d. See Form 990	Part X, line 15.
	(a) Description	on		(b) Book value
	of use asset			6,57
	erm land receivable			26,34
(3)				
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 15 col. (B))			32,91
Part X	Other Liabilities			3-7
	Complete if the organization answered "Ye line 25.	es" on Form 990, Part IV, line	11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	(2) Book value		
	Incredible Years	5,031		
(3)		2,002		
(4)				
(5)				
(6)				

(1) Federal income taxes	
(2)Due to Incredible Years	5,031
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	5,031

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Complete if the organization answered Y'es' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audiced inancial statements. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. 3 Net unrealized gains (loses) on investments. 5 Donated services and use of facilities. 6 Recoveries of prior year grants. 6 Office (Describe in Part XIII). 6 Add lines 2a through 2d. 7 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 8 Investment expenses on included on Form 990, Part VIII, line 17b. 9 Add lines at and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and loses one audited financial statements. 1 Total expenses and loses one audited financial statements. 1 Total expenses and loses one audited financial statements. 1 Total expenses and loses one audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. 8 Donated services and use of facilities. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. 9 Donated services and use of facilities. 2 Amounts included on Form 990, Part IX, line 25. 9 Donated services and use of facilities. 2 Amounts included on Form 990, Part IX, line 25. 1 Donated services and use of facilities. 2 Amounts included on Form 990, Part IX, line 25. 9 Donated services and use of facilities. 1 Amounts included on Form 990, Part IX, line 25. but not on line 1: 2 Amounts included on Form 990, Part IX, line 25. but not on line 1: 3 Amounts included on Form 990, Part IX, line 25. but not on line 1: 4 Amounts included on Form 990, Part IX, line 25. but not on line 1: 5 Part XIII. 9 Add lines 2 at through 2d. 5 Part XIII. 9 Add lines 4 and 4b. 1 Amounts included on Form 990, Part IX, line 25. but not on line 1: 1 Amounts included on Form 990, Part IX, line 25. but not on line 1: 1 Amounts included on Form 990, Part IX, line 25. but not on line 1: 1 Amounts included on Form 990, Part IX, line 25. but not	Part		-	Return	
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete on Ine 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Deat XIII Supplemental Information		Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.). 5 Part XIII C Add lines 4a and 4b 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete of the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of facilities 2 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Dother (Describe in Part XIII.) 4 Dother (Describe in Part XIII.) 5 C Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	1	Total revenue, gains, and other support per audited financial statements		1	
b Donated services and use of facilities 2b 2b 2c 2c 2c 3c 2d 3c	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
C Recoveries of prior year grants 2c 2d 2d 2d 2d 2d 2d 2d	а	Net unrealized gains (losses) on investments	2a		
Other (Describe in Part XIII.) 2d 2e 3 3 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	b	Donated services and use of facilities	2b		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 At lines 4a and 4b 5 Total expenses and lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Donated services and use of facilities 2 Donated services in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Dother (Describe in Part XIII.) 4 Amounts included on Form 990, Part IV, line 2f, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	С	Recoveries of prior year grants	2c		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII.)	2d		
Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of facilities 2 C Other losses 4 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Subtract line 2e from line 1 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	е	Add lines 2a through 2d		2e	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of facilities 2 Cother losses 4 Cother losses 5 Cother losses 6 Cother losses 7 Cother losses 8 Cother losses 9 Cother losse	3	Subtract line 2e from line 1	, ,	3	
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b C Add lines 4a and 4b 4c (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	b	Other (Describe in Part XIII.)	4b		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	С	Add lines 4a and 4b		4c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return	
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	1	Total expenses and losses per audited financial statements		1	
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
c Other losses	а	Donated services and use of facilities	2a		
d Other (Describe in Part XIII.) e Add lines 2a through 2d	b	Prior year adjustments	2b		
e Add lines 2a through 2d	С	Other losses	2c		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII.)	2d		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	е	Add lines 2a through 2d		2e	
a Investment expenses not included on Form 990, Part VIII, line 7b	3	Subtract line 2e from line 1		3	
a Investment expenses not included on Form 990, Part VIII, line 7b	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
c Add lines 4a and 4b	а		4a		
c Add lines 4a and 4b	b	Other (Describe in Part XIII.)	4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	С	· · · · · · · · · · · · · · · · · · ·		4c	
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	5			5	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	Part				
	Provide		ines 1b and 2b; Part V, line 4;	Part X, line	
	•				

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Open to Public Inspection

eed	s of Learning					84-145				
Part	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1	 Indicate whether the organization raised funds through any of the following activities. Check all that apply. 									
a										
b	Phone solicitations		' L			115				
C	=		g L	_ Special lun	draising events					
d	In-person solicitations									
2a	Did the organization have a written of									
b	or key employees listed in Form 990 If "Yes" list the 10 highest paid indivi			•			∐ Yes ∐ No			
-	b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.									
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or 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		001. (1)				
1										
2										
3										
4										
5										
-										
6										
7										
8										
9										
10										
Γotal										
3	List all states in which the organizati				tions or has been no	otified it is exempt from				
•	registration or licensing.	orrio regiolorea er i		onon cornina	none or ride boorrie	Amount to exempt hem				
	. og.ou allon or noonong.									

Part II

84-1450521

		aroce receipte areater than						
		gross receipts greater than	(a) Event #1 Dancing Star	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))		
			(event type)	(event type)	(total number)	COI. (C))		
Revenue	1	Gross receipts	95,975			95,975		
œ	2	Less: Contributions						
	3	Gross income (line 1						
		minus line 2)	95,975			95,975		
		<u>, </u>	-					
	4	Cash prizes						
	5	Noncash prizes						
ses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	23,625			23,625		
Direct	8	Entertainment						
	9	Other direct expenses	25,764			25,764		
	10	Direct expense summary. Add lin	es 4 through 9 in column (c	1)		49,389		
	11	Net income summary. Subtract li				46,586		
Pa	rt III	Gaming. Complete if the or	ganization answered "Y	es" on Form 990, Part IV	, line 19, or reported m			
		\$15,000 on Form 990-EZ, I	ine 6a.					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
	'							
ses	2	Cash prizes						
Expenses	3							
Direct Expenses		Cash prizes						
Direct Expenses	3	Cash prizes						
Direct Expenses	3	Cash prizes		☐ Yes % No	☐ Yes % ☐ No			
Direct Expenses	3 4 5	Cash prizes	No No	No	No No			
Direct Expenses	3 4 5 6 7	Cash prizes	es 2 through 5 in column (c	No	No No			
Direct Expenses	3 4 5	Cash prizes	es 2 through 5 in column (c	No	No No			
Direct Expenses	3 4 5 6 7 8	Cash prizes	es 2 through 5 in column (cubtract line 7 from line 1, co	No	No No			
	3 4 5 6 7 8 Er	Cash prizes	es 2 through 5 in column (cubtract line 7 from line 1, co	No N	No No	Yes No		
	3 4 5 6 7 8 Erra is	Cash prizes	es 2 through 5 in column (cubtract line 7 from line 1, co	No N	No No	Yes No		
	3 4 5 6 7 8 Erra is	Cash prizes	es 2 through 5 in column (cubtract line 7 from line 1, co	No N	No No	Yes No		
9	3 4 5 6 7 8 Erra Is b If '	Cash prizes	es 2 through 5 in column (condition conducts gaming activities in each	No No Jumn (d)	No No			
9	3 4 5 6 7 8 Erra Is b If '	Cash prizes	es 2 through 5 in column (condition conducts gaming activities in each	No No Jumn (d)	No No			

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

Seeds of Learning 84-1450521 01. Form 990 governing body review (Part VI, line 11) Upon receipt of the 990, the Board of Directors review and approve the document which is then signed by the Board President. 02. Conflict of interest policy compliance (Part VI, line 12c) Conflicts of interest regarding transactions and business decisions are reported to the Executive Director by staff. Decisions regarding such conflicts are made by the Executive Director, with direction from the Board. 03. CEO, executive director, top management comp (Part VI, line 15a) Consideration for compensation is, in part, given to the data contained in the non profit salary compensation comparison released annually by the Colorado Nonprofit Association. 04. Other officer or key employee compensation (Part VI, line 15b Consideration for compensation is, in part, given to the data contained in the nonprofit salary compensation comparison released annually by the Colorado Nonprofit Association. 05. Governing documents, etc, available to public (Part VI, line 19) The organization makes its governing documents and financial statments available to the public upon request.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Business or activity to which this form relates

Sequence No. 179

Identifying number Name(s) shown on return FORM 990 - 1 84-1450521 Seeds of Learning **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 42,279 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/I 27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 42,279 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

84-1450521 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.)

		mns (a) throug	•		•		_			_	ase exp	Jense, (comple	ele Offig 2	14a,	
											r pooo	ngor o	utomo	hiloo \		
240	Section A - De	-			-	л. Se					•					
24 a	Do you have evide	nce to support the t		nent use o	claimed?			No	24b If "Y	es," is t	ne evide	nce writ	ten?	Yes [_ No	
-	(a) Type of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage		(d) other basis	Basis (busi	(e) s for depre ness/inves use only	stment	(f) Recovery period	(g Meth Conve	od/	(h) Depreci deducti	ation	(i) Elected sec cost	tion 179	
25	Special deprecia	ation allowance	e for qualified	d listed	property p	olaced	d in serv	rice di	uring							
	the tax year and	d used more tha	an 50% in a	qualifie	d busines	s use	. See in	struct	tions		25					
26	Property used n	nore than 50%	in a qualified	d busine	ess use:											
			%													
			%													
			%													
27	Property used 5	0% or less in a	qualified bu	ısiness	use:											
			%							S/L-						
			%							S/L-						
			%							S/L-						
28	Add amounts in	column (h), lin	es 25 throug	gh 27. E	inter here	and o	on line 2	21, pa	ge 1 .		28					
29	Add amounts in	column (i), line											29			
			Se	ction B	- Inform	ation	on Use	of V	ehicles							
	olete this section for										-			nicles		
to yo	ur employees, first a	answer the questi	ons in Section	C to see	e if you me	et an e	exception	to cor	mpleting th	is sectio	n for tho	se vehic	les.			
					(a) nicle 1		b) cle 2	\/a	(c) hicle 3		d) icle 4		(e) icle 5	(f Vehic	-	
30	Total business/inv		•	ven	licie i	veni	CIE Z	ve	erricie 3	veni	icie 4	Ven	icie 5	veriid	ile o	
	the year (don't in		, ,													
31	Total commuting r															
32	32 Total other personal (noncommuting)															
	miles driven															
33	Total miles drive															
	lines 30 through					.,		.,		.,		.,	T			
34	Was the vehicle	-		Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No	
٥.	use during off-d	-														
35	Was the vehicle		-													
20	than 5% owner	•														
36					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- D	l da Va	hiala.	- for He	h. Th	oir Fra					
۸۰۵۰		Section C - Qu		-	-					-				ubo ara n	.14	
	wer these question than 5% owner.		-		-	comp	bletting s	sectio	II D IOI VE	enicies	used b	y empic	yees	wno aren	τ	
	than 5% owners Do you maintair					noroc	nol uno	of vo	hiolog in	aludina	oomm	utina h	.,	Yes	No	
31	your employees	•	y statement	triat pro	Jilibits all	perse	niai use	OI VE	illicies, ill	ciuuiiig	COIIIII	utilig, b	у	163	140	
38	Do you maintair		· · · · · · · · · · · · · · · · · · ·	that nr	hihits ne	· · · rsona	 Luse of	vehic	· · · · ·	nt com	mutina	by you	ır			
00	employees? Se	•	•	•	•					•	•					
39	Do you treat all															
40	Do you provide			-												
- •	use of the vehic		-						-	-	-					
41	Do you meet the															
-	Note: If your an											es.				
Par	t VI Amorti		, , - , -		,											
			(b)								(e)					
(a) Date amortization (c) (d) Amortization (f)																
	Description of	CO212	begins	;	Amonia	Lavie al	mount	'	Code section	"	period percenta		AITIOITIZ	ation for this	yedi	
42	Amortization of	costs that begi	ns during yo	ur 2023	tax year	(see	instructi	ons):								
	-				-	•										
43	Amortization of	costs that bega	an before yo	ur 2023	tax year							43		1	,125	
44	Total. Add amo	_	-		-							44			,125	
_			· · · · · · · · · · · · · · · · · · ·	· ·	· · · · · · · · · · · · · · · · · · ·	_						· ·			_	

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

2023

PAGE 1

Name(s) as shown on return

Social security number/EIN

	eeds of Learning									84-1450521					
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Buildings	12-31-2007	1,074,126		100.00			1,074,126	40	SL MM	2.5	401,506	26,853	428,359	
2	Noise Baffles	09-27-2007	2,944		100.00			2,944	5		0	2,944		2,944	
3	Washer, Dryer Combo	10-01-2019	1,583		100.00			1,583	5	SL MQ	20	1,030	317	1,347	
4	Fence	12-31-2007	15,000		100.00			15,000	40	SL MM	2.5	5,725	375	6,100	
5	Parking Lot Lighting	05-08-2014	4,090		100.00			4,090	20	SL HY	5	1,844	204	2,048	
6	Outdoor Storage Shed	09-08-2014	3,493		100.00			3,493	20	SL HY	5	1,575	175	1,750	
7	Commercial Flooring	04-12-2016	28,849		100.00			28,849	20	SL HY	5	9,614	1,442	11,056	
8	Bathroom Remodel	09-25-2017	6,278		100.00			6,278	20	SL HY	5	1,648	314	1,962	
9	Phone System	03-01-2020	3,174		100.00			3,174	5	SL HY	20	1,799	635	2,434	
10	Playground Turf	12-31-2011	40,916		100.00			40,916	20	SL MQ	5	24,552	2,046	26,598	
11	Pavillion	11-11-2015	57,193		100.00			57,193	20	SL MQ	5	20,735	2,860	23,595	
12	Shade Sails for Playg	03-11-2022	19,950		100.00			19,950	5	SL HY	20	1,995	3,990	5,985	
13	Sidewalk	04-30-2021	21,474		100.00			21,474	7	SL HY	14.286	3,068	3,068	6,136	
14	Land Lease	12-31-2007	46,125		100.00			46,125	40	AMT-AMT	2.5	18,656	1,125	19,781	
	Totals		1,325,195					1,325,195				496,691	43,404	540,095	

43,404

2023 (This page is not filed with the return. It is for your records only.) Tax ID Number Name(s) as shown on return Seeds of Learning 84-1450521 Form Multi-Form Description Date **Basis** Method Deduction Buildings 12-31-2007 1,074,126 SL MM 40 26,853 PRG PRG 1 Noise Baffles 09-27-2007 2,944 5 1 Washer, Dryer Combo 10-01-2019 1,583 236 PRG \mathtt{SL} MQ 1 Fence 12-31-2007 15,000 SL MM 40 375 PRG HY 20 05-08-2014 PRG 1 Parking Lot Lighting 4,090 \mathtt{SL} 204 1 Outdoor Storage Shed 09-08-2014 3,493 SL HY 20 175 PRG 1 04-12-2016 28,849 \mathtt{SL} HY 20 PRG Commercial Flooring 1,442 09-25-2017 HY 20 1 Bathroom Remodel 6,278 SL 314 PRG 03-01-2020 HY 5 PRG 1 Phone System 3,174 \mathtt{SL} 635 1 Playground Turf 12-31-2011 40,916 SL MQ 20 2,046 PRG PRG 1 Pavillion 11-11-2015 57,193 \mathtt{SL} MQ 20 2,860 1 Shade Sails for Playgrou 03-11-2022 19,950 \mathtt{SL} HY 5 3,990 PRG PRG 1 Sidewalk 04-30-2021 21,474 \mathtt{SL} HY3,068 Land Lease 40 1,153 1 12-31-2007 46,125 AMT PRG TOTAL 43,351