

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SEEDING JUSTICE</b>		<b>D</b> Employer identification number 93-0691187
	Doing business as		<b>E</b> Telephone number 503-289-1517
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	510 SW 3RD AVE		STE 300
City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97204		<b>G</b> Gross receipts \$ 31,497,808.	
<b>F</b> Name and address of principal officer: SE-AH-DOM EDMO SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: WWW.SEEDINGJUSTICE.ORG		If "No," attach a list. See instructions	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1976	<b>M</b> State of legal domicile: OR
<b>H(c)</b> Group exemption number			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEEDING JUSTICE BUILDS COLLECTIVE POWER BY TRANSFORMING PHILANTHROPY AND FUNDING MOVEMENTS,		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	14
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	20
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	23,464,077.	27,997,495.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,645,112.	2,983,884.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	597,693.	312,482.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-52,467.	25,521.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,654,415.	31,319,382.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	22,610,520.	18,172,403.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,363,370.	2,227,778.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	355,444.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,819,791.	2,078,181.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	25,793,681.	22,478,362.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	-139,266.	8,841,020.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	52,280,746.	30,958,925.
		36,143,061.	4,288,811.
		16,137,685.	26,670,114.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	SE-AH-DOM EDMO, EXECUTIVE DIRECTOR				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	05/07/25		P00183358
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	CLARK NUBER PS	91-1194016		425-454-4919	
	Firm's address				
	10900 NE 4TH ST STE 1400				
	BELLEVUE, WA 98004				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEEDING JUSTICE BUILDS COLLECTIVE POWER BY TRANSFORMING PHILANTHROPY AND FUNDING MOVEMENTS, IN THE PURSUIT OF JUSTICE AND LIBERATION FOR ALL COMMUNITIES. OUR PROGRAMS ARE BASED ON TRUST, RELATIONSHIPS, AND PARTNERSHIP. THEY ARE FOUNDED ON THE BELIEF THAT THE COMMUNITIES MOST

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,426,136. including grants of \$ 8,174,756. ) (Revenue \$ 955,871. ) SEEDING JUSTICE AWARDED \$8,174,756 OF LEGISLATIVE RESOURCES THROUGH A COMMUNITY-LED STEERING COMMITTEE TO ADVANCE REPRODUCTIVE AND BIRTHING HEALTH SERVICES.

4b (Code: ) (Expenses \$ 7,240,835. including grants of \$ 6,643,839. ) (Revenue \$ 1,761,384. ) SEEDING JUSTICE AWARDED \$6,643,839 THROUGH THE CHILD CARE CAPACITY BUILDING (CCCB) TO CHILDCARE PROVIDERS TO BECOME LICENSED, EXPAND SERVICES, AND START NEW CHILDCARE CENTERS. SEEDING JUSTICE ALSO PROVIDED TECHNICAL ASSISTANCE TO THESE SUBGRANTEES.

4c (Code: ) (Expenses \$ 4,857,288. including grants of \$ 3,353,808. ) (Revenue \$ 266,629. ) SEEDING JUSTICE AWARDED \$985,000 TO GRASSROOTS SOCIAL CHANGE ORGANIZATIONS THROUGH OUR UNIQUE, COMMUNITY-LED GRANTMAKING PROCESS. SEEDING JUSTICE WORKED WITH DONORS ACROSS OREGON TO AWARD \$184,300 IN DONOR ADVISED GRANTS. SEEDING JUSTICE ALSO AWARDED \$2,184,508 ARPA FUNDS AS PASS-THROUGH GRANTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 20,524,259.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
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.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SANDEE HUANG - 503-289-1517
510 SW 3RD AVE , STE 300 , PORTLAND, OR 97204

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SE-AH-DOM EDMO EXECUTIVE DIRECTOR	32.00			X			183,192.	0.	31,710.	
(2) DENA ZALDUA DEVELOPMENT DIRECTOR	32.00				X		127,909.	0.	22,974.	
(3) SANDEE HUANG FINANCE AND OPERATIONS DIRECTOR	32.00			X			126,276.	0.	23,718.	
(4) VIOLETA RUBIANI PROGRAM DIRECTOR	32.00				X		122,583.	0.	23,936.	
(5) SAMANTHA BAKALL COMMUNICATION DIRECTOR	32.00				X		107,835.	0.	23,420.	
(6) RAMON VALDEZ STRATEGIC INITIATIVE DIRECTOR	32.00				X		105,633.	0.	23,892.	
(7) JODY MARSHALL PROGRAM DIRECTOR	32.00				X		111,199.	0.	15,048.	
(8) ANA MOLINA BOARD DIRECTOR	4.00	X					2,680.	0.	0.	
(9) JAYLYN SUPPAH TREASURER/CHAIR	2.00	X		X			900.	0.	0.	
(10) MONICA SHO BREWER SECRETARY	2.00	X		X			900.	0.	0.	
(11) LIZ FOUTHER-BRANCH BOARD DIRECTOR	2.00	X					900.	0.	0.	
(12) CRYSTALLEE CRAIN CHAIR/TREASURER	4.00	X		X			0.	0.	0.	
(13) ESPERANZA TERVALON BOARD DIRECTOR	2.00	X					0.	0.	0.	
(14) RICARDO LUJAN-VALERIO BOARD DIRECTOR	2.00	X					0.	0.	0.	
(15) RYAN CURREN BOARD DIRECTOR	2.00	X					0.	0.	0.	
(16) LAURIE TRIEGER BOARD DIRECTOR	2.00	X					0.	0.	0.	
(17) TAMIA DEARY BOARD DIRECTOR	4.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	105,202.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	16,202,857.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	11,689,436.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 7,815,507.				
	<b>h Total.</b> Add lines 1a-1f .....		27,997,495.				
Program Service Revenue	<b>2 a</b> CHILD CARE PGRM SVCS	<b>Business Code</b>	624410	1,761,384.	1,761,384.		
	<b>b</b> HEALTH CARE PGRM SVCS		624190	955,871.	955,871.		
	<b>c</b> COMMUNITY OUTREACH		900099	266,629.	266,629.		
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			2,983,884.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			312,482.		312,482.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	113,193.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>		66,132.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		47,061.			
	<b>d</b> Net rental income or (loss) .....			47,061.		47,061.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 105,202. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		90,754.				
<b>b</b> Less: direct expenses .....	<b>8b</b>		112,294.				
<b>c</b> Net income or (loss) from fundraising events .....			-21,540.		-21,540.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			31,319,382.	2,983,884.	0.	338,003.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	18,027,403.	18,027,403.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	145,000.	145,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	551,818.	210,558.	299,148.	42,112.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,222,296.	617,010.	407,134.	198,152.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,240.	28,709.	40,789.	5,742.
<b>9</b> Other employee benefits .....	213,756.	47,997.	144,184.	21,575.
<b>10</b> Payroll taxes .....	164,668.	76,043.	68,026.	20,599.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	102,403.	41,068.	61,335.	
<b>c</b> Accounting .....	63,232.		63,232.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	79,172.		79,172.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,166,300.	911,993.	233,272.	21,035.
<b>12</b> Advertising and promotion .....	26,227.	601.	1,861.	23,765.
<b>13</b> Office expenses .....	123,898.	27,406.	91,096.	5,396.
<b>14</b> Information technology .....	391,883.	332,430.	53,924.	5,529.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	76,162.	34,833.	36,733.	4,596.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	48,904.	23,208.	18,753.	6,943.
<b>23</b> Insurance .....				
<b>24</b> 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.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	22,478,362.	20,524,259.	1,598,659.	355,444.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,015,771.	<b>1</b>	1,386,692.
	<b>2</b> Savings and temporary cash investments .....	26,239,741.	<b>2</b>	4,391,668.
	<b>3</b> Pledges and grants receivable, net .....	46,200.	<b>3</b>	1,106,334.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	128,132.	<b>9</b>	200.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,185,777.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 79,631.	1,959,785.	<b>10c</b> 9,106,146.
	<b>11</b> Investments - publicly traded securities .....	22,811,590.	<b>11</b>	14,882,636.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	79,527.	<b>12</b>	79,883.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	5,366.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	52,280,746.	<b>16</b>	30,958,925.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	120,863.	<b>17</b>	278,638.
	<b>18</b> Grants payable .....	14,114,927.	<b>18</b>	756,437.
	<b>19</b> Deferred revenue .....	21,907,271.	<b>19</b>	3,253,736.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	36,143,061.	<b>26</b>	4,288,811.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,646,926.	<b>27</b>	12,094,787.
	<b>28</b> Net assets with donor restrictions .....	12,490,759.	<b>28</b>	14,575,327.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	16,137,685.	<b>32</b>	26,670,114.
<b>33</b> Total liabilities and net assets/fund balances .....	52,280,746.	<b>33</b>	30,958,925.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	31,319,382.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,478,362.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,841,020.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	16,137,685.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,691,409.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	26,670,114.

**Part XII Financial Statements and Reporting**

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

- 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? \_\_\_\_\_  
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? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
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? \_\_\_\_\_
- 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 \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,336,514.	7,984,930.	5,717,935.	23,464,077.	27,997,495.	68,500,951.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,336,514.	7,984,930.	5,717,935.	23,464,077.	27,997,495.	68,500,951.
<b>5</b> 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) .....						8,006,632.
<b>6 Public support.</b> Subtract line 5 from line 4.						60,494,319.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	3,336,514.	7,984,930.	5,717,935.	23,464,077.	27,997,495.	68,500,951.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	198,580.	153,832.	187,871.	785,683.	425,675.	1,751,641.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	5,279.	4,124.		591.		9,994.
<b>11 Total support.</b> Add lines 7 through 10						70,262,586.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,680,952.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	86.10	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	88.23	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

OTHER INCOME

2019 AMOUNT: \$ 5,279.

2020 AMOUNT: \$ 4,124.

2022 AMOUNT: \$ 591.

2023 AMOUNT: \$ 0.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

SEEDING JUSTICE

Employer identification number

93-0691187

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization  SEEDING JUSTICE	Employer identification number  93-0691187
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 7,095,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,703,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 8,375,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 9,014,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SEEDING JUSTICE	Employer identification number  93-0691187
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	LOT 7 AND 8, BLOCK 19, PORTLAND, OR _____ _____ _____	\$ 7,020,000.	12/15/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  SEEDING JUSTICE	Employer identification number  93-0691187
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization SEEDING JUSTICE Employer identification number 93-0691187

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition **d**  Loan or exchange program
- b**  Scholarly research **e**  Other \_\_\_\_\_
- c**  Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	11086452.	9,723,117.	12116050.	9,955,763.	8,988,455.
<b>b</b> Contributions .....					32,836.
<b>c</b> Net investment earnings, gains, and losses	1,723,189.	1,431,604.	-2107621.	2,619,839.	1,622,858.
<b>d</b> Grants or scholarships .....			285,312.		
<b>e</b> Other expenditures for facilities and programs .....	825,132.	68,269.		417,152.	624,948.
<b>f</b> Administrative expenses .....				42,400.	63,438.
<b>g</b> End of year balance .....	11984509.	11086452.	9,723,117.	12116050.	9,955,763.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 10.1500 %
- b** Permanent endowment 55.3770 %
- c** Term endowment 34.4740 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		4,074,220.		4,074,220.
<b>b</b> Buildings .....		2,945,780.	49,096.	2,896,684.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		39,649.	30,535.	9,114.
<b>e</b> Other .....		2,126,128.		2,126,128.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				9,106,146.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	33,016,676.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,691,409.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	85,057.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,776,466.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	31,240,210.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	79,172.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	79,172.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	31,319,382.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	22,484,247.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	85,057.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	85,057.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	22,399,190.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	79,172.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	79,172.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	22,478,362.

**Part XIII Supplemental Information**

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

PART V, LINE 4:

GENERAL ENDOWMENT FUND, BOARD-DESIGNATED ENDOWMENT, FEX ENDOWMENT, AND

MICHAEL SMITH FUND EARNINGS AND INCOME ARE USED FOR SEEDING JUSTICE'S

GENERAL OPERATIONS, GRANT MAKING, AND FUTURE GROWTH IN PROGRAMS AND

OPERATIONS. LILLA JEWEL FUND EARNINGS AND INCOME ARE RESTRICTED FOR USE IN

FUNDING AWARDS. THE DONOR-RESTRICTED ENDOWMENT FUND (KELLOGG) IS FOR DONOR

ADVISED FUND GRANTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 18,925.

RENTAL EXPENSE 66,132.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 85,057.

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 18,925.

RENTAL EXPENSE 66,132.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 85,057.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		JUSTICE WITHIN REACH		NONE	
	Revenue	(event type)	(event type)	(total number)	
	<b>1</b> Gross receipts .....	195,956.			195,956.
	<b>2</b> Less: Contributions .....	105,202.			105,202.
	<b>3</b> Gross income (line 1 minus line 2) .....	90,754.			90,754.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	790.			790.
	<b>6</b> Rent/facility costs .....	9,211.			9,211.
	<b>7</b> Food and beverages .....	45,387.			45,387.
	<b>8</b> Entertainment .....	2,435.			2,435.
	<b>9</b> Other direct expenses .....	54,471.			54,471.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				112,294.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-21,540.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **SEEDING JUSTICE** Employer identification number **93-0691187**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACCENT NETWORK 272 CERVANTES CIR LAKE OSWEGO, OR 97035	86-3365383	501(C)(3)	70,776.	0.			PROJECT SUPPORT
ACCESS P.O. BOX 4666 MEDFORD, OR 97501	93-0665396	501(C)(3)	15,733.	0.			PROJECT SUPPORT
ACLU FOUNDATION OF OREGON PO BOX 40585 PORTLAND, OR 97240	23-7048829	501(C)(3)	11,250.	0.			PROJECT SUPPORT
AHIVROY PO BOX 155 DUNDEE, OR 97115	84-2475663	501(C)(3)	15,000.	0.			OPERATING SUPPORT
ANGELS PLAY HOUSE 2180 34TH AVE. NE SALEM, OR 97301	77-0582046	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
APANO COMMUNITIES UNITED FUND 8188 SE DIVISION ST. PORTLAND, OR 97206	80-0252850	501(C)(3)	145,478.	0.			PROJECT SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 121.

**3** Enter total number of other organizations listed in the line 1 table 37.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) 2023**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASIC RIGHTS OREGON EDUCATION FUND 221 NW 2ND AVE STE. 211 PORTLAND, OR 97236	93-1266613	501(C)(3)	500,000.	0.			PROJECT SUPPORT
BELOVED BUILDERS 35 PARK ST. FLORENCE, MA 01062	47-3898186	501(C)(3)	19,000.	0.			PROJECT SUPPORT
BETTER TOGETHER CENTRAL OREGON 1379 SW 15TH STREET, BUILDING B REDMOND, OR 97756	47-2747562	501(C)(3)	45,000.	0.			PROJECT SUPPORT
BEYOND THESE WALLS PO BOX 13006 PORTLAND, OR 97213	85-1037488	501(C)(3)	10,000.	0.			OPERATING SUPPORT
BEYOND TOXICS P.O. BOX 1106 EUGENE, OR 97440	93-1294227	501(C)(3)	20,000.	0.			PROJECT SUPPORT
BILINGUAL MUSIC STUDIO 7215 SE 76TH AVE. BEAVERTON, OR 97005	99-2047108	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
BLACK CULTURE INITIATIVE PO BOX 50643 EUGENE, OR 97405	92-1265289	501(C)(3)	15,000.	0.			OPERATING SUPPORT
BLACK FOOD SOVEREIGNTY COALITION 5020 NE MLK JR. BLVD SUITE F PORTLAND, OR 97211	84-3776029	501(C)(3)	269,625.	0.			PROJECT SUPPORT
BLACK OREGON LAND TRUST 39062 E KNIERIEM RD CORBETT, OR 97019	85-6576948	501(C)(3)	10,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK OREGON LAND TRUST 39062 E KNIERIEM RD CORBETT, OR 97019	85-6576948	501(C)(3)	10,000.	0.			PROJECT SUPPORT
BRIDGING CULTURES 1382 SE 3RD AVE, SUITE #2 CANBY, OR 97013	27-2708205	501(C)(3)	10,000.	0.			OPERATING SUPPORT
CASCADE PACIFIC RC&D PO BOX 2630 CORVALLIS, OR 97339	93-0722979	501(C)(3)	15,000.	0.			PROJECT SUPPORT
CASITA AZUL LLC 17815 NW TILLAMOOK DR. PORTLAND, OR 97229	86-2611921	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
CHILDREN'S INSTITUTE 1411 SW MORRISON STREET #205 PORTLAND, OR 97205	93-1095351	501(C)(3)	30,000.	0.			PROJECT SUPPORT
CISPES EDUCATION FUND 1525 NEWTON ST. NW WASHINGTON, DC 20010	52-1481003	501(C)(3)	69,276.	0.			PROJECT SUPPORT
COALICION FORTALEZA 1005 N. RIVERSIDE AVE SUITE 100 MEDFORD, OR 97501	86-1300961	501(C)(3)	20,000.	0.			OPERATING SUPPORT
COLUMBIA RIVER INSTITUTE FOR INDIGENOUS DEVELOPMENT - PO BOX 870 - WARM SPRINGS, OR 97761	84-2556862	501(C)(3)	10,000.	0.			OPERATING SUPPORT
COMMON CAUSE EDUCATION FUND 805 15TH ST NW SUITE 800 WASHINGTON, DC 20005	31-1705370	501(C)(3)	10,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITY ALLIANCE OF LANE COUNTY 458 BLAIR BLVD EUGENE, OR 97402	93-0691194	501(C)(3)	18,107.	0.			OPERATING SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			PROJECT SUPPORT
CONFEDERATED TRIBES OF GRAND RONDE COMMUNITY OF OREGON - 9615 GRAND RONDE RD. - GRAND RONDE, OR 97347	93-0899337	TRIBAL GOVERNMEN	500,000.	0.			PROJECT SUPPORT
CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION - 46411 TIMINE WAY - PENDLETON, OR 97801	93-0624734	TRIBAL GOVERNMEN	500,000.	0.			PROJECT SUPPORT
CONFEDERATED TRIBES OF WARM SPRINGS - 1233 VETERANS STREET, PO BOX C - WARM SPRINGS, OR 97761	93-0383362	TRIBAL GOVERNMEN	113,624.	0.			OPERATING SUPPORT
CONSEJO HISPANO P.O. BOX 1029 ASTORIA, OR 97103	20-3189709	501(C)(3)	15,000.	0.			PROJECT SUPPORT
CRATER FOUNDATION P.O. BOX 5172 CENTRAL POINT, OR 97502	93-1076130	501(C)(3)	20,000.	0.			PROJECT SUPPORT
DAVID DOUGLAS SCHOOL DISTRICT 11300 NE HALSEY STREET PORTLAND, OR 97220	93-6014226	LOCAL GOVERNMENT	300,000.	0.			ARPA PROJECT SERVICES SUPPORT
DOULAS LATINAS INTERNATIONAL 620 NW 8TH ST. GRESHAM, OR 97030	77-0661661	501(C)(3)	375,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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DOVE CHILD CARE LLC 12627 SE BUSH ST #10 PORTLAND, OR 97236	21-6749192	OTHER	10,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
EAGLE WINGS DAYCARE PO BOX 24 GRESHAM, OR 97030	92-2217812	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
EARLY CONNECTIONS BILINGUAL PRESCHOOL & DAYCARE - 6420 SE FRANCES ST. - HILLSBORO, OR 97123	84-4693454	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
EARLY START DAYCARE LLC 2991 CHESTER AVE. NE SALEM, OR 97301	61-1915877	OTHER	500,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
EDUCATE YA 200 NE 20TH AVE. STE 10 PORTLAND, OR 97232	93-1287540	501(C)(3)	15,000.	0.			OPERATING SUPPORT
EDUCATION EXPLORERS 2 9455 SW MCDONALD ST. TIGARD, OR 97224	85-0645357	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
EMBRACE BEND 2312 NW LOLO DR. BEND, OR 97703	84-1827194	501(C)(3)	15,000.	0.			OPERATING SUPPORT
EUVALCREE 67 SW 2ND AVENUE ONTARIO, OR 97914	46-2224467	501(C)(3)	20,000.	0.			PROJECT SUPPORT
FILIPINO BAYANIHAN CENTER 1537 SE MORRISON ST. PORTLAND, OR 97214	86-2388743	501(C)(3)	15,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FIREFIGHTERS UNITED FOR SAFETY, ETHICS, AND ECOLOGY (FUSEE) - 2852 WILLAMETTE ST. 125 - EUGENE, OR 97405	20-1094311	501(C)(3)	15,000.	0.			PROJECT SUPPORT
FRIENDSHIP DAYCARE 2991 SE 4TH ST. GRESHAM, OR 97080	90-1505838	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
FUTURE GENERATIONS COLLABORATIVE 935 NE 33RD AVE. PORTLAND, OR 97232	92-0293860	501(C)(3)	10,000.	0.			OPERATING SUPPORT
FUTURE GENERATIONS COLLABORATIVE 935 NE 33RD AVE. PORTLAND, OR 97232	92-0293860	501(C)(3)	125,000.	0.			PROJECT SUPPORT
GENERATION MONTESSORI BILINGUAL CHILD CARE LLC - 1105 SE 13TH AVE. - HILLSBORO, OR 97123	47-5028445	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
GRUPO LATINO DE ACCION DIRECTA (GLAD) - 329 E 8TH AVE. - EUGENE, OR 97401	30-0832937	501(C)(3)	15,000.	0.			PROJECT SUPPORT
HAKI COMMUNITY ORGANIZATION 11830 KERR PKWY 205 LAKE OSWEGO, OR 97035	82-4813692	501(C)(3)	60,426.	0.			PROJECT SUPPORT
HAPPY ANGEL'S DAYCARE LLC 705 SE 155TH AVE. PORTLAND, OR 97233	46-4920032	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
HEIDY SIERRA CHILD CARE LLC 16416 SE MAIN ST. PORTLAND, OR 97233	82-2874540	OTHER	10,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HOPI RELIEF 9299 WEST OLIVE AVENUE STE 113 PEORIA, AZ 85345	85-2055678	501(C)(3)	10,000.	0.			OPERATING SUPPORT
IMAGINE BLACK FUTURES 9450 SW GEMINI DRIVE PMB 26684 BEAVERTON, OR 97008	82-5305527	501(C)(3)	50,000.	0.			PROJECT SUPPORT
INDIGENOUS PEOPLES POWER PROJECT INC. - PO BOX 33134 - PORTLAND, OR 97292	85-0950676	501(C)(3)	19,000.	0.			OPERATING SUPPORT
JACKSON COUNTY COMMUNITY SERVICES CONSORTIUM - 325 S. RIVERSIDE SUITE 4435 - MEDFORD, OR 97501	94-3110224	501(C)(3)	20,000.	0.			PROJECT SUPPORT
JOIN PO BOX 16490 PORTLAND, OR 97292	93-1090005	501(C)(3)	15,000.	0.			PROJECT SUPPORT
JOSEPHINE COUNTY FOOD BANK P.O. BOX 250 GRANTS PASS, OR 97528	47-1904505	501(C)(3)	15,733.	0.			OPERATING SUPPORT
KIDS ZONE DAYCARE LLC 2510 SW 210TH CT. BEAVERTON, OR 97006	84-5043006	OTHER	50,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
KINCULTIVATE 2120 PACIFIC BLVD SW ALBANY, OR 97321	86-1332789	501(C)(3)	19,000.	0.			OPERATING SUPPORT
KLAMATH TRIBES P.O. BOX 436, 501 CHILOQUIN BLVD. CHILOQUIN, OR 97624	93-0801543	TRIBAL GOVERNMENT	30,026.	0.			OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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KLAMATH-SISKIYOU WILDLANDS CENTER P.O. BOX 102 ASHLAND, OR 97520	93-1246139	501(C)(3)	25,000.	0.			OPERATING SUPPORT
KOMEMMA CULTURAL PROTECTION ASSOCIATION - PO BOX 180 - YONCALLA, OR 97499	77-0603915	501(C)(3)	10,000.	0.			OPERATING SUPPORT
LA CLINICA 931 CHEVY WAY MEDFORD, OR 97504	94-3096772	501(C)(3)	750,000.	0.			PROJECT SUPPORT
LAKE OSWEGO CHILDREN LEARNING AND DEVELOPMENT LLC - 13836 AMBERWOOD CIR. - LAKE OSWEGO, OR 97035	81-2385370	OTHER	500,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
LATINO NETWORK 410 NE 18TH AVENUE PORTLAND, OR 97232	73-1675402	501(C)(3)	262,500.	0.			PROJECT SUPPORT
LEARNING TOGETHER CHILD CARE 1010 DOUGLAS ST. FOREST GROVE, OR 97116	85-4193972	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
LEGAL AID SERVICES OF OREGON 4531 SE BELMONT ST. SUITE 201 PORTLAND, OR 97215	93-0635480	501(C)(3)	75,000.	0.			PROJECT SUPPORT
LITTLE ANTS CHILD CARE INC. 13620 SW BEEF BEND RD. #9 KING CITY, OR 97224	47-1763823	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
LITTLE CREEK BILINGUAL SCHOOL 93507 EASY CREEK LN. COOS BAY, OR 97420	92-0540595	OTHER	40,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LITTLE LIONS CHILD CARE 2565 SE ALDER ST. HILLSBORO, OR 97123		OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
LONG TOM WATERSHED COUNCIL 11 EAST 27TH AVE EUGENE, OR 97405	20-8049325	501(C)(3)	10,000.	0.			PROJECT SUPPORT
LORENZA'S CHILDCARE LLC 1749 SE 112TH AVE PORTLAND, OR 97216	30-1257807	OTHER	10,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
LUCHIK CHILDCARE 10930 SE STARK ST. #130 PORTLAND, OR 97216		OTHER	10,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
LUMI'S DAY CARE 1201 E 17TH ST. THE DALLES, OR 97058	46-4587798	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
MAGIC SHAPES CHILD CARE LLC 13404 SE MALL ST. PORTLAND, OR 97236	36-5002025	OTHER	46,361.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
MANO A MANO 2921 SADDLE CLUB ST SE #1009 SALEM, OR 97317	93-0992858	501(C)(3)	180,000.	0.			PROJECT SUPPORT
MI MUNDO MAGICO DAYCARE 469 NW CYPRESS ST. MCMINNVILLE, OR 97128	92-2309856	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
MICRONESIAN ISLANDER COMMUNITY PO BOX 18606 SALEM, OR 97305	90-0663871	501(C)(3)	325,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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NEIGHBORHOOD PARTNERSHIPS 120 NW 9TH AVENUE SUITE 216 PORTLAND, OR 97209	91-1943624	501(C)(3)	20,000.	0.			PROJECT SUPPORT
NEXT UP ACTION FUND 1001 SE WATER AVE. STE #460 PORTLAND, OR 97214	32-0073649	501(C)(4)	20,000.	0.			PROJECT SUPPORT
NIMIIPUU PROTECTING THE ENVIRONMENT - PO BOX 452 - LAPWAI, ID 83540	47-3465431	501(C)(3)	15,000.	0.			OPERATING SUPPORT
NORMA'S DAYCARE BILINGUAL SCHOOL 300 NW HAYDEN CT. HILLSBORO, OR 97124	83-3862142	OTHER	55,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
NORTHWEST ABORTION ACCESS FUND 4325 COMMERCE ST, SUITE 111-433 EUGENE, OR 97402	72-1553703	501(C)(3)	480,000.	0.			PROJECT SUPPORT
NORTHWEST EMPLOYMENT EDUCATION AND DEFENSE FUND - 310 SW 4TH AVE, SUITE 320 - PORTLAND, OR 97204	06-1669649	501(C)(3)	20,000.	0.			PROJECT SUPPORT
NORTHWEST PORTLAND AREA HEALTH INDIAN BOARD (NPaiHB) - 2121 SW BROADWAY SUITE 300 - PORTLAND, OR 97201	93-0718154	501(C)(3)	200,000.	0.			PROJECT SUPPORT
NUU-DA' MV-NE' 2066 PIERCE ST. UNIT A EUGENE, OR 97405	82-2864715	501(C)(3)	10,000.	0.			OPERATING SUPPORT
OR AND SW WA AFRICAN COMMUNITY DEVELOPMENT CENTER (OSWWACDC) - 10245 NE CLACKAMAS ST - PORTLAND, OR 97220	85-1271828	501(C)(3)	50,000.	0.			PROJECT SUPPORT

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OREGON AFSCME COUNCIL 75 1400 TANDEM AVE NE SALEM, OR 97301	93-0354500	501(C)(5)	15,000.	0.			PROJECT SUPPORT
OREGON ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 5427 GLEN ECHO AVE STE A - GLADSTONE, OR 97027	23-7088803	501(C)(3)	30,000.	0.			PROJECT SUPPORT
OREGON BLACK PIONEERS 2755 COMMERCIAL STREET SE #101-172 SALEM, OR 97302	93-1156374	501(C)(3)	9,500.	0.			OPERATING SUPPORT
OREGON CENTER FOR PUBLIC POLICY 2121 SW 4TH AVE STE 304 PORTLAND, OR 97201	93-1186075	501(C)(3)	20,000.	0.			PROJECT SUPPORT
OREGON CHILD DEVELOPMENT COALITION, INC. - 9140 SW PIONEER CT. STE E - WILSONVILLE, OR 97070	93-0591240	501(C)(3)	500,000.	0.			PROJECT SUPPORT
OREGON COMMUNITY HEALTH WORKERS ASSOCIATION - 401 NE 19TH AVE. STE. 200 - PORTLAND, OR 97232	46-4952693	501(C)(3)	1,070,776.	0.			PROJECT SUPPORT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	STATE GOVERNMENT	400,000.	0.			HEALTH CARE PROGRAM SERVICES SUPPORT
OREGON RURAL ACTION PO BOX 1231 LA GRANDE, OR 97850	03-0383463	501(C)(3)	20,000.	0.			PROJECT SUPPORT
OREGON SCHOOL-BASED HEALTH ALLIANCE - 401 NE 19TH AVE. STE. 200 - PORTLAND, OR 97232	36-4588657	501(C)(3)	400,000.	0.			PROJECT SUPPORT

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OREGON SEX WORKERS COMMITTEE 3439 NE SANDY BLVD #28230 PORTLAND, OR 97232	88-1846412	501(C)(3)	11,500.	0.			OPERATING SUPPORT
OSTARA INITIATIVE PO BOX 18603 MINNEAPOLIS, MN 55418	82-4855661	501(C)(3)	393,300.	0.			PROJECT SUPPORT
OTHER 98 PERCENT LAB 1752 NW MARKET ST STE 4811 SEATTLE, WA 98107	46-3450243	501(C)(3)	10,000.	0.			PROJECT SUPPORT
OUTSIDE IN 1132 SW 13TH AVE PORTLAND, OR 97205	93-0567549	501(C)(3)	142,943.	0.			PROJECT SUPPORT
PARKROSE MONTESSORI SCHOOL 12548 NE MORRIS ST. PORTLAND, OR 97230	47-3470336	OTHER	500,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
PEQUENITOS CHILD CARE SPANISH IMMERSION SCHOOL - 4927 NE 55TH AVE. - PORTLAND, OR 97218	88-1175084	OTHER	400,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
PITA'S DAY CARE 108 EHRGOOD AVE. NYSSA, OR 97913	87-4275223	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
PLANNED PARENTHOOD ADVOCATES OF OREGON - PO BOX 12267 - PORTLAND, OR 97212	93-1040482	501(C)(4)	415,000.	0.			HEALTH CARE PROGRAM SERVICES SUPPORT
PLANNED PARENTHOOD OF THE COLUMBIA WILLAMETTE - 3727 NE MARTIN LUTHER KING JR. BLVD. - PORTLAND, OR 97212	93-6031270	501(C)(3)	430,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND ALL NATIONS CANOE FAMILY 8316 N. LOMBARD ST. #413 PORTLAND, OR 97203	82-5231573	501(C)(3)	10,000.	0.			OPERATING SUPPORT
PORTLAND HARBOR COMMUNITY COALITION - 4815 NE 7TH AVE. - PORTLAND, OR 97211	86-2178469	501(C)(3)	15,000.	0.			OPERATING SUPPORT
PORTLAND IN COLOR PO BOX 13505 PORTLAND, OR 97213	84-4215361	501(C)(3)	10,000.	0.			OPERATING SUPPORT
PORTLAND JOBS WITH JUSTICE EDUCATION FUND - 2710 NE 14TH AVE - PORTLAND, OR 97212	26-0901792	501(C)(3)	15,000.	0.			OPERATING SUPPORT
PREESCOLAR DAY CARE JALISCO LLC 1185 RANDALL WAY INDEPENDENCE, OR 97351	38-3913178	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
PRIDE FOUNDATION 2014 E. MADISON ST. #300 SEATTLE, WA 98122	91-1325007	501(C)(3)	500,000.	0.			PROJECT SUPPORT
PUEBLO UNIDO PDX 3439 SE HAWTHORNE BLVD PMB 327 PORTLAND, OR 97214	82-2488480	501(C)(3)	20,000.	0.			PROJECT SUPPORT
RESOURCE GENERATION 1216 BROADWAY 2ND FLOOR NEW YORK, NY 10001	27-1847561	501(C)(3)	38,800.	0.			OPERATING SUPPORT
RESPOND TO RACISM IN LAKE OSWEGO P.O. BOX 1290 LAKE OSWEGO, OR 97035	84-2932758	501(C)(3)	70,776.	0.			PROJECT SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIOS TO RIVERS 1280 UTE AVENUE, SUITE 4 ASPEN, CO 81611	46-0720031	501(C)(3)	10,000.	0.			PROJECT SUPPORT
ROGUE ADVOCATES P.O. BOX 624 ASHLAND, OR 97520	20-5732954	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ROGUE CLIMATE P.O. BOX 1980 PHOENIX, OR 97535	46-4714467	501(C)(3)	20,000.	0.			OPERATING SUPPORT
ROGUE FARM CORPS P.O. BOX 86024 PORTLAND, OR 97286	03-0529330	501(C)(3)	20,000.	0.			OPERATING SUPPORT
ROOTS AND BEATS PROJECT 4815 NE 7TH AVE. PORTLAND, OR 97211	86-3741659	501(C)(3)	15,000.	0.			PROJECT SUPPORT
ROSE COMMUNITY DEVELOPMENT 5215 SE DUKE PORTLAND, OR 97206	94-3144895	501(C)(3)	10,000.	0.			PROJECT SUPPORT
SAFETY AND JUSTICE OREGON 221 NW 2ND AVE, SUITE 209 PORTLAND, OR 97209	30-0457438	501(C)(4)	20,000.	0.			PROJECT SUPPORT
SAMOA PACIFIC DEVELOPMENT CORPORATION - 7820 NE HOLMAN ST STE B-1 - PORTLAND, OR 97218	20-0237410	501(C)(3)	15,000.	0.			PROJECT SUPPORT
SANTA'S LITTLE CLOUD CHILDCARE 4121 SE 112TH AVE. PORTLAND, OR 97266	88-3395856	OTHER	10,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISKIYOU FIELD INSTITUTE P.O. BOX 207 SELMA, OR 97538	20-1285400	501(C)(3)	20,000.	0.			OPERATING SUPPORT
SISKIYOU MOUNTAIN CLUB P.O. BOX 61 ASHLAND, OR 97520	27-3418419	501(C)(3)	20,000.	0.			OPERATING SUPPORT
SOLECITOS DAY CARE LLC 4046 SE 115TH AVE. PORTLAND, OR 97266	93-1416611	OTHER	10,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
SOUTHERN OREGON LAND CONSERVANCY P.O. BOX 954 ASHLAND, OR 97520	93-0724691	501(C)(3)	20,000.	0.			OPERATING SUPPORT
SWEET RIVER BAMBOO PRESCHOOL AND NURSERY CORPORATION - 6523 NE WYGANT ST. - PORTLAND, OR 97218	27-1159004	OTHER	500,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
TAKING OWNERSHIP 3820 N. GANTENBEIN AVE. PORTLAND, OR 97227	93-1997068	501(C)(3)	10,000.	0.			OPERATING SUPPORT
THE FATHER'S HEART MINISTRY 603 12TH ST OREGON CITY, OR 97045	65-1224857	501(C)(3)	50,000.	0.			PROJECT SUPPORT
THE IMMIGRANT AND REFUGEE COMMUNITY ORGANIZATION (IRCO) - 10301 NE GLISAN ST. - PORTLAND, OR 97220	93-0806295	501(C)(3)	500,000.	0.			PROJECT SUPPORT
THE UNDERSTORY INITIATIVE 2640 E. BARNETT RD. STE E #130 MEDFORD, OR 97504	83-1051907	501(C)(3)	10,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UPRISE COLLECTIVE PO BOX 7462 BEAVERTON, OR 97007	82-4833932	501(C)(3)	10,000.	0.			OPERATING SUPPORT
THE URBAN LEAGUE OF PORTLAND 10 N RUSSELL ST. PORTLAND, OR 97227	93-0395590	501(C)(3)	25,000.	0.			PROJECT SUPPORT
TIDES FOUNDATION 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	20,000.	0.			PROJECT SUPPORT
TIP TAP GROW 625 EAST 43RD AVE. EUGENE, OR 97405	93-3891017	OTHER	282,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
UNIDOS BRIDGING COMMUNITY 117 NE 5TH ST. SUITE D MCMINNVILLE, OR 97128	30-0808779	501(C)(3)	10,000.	0.			PROJECT SUPPORT
UNITE OREGON 1390 SE 122ND AVE PORTLAND, OR 97233	74-3098100	501(C)(3)	752,000.	0.			PROJECT SUPPORT
UNITED WAY OF SOUTHWESTERN OREGON PO BOX 1288 COOS BAY, OR 97420	93-0503188	501(C)(3)	512,123.	0.			PROJECT SUPPORT
UNITED WE HEAL TRAINING 6025 E BURNSIDE ST PORTLAND, OR 97215	87-2251603	501(C)(3)	30,000.	0.			PROJECT SUPPORT
UTOPIA WA 841 CENTRAL AVE. N. #C106 KENT, WA 98032	61-1668192	501(C)(3)	19,853.	0.			OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIDAL DAY CARE AND PRESCHOOL LLC 1549 BRIAR RD. INDEPENDENCE, OR 97351	84-2934196	OTHER	100,000.	0.			CHILDCARE PROGRAM SERVICES SUPPORT
VIRGINIA GARCIA MEMORIAL HEALTH CENTER - PO BOX 6149 - ALOHA, OR 97229	93-0717997	501(C)(3)	233,265.	0.			PROJECT SUPPORT
VOICES, A BIPOC ADOPTEE COMMUNITY PO BOX 11496 PORTLAND, OR 97211	93-2517170	501(C)(3)	15,000.	0.			PROJECT SUPPORT
VOZ WORKERS RIGHTS EDUCATION PROJECT - 3575 NE BROADWAY ST - PORTLAND, OR 97232	26-1357376	501(C)(3)	15,000.	0.			OPERATING SUPPORT
WALLOWA BAND NEZ PERCE TRAIL INTERPRETIVE CENTER - PO BOX 15 - WALLOWA, OR 97885	93-1192718	501(C)(3)	15,000.	0.			OPERATING SUPPORT
WALLOWA RESOURCES 401 NE 1ST ST. STE A ENTERPRISE, OR 97828	91-1794627	501(C)(3)	15,000.	0.			PROJECT SUPPORT
WATER CLIMATE TRUST PO BOX 990111 REDDING, CA 96099	83-2451287	501(C)(3)	10,000.	0.			PROJECT SUPPORT
WE CAN DO BETTER PO BOX 13314 PORTLAND, OR 97213	27-2132905	501(C)(3)	15,000.	0.			OPERATING SUPPORT
WEAVING FALA 550 S MAIN STREET LEBANON, OR 97355	93-4600564	501(C)(3)	10,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLAMETTE UNIVERSITY 245 WINTER STREET SE SALEM, OR 97301	93-0386972	501(C)(3)	10,000.	0.			PROJECT SUPPORT
WOMEN'S FOUNDATION OF THE SOUTH 401 ST JOSEPH ST. STE 2A NEW ORLEANS, LA 70130	84-3702899	501(C)(3)	15,000.	0.			OPERATING SUPPORT
WOMENFIRST TRANSITION & REFERRAL CENTER - 21440 SE STARK STREET - GRESHAM, OR 97030	20-8394927	501(C)(3)	51,025.	0.			PROJECT SUPPORT

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
JUSTICE FELLOWSHIP	3	100,000.	0.		
LILLA JEWEL AWARD	5	45,000.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

TO ENSURE FUNDS ARE BEING SPENT OF EXEMPT PURPOSES THE ORGANIZATION  
 PERFORMS REGULAR CHECK-INS WITH GRANTEES FOR RELATIONSHIP BUILDING AND  
 PROJECT STATUS, THROUGH VARIOUS METHODS INCLUDING IN-PERSON MEETINGS, ZOOM  
 CALLS, AND REPORTING FROM THE GRANTEES. SEEDING JUSTICE CONDUCTS FOLLOW UP  
 IF THERE ARE QUESTIONS OR INCONSISTENCIES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

SEEDING JUSTICE

Employer identification number

93-0691187

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SE-AH-DOM EDMO EXECUTIVE DIRECTOR	(i)	183,192.	0.	0.	6,342.	25,368.	214,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENA ZALDUA DEVELOPMENT DIRECTOR	(i)	127,909.	0.	0.	6,342.	16,632.	150,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: SEEDING JUSTICE  
Employer identification number: 93-0691187

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	787,817.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures	X	1	7,020,000.	FAIR MARKET VALUE
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( AUCTION ITEMS )	X	6	7,690.	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS

RECEIVED.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

SEEDING JUSTICE

Employer identification number

93-0691187

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN THE PURSUIT OF JUSTICE AND LIBERATION FOR ALL COMMUNITIES. OUR  
PROGRAMS ARE BASED ON TRUST, RELATIONSHIPS, AND PARTNERSHIP. THEY ARE  
FOUNDED ON THE BELIEF THAT THE COMMUNITIES MOST IMPACTED BY INJUSTICE  
ARE THE ONES BEST EQUIPPED TO SOLVE THE ISSUES THEY FACE.

FORM 990, PART I, LINE 6, VOLUNTEERS:

MOST VOLUNTEERS SERVE AS BOARD AND COMMITTEE MEMBERS AND SERVE ABOUT 4  
HOURS PER MONTH FOR MEETINGS. WE HAVE 5-10 VOLUNTEERS FOR OUR ANNUAL  
FUNDRAISING EVENT AND THEY CONTRIBUTE 4 HOURS DURING THE EVENT TIME.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPACTED BY INJUSTICE ARE THE ONES BEST EQUIPPED TO SOLVE THE ISSUES  
THEY FACE.

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

SEEDING JUSTICE'S FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE  
FINANCE AND OPERATIONS DIRECTOR, THE BOARD IS THEN PROVIDED A COPY PRIOR TO  
FILING.

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

THE BOARD OF DIRECTORS AND EXECUTIVE STAFF ARE ASKED TO COMPLETE A CONFLICT  
OF INTEREST DISCLOSURE FORM ANNUALLY. CIRCUMSTANCES THAT COULD LEAD TO OR  
PRESENT A POTENTIAL CONFLICT OF INTEREST ARE BROUGHT TO THE BOARD OF  
DIRECTORS OR A BOARD APPOINTED COMMITTEE, SUCH AS THE GRANTMAKING  
COMMITTEE. IF A CONFLICT DOES EXIST, THE BOARD MEMBER(S) IN QUESTION ARE

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

Schedule O (Form 990) 2023

Name of the organization SEEDING JUSTICE	Employer identification number 93-0691187
---	--

ASKED TO RECUSE THEMSELVES AND NOT VOTE ON THE MATTER IN QUESTION.

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

THE BOARD REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S SALARY ANNUALLY. TO

ENSURE REASONABLENESS OF THE EXECUTIVE DIRECTOR AND OTHER STAFF'S SALARY

THE BOARD REVIEW INCLUDES CONSULTATIONS FROM INDEPENDENT CONSULTANTS AND

COMPENSATION STUDIES. THE ORGANIZATION DID A FULL COMPENSATION ANALYSIS

DURING SEPTEMBER 2022- MARCH 2023, FROM THERE ESTABLISHED A NEW

COMPENSATION STRUCTURE FOR ALL EMPLOYEES.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <p align="center">SEEDING JUSTICE</p>	Employer identification number <p align="center">93-0691187</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
3625 N MISSISSIPPI LLC - 87-3302793 3625 N MISSISSIPPI AVE PORTLAND, OR 97227	CSJ BUILDING RENOVATION	OREGON	-38,353.	4,052,903.	SEEDING JUSTICE
CENTER FOR SOCIAL JUSTICE LLC - 93-4770758 3625 N MISSISSIPPI AVE PORTLAND, OR 97227	CSJ BUILDING RENOVATION	OREGON	228,218.	6,894,615.	SEEDING JUSTICE
OREGON COMMUNITY CLIMATE INVESTMENT FUND LLC - 93-4080250, 3625 N MISSISSIPPI AVE, PORTLAND, OR 97227	INVESTMENT	OREGON	0.	0.	SEEDING JUSTICE

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



