

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 for instructions and the latest information.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SEEDING JUSTICE		D Employer identification number 93-0691187
	Doing business as		E 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		G Gross receipts \$ 13,811,964.	
F Name and address of principal officer: SE-AH-DOM EDMO SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I 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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.SEEDINGJUSTICE.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1976	M State of legal domicile: OR
H(c) Group exemption number			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEEDING JUSTICE BUILDS COLLECTIVE POWER BY TRANSFORMING PHILANTHROPY AND FUNDING MOVEMENTS,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-285,443.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	27,997,495.	10,064,681.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,983,884.	403,019.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	312,482.	374,826.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,521.	-125,646.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,319,382.	10,716,880.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	18,172,403.	5,606,345.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,227,778.	2,318,196.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	399,329.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,078,181.	1,776,176.
19 Revenue less expenses. Subtract line 18 from line 12	22,478,362.	9,700,717.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,841,020.	1,016,163.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	30,958,925.	29,270,789.
		4,288,811.	657,816.
		26,670,114.	28,612,973.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SE-AH-DOM EDMO, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	06/30/26		P00183358
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CLARK NUBER PS	91-1194016		425-454-4919	
	Firm's address				
	555 110TH AVE NE, SUITE 700				
	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 \$ 2,739,681. including grants of \$ 2,490,701.) (Revenue \$) SEEDING JUSTICE AWARDED \$2,490,701 OF SETTLEMENTS OBTAINED THROUGH LITIGATION AGAINST POLLUTERS THROUGH A COMMUNITY-LED STEERING COMMITTEE TO PROJECTS AND ENVIRONMENTAL JUSTICE ORGANIZATIONS WORKING TO RESTORE, PROTECT, AND MAINTAIN THE COLUMBIA RIVER BASIN AND ITS TRIBUTARIES.

4b (Code:) (Expenses \$ 1,076,139. including grants of \$ 1,076,139.) (Revenue \$) SEEDING JUSTICE WORKED WITH DONORS ACROSS OREGON TO AWARD \$1,076,139 IN DONOR ADVISED GRANTS.

4c (Code:) (Expenses \$ 4,049,636. including grants of \$ 2,039,505.) (Revenue \$ 403,019.) SEEDING JUSTICE AWARDED \$595,000 TO GRASSROOTS SOCIAL CHANGE ORGANIZATIONS THROUGH OUR UNIQUE, ACTIVISTLED GRANTMAKING PROCESS. SEEDING JUSTICE AWARDED \$575,867 THROUGH REPRODUCTIVE HEALTH AND EQUITY FUND (RHEF) PROGRAM TO ADVANCE SEXUAL, REPRODUCTIVE, AND BIRTHING HEALTH EQUITY.

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

4e Total program service expenses 7,865,456.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 include questions 1a, 1b, and 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 counts, 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 (SEE SCH J)	37.00			X				435,737.	0.	33,828.
(2) AMANDA WHALEN CHIEF OF STAFF (SEE SCH J)	34.00				X			162,089.	0.	31,520.
(3) SANDEE HUANG FINANCE AND OPS DIR (SEE SCH J)	32.00			X				149,037.	0.	25,765.
(4) VIOLETA RUBIANI PROGRAM DIRECTOR (SEE SCH J)	32.00					X		140,371.	0.	25,894.
(5) SAMANTHA BAKALL COMMUNICATION DIRECTOR (SEE SCH J)	32.00					X		129,473.	0.	25,588.
(6) JODY MARSHALL PROGRAM DIRECTOR (SEE SCH J)	32.00					X		126,792.	0.	25,868.
(7) RAMON VALDEZ STRATEGIC INITIATIVE DIR (SEE SCH J)	32.00					X		125,689.	0.	25,868.
(8) JAYLYN SUPPAH CHAIR (THRU 6/17/25)	1.00	X		X				0.	0.	0.
(9) MONICA SHO BREWER SECRETARY (THRU 6/17/25)	1.00	X		X				0.	0.	0.
(10) CRYSTALLEE CRAIN BOARD TREASURER (THRU 6/17/25)	0.50	X		X				0.	0.	0.
(11) ANA MOLINA BOARD DIRECTOR (THRU 6/17/25)	0.50	X						0.	0.	0.
(12) ESPERANZA TERVALON BOARD DIRECTOR	1.00	X						0.	0.	0.
(13) RICARDO LUJAN-VALERIO BOARD DIRECTOR	1.00	X						0.	0.	0.
(14) LAURIE TRIEGER BOARD DIRECTOR (THRU 09/24)	0.50	X						0.	0.	0.
(15) TAMIA DEARY BOARD DIRECTOR	0.50	X						0.	0.	0.
(16) ABIGAIL SARMAC BOARD DIRECTOR	1.00	X						0.	0.	0.
(17) JUDITH FAUSTIMA BOARD DIRECTOR	0.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(18) WILLA POWLESS BOARD DIRECTOR (FROM 6/17/25)	0.50	X						0.	0.	0.
(19) KINA CHADWICK BOARD DIRECTOR (FROM 6/17/25)	0.50	X						0.	0.	0.
(20) JULIA PRZEDWORSKI BOARD DIRECTOR (FROM 6/17/25)	0.50	X						0.	0.	0.
(21) GEORGE CHEUNG BOARD DIRECTOR (FROM 6/17/25)	0.50	X						0.	0.	0.
(22) RHODES PERRY BOARD DIRECTOR (FROM 6/17/25)	0.50	X						0.	0.	0.
(23) UBALDO HERNNDEZ BOARD DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								1,269,188.	0.	194,331.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,269,188.	0.	194,331.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	143,385.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,400,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,521,296.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 360,915.				
	h	Total. Add lines 1a-1f		10,064,681.				
Program Service Revenue	2 a	CHILD CARE PGRM SVCS	Business Code					
			624410	403,019.	403,019.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		403,019.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		374,826.			374,826.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	260,287.				
			(ii) Personal					
	b	Less: rental expenses ...	6b	361,757.				
	c	Rental income or (loss)	6c	-101,470.				
	d	Net rental income or (loss)		-101,470.		-285,443.	183,973.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	2,642,243.				
			(ii) Other					
	b	Less: cost or other basis and sales expenses	7b	2,642,243.				
	c	Gain or (loss)	7c	0.				
d	Net gain or (loss)		0.					
8 a	Gross income from fundraising events (not including \$ 143,385. of contributions reported on line 1c). See Part IV, line 18		66,908.					
b	Less: direct expenses	8b	91,084.					
c	Net income or (loss) from fundraising events		-24,176.			-24,176.		
9 a	Gross income from gaming activities. See Part IV, line 19							
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			10,716,880.	403,019.	-285,443.	534,623.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,415,345.	5,415,345.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	191,000.	191,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	831,970.	337,318.	338,295.	156,357.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,092,617.	667,295.	322,140.	103,182.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,122.	30,863.	30,953.	14,306.
9 Other employee benefits	164,419.	107,153.	44,859.	12,407.
10 Payroll taxes	153,068.	78,318.	55,680.	19,070.
11 Fees for services (nonemployees):				
a Management				
b Legal	64,064.	28,197.	35,867.	
c Accounting	57,725.	3,725.	54,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	86,971.		86,971.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	918,426.	674,919.	202,643.	40,864.
12 Advertising and promotion				
13 Office expenses	119,971.	39,785.	51,084.	29,102.
14 Information technology	103,943.	57,915.	42,522.	3,506.
15 Royalties				
16 Occupancy	103,669.	81,842.	15,993.	5,834.
17 Travel	22,593.	9,832.	12,318.	443.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	11,983.	4,035.	7,276.	672.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	186,200.	137,631.	35,054.	13,515.
23 Insurance	100,631.	283.	100,277.	71.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,700,717.	7,865,456.	1,435,932.	399,329.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	1,386,692.	1	1,307,459.
	2 Savings and temporary cash investments	4,391,668.	2	3,810,352.
	3 Pledges and grants receivable, net	1,106,334.	3	376,914.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	200.	9	8,890.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,372,466.		
	b Less: accumulated depreciation	10b 265,831.	9,106,146.	10c 9,106,635.
	11 Investments - publicly traded securities	14,882,636.	11	14,580,512.
	12 Investments - other securities. See Part IV, line 11	79,883.	12	80,027.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,366.	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,958,925.	16	29,270,789.	
Liabilities	17 Accounts payable and accrued expenses	278,638.	17	241,936.
	18 Grants payable	756,437.	18	172,500.
	19 Deferred revenue	3,253,736.	19	243,380.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,288,811.	26	657,816.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,094,787.	27	10,861,631.
	28 Net assets with donor restrictions	14,575,327.	28	17,751,342.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	26,670,114.	32	28,612,973.
33 Total liabilities and net assets/fund balances	30,958,925.	33	29,270,789.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,716,880.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,700,717.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,016,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,670,114.
5	Net unrealized gains (losses) on investments	5	926,696.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,612,973.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,984,930.	5,717,935.	23,464,077.	27,997,495.	10,064,681.	75,229,118.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,984,930.	5,717,935.	23,464,077.	27,997,495.	10,064,681.	75,229,118.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,155,618.
6 Public support. Subtract line 5 from line 4.						67,073,500.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	7,984,930.	5,717,935.	23,464,077.	27,997,495.	10,064,681.	75,229,118.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	153,832.	187,871.	785,683.	425,675.	635,113.	2,188,174.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,124.		591.			4,715.
11 Total support. Add lines 7 through 10						77,422,007.
12 Gross receipts from related activities, etc. (see instructions)					12	5,083,971.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	86.63 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	86.10 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

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.

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**

(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

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).

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

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/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,008,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 316,000.	Person <input checked="" 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
---	--

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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	20	0
2 Aggregate value of contributions to (during year)	1,186,186.	0.
3 Aggregate value of grants from (during year)	1,076,139.	0.
4 Aggregate value at end of year	454,126.	0.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance	11,984,509.	11,086,452.	9,723,117.	12,116,050.	9,955,763.
b Contributions					
c Net investment earnings, gains, and losses	1,106,241.	1,723,189.	1,431,604.	-2,107,621.	2,619,839.
d Grants or scholarships				285,312.	
e Other expenditures for facilities and programs	291,945.	825,132.	68,269.		417,152.
f Administrative expenses					42,400.
g End of year balance	12,798,805.	11,984,509.	11,086,452.	9,723,117.	12,116,050.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 10.3020 %
 - b Permanent endowment 51.8530 %
 - c Term endowment 37.8450 %
- 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 |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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
1a Land		4,074,220.		4,074,220.
b Buildings		2,945,780.	176,305.	2,769,475.
c Leasehold improvements				
d Equipment		39,649.	34,955.	4,694.
e Other		2,312,817.	54,571.	2,258,246.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,106,635.

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)		
Total. (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)		
Total. (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)	
Total. (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)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements		1	11,942,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 926,696.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 385,934.		
e	Add lines 2a through 2d		2e	1,312,630.
3	Subtract line 2e from line 1		3	10,629,909.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 86,971.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	86,971.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	10,716,880.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	9,999,680.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 385,934.		
e	Add lines 2a through 2d		2e	385,934.
3	Subtract line 2e from line 1		3	9,613,746.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 86,971.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	86,971.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,700,717.

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	24,177.
RENTAL EXPENSE	42,296.
RENTAL EXPENSE - COWORKING SPACE	319,461.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	385,934.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	24,177.
RENTAL EXPENSE	42,296.
RENTAL EXPENSE - COWORKING SPACE	319,461.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	385,934.

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
		JUSTICE WITHIN REACH		NONE	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	210,293.		210,293.
	2	Less: Contributions	143,385.		143,385.
	3	Gross income (line 1 minus line 2)	66,908.		66,908.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	18,484.		18,484.
	7	Food and beverages	30,060.		30,060.
	8	Entertainment	4,000.		4,000.
	9	Other direct expenses	38,540.		38,540.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			91,084.
11	Net income summary. Subtract line 10 from line 3, column (d)			-24,176.	

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	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	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	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	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)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
AHIVYO ASOCIACION HISPANA DE LA INDUSTRIA DEL VINO EN OREGON Y COMUNIDAD - PO BOX 155 - DUNDEE, OR 97115	84-2475663	501(C)(3)	10,000.	0.			OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC - 125 BROAD ST 18TH FL - NEW YORK, NY 10004	13-6213516	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ANTI POLICE-TERROR PROJECT, INC. 893 WILLOW ST OAKLAND, CA 94607	86-2883695	501(C)(3)	10,000.	0.			PROJECT SUPPORT
APANO COMMUNITIES UNITED FUND 8188 SE DIVISION ST PORTLAND, OR 97206	80-0252850	501(C)(3)	30,000.	0.			PROJECT SUPPORT
BALTIMORE SAFE HAVEN 2117 N CHARLES ST BALTIMORE, MD 21218	83-3729738	501(C)(3)	5,600.	0.			OPERATING SUPPORT
BASIC RIGHTS EDUCATION FUND PO BOX 40625 PORTLAND, OR 97240	93-1266613	501(C)(3)	20,500.	0.			OPERATING SUPPORT = \$500; PROJECT SUPPORT = \$20,000

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 145.
- 3** Enter total number of other organizations listed in the line 1 table 7.

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

Schedule I (Form 990) (Rev. 12-2024)

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
BELOVED BUILDERS 35 PARK ST FLORENCE, MA 01062	47-3898186	501(C)(3)	10,000.	0.			PROJECT SUPPORT
BETTER TOGETHER CENTRAL OREGON 226 NW 6TH ST STE 104 REDMOND, OR 97756	47-2747562	501(C)(3)	25,000.	0.			PROJECT SUPPORT
BEYOND THESE WALLS PO BOX 13006 PORTLAND, OR 97213	85-1037488	501(C)(3)	10,000.	0.			OPERATING SUPPORT
BIPOC ADOPTEES IMPACT PO BOX 11496 PORTLAND, OR 97211	93-2517170	501(C)(3)	10,000.	0.			OPERATING SUPPORT
BLACK CULTURAL INITIATIVE PO BOX 50643 EUGENE, OR 97405	92-1265289	501(C)(3)	14,000.	0.			OPERATING SUPPORT
BLACK FARM BUREAU 1526 SE ELLIOTT AVE PORTLAND, OR 97214	84-3776029	501(C)(3)	20,000.	0.			OPERATING SUPPORT
BLACK OREGON LAND TRUST 39062 E KNIERIEM RD CORBETT, OR 97019	85-6576948	501(C)(3)	10,000.	0.			OPERATING SUPPORT
BOSTON WORKERS CIRCLE 6 WEBSTER ST BROOKLINE, MA 02446	04-2347902	501(C)(3)	10,000.	0.			PROJECT SUPPORT
BRIDGING CULTURES 1382 SE 3RD AVE STE #2 CANBY, OR 97013	27-2708205	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
BURNS PAIUTE TRIBE 100 PASIGO ST BURNS, OR 97720	93-0573054	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
CAPACES LEADERSHIP INSTITUTE 356 YOUNG ST WOODBURN, OR 97071	45-2771253	501(C)(3)	48,250.	0.			PROJECT SUPPORT
CASA OF OREGON 20508 SW ROY ROGERS RD STE 155 SHERWOOD, OR 97140	93-0977842	501(C)(3)	10,000.	0.			PROJECT SUPPORT
CASCADE FOREST CONSERVANCY 2200 BROADWAY ST STE L VANCOUVER, WA 98663	91-1737883	501(C)(3)	20,000.	0.			PROJECT SUPPORT
CASCADE PACIFIC RESOURCE CONSERVATION & DEVELOPMENT - PO BOX 2630 - CORVALLIS, OR 97339	93-0722979	501(C)(3)	10,000.	0.			PROJECT SUPPORT
CHILDREN'S INSTITUTE 1411 SW MORRISON ST #205 PORTLAND, OR 97205	93-1095351	501(C)(3)	30,000.	0.			PROJECT SUPPORT
CLIMATE SOLUTIONS 1809 7TH AVE STE 1212 SEATTLE, WA 98101	91-1123302	501(C)(3)	75,000.	0.			OPERATING SUPPORT
COALICIN FORTALEZA 1515 S OAKDALE AVE MEDFORD, OR 97501	86-1300961	501(C)(3)	20,000.	0.			OPERATING SUPPORT
COALITION OF COMMUNITY HEALTH CLINICS - PO BOX 13767 - PORTLAND, OR 97213	91-1829239	501(C)(3)	20,000.	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
COEUR D'ALENE TRIBE PO BOX 408 PLUMMER, ID 83851	82-0255476	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
COLUMBIA INSIGHT PO BOX 1021 HOOD RIVER, OR 97031	82-4504894	501(C)(3)	23,750.	0.			PROJECT SUPPORT
COLUMBIA RIVER INSTITUTE FOR INDIGENOUS DEVELOPMENT - PO BOX 870 - WARM SPRINGS, OR 97761	84-2556862	501(C)(3)	10,000.	0.			PROJECT SUPPORT
COLUMBIA RIVER INTER-TRIBAL FISH COMMISSION - 700 NE MULTNOMAH ST - PORTLAND, OR 97214	93-0695227	TRIBAL GOVERNMEN	80,000.	0.			OPERATING SUPPORT = \$1,500; PROJECT SUPPORT = \$78,500
COMMON CAUSE EDUCATION FUND 805 15TH ST NW STE 800 WASHINGTON, DC 20005	31-1705370	501(C)(3)	31,000.	0.			OPERATING SUPPORT = \$1,000; PROJECT SUPPORT = \$30,000
COMMON COUNCIL 1624 FRANKLIN ST STE 1022 OAKLAND, CA 94612	94-3214166	501(C)(3)	19,400.	0.			OPERATING SUPPORT
COMMUNITY ALLIANCE OF LANE COUNTY 458 BLAIR BLVD EUGENE, OR 97402	93-0691194	501(C)(3)	30,000.	0.			OPERATING SUPPORT = \$10,000; PROJECT SUPPORT = \$20,000
COMMUNITY ALLIANCE OF TENANTS 1320 NE 63RD AVE PORTLAND, OR 97213	31-1571929	501(C)(3)	10,000.	0.			PROJECT SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY STE 480 OAKLAND, CA 94607	94-3255070	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.)

(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
COMUNIDADES 104 5TH ST HOOD RIVER, OR 97031	99-3058305	501(C)(3)	75,000.	0.			PROJECT SUPPORT
CONFEDERATED SALISH AND KOOTENAI TRIBES - PO BOX 278 - PABLO, MT 59855	81-0230409	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
CONFEDERATED TRIBES AND BANDS OF THE YAKAMA NATION - PO BOX 151 - TOPPENISH, WA 98948	91-0576806	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
CONFEDERATED TRIBES OF THE COLVILLE RESERVATION - PO BOX 150 - NESPELEM, WA 99155	91-0557683	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
CONFEDERATED TRIBES OF THE GRAND RONDE COMMUNITY OF OREGON - 9615 GRAND RONDE RD - GRAND RONDE, OR 97347	93-0899337	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION - 46411 TIMINE WY - PENDLETON, OR 97801	93-0624734	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
CONFEDERATED TRIBES OF THE WARM SPRINGS - PO BOX C - WARM SPRINGS, OR 97761	93-0383362	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
CONSEJO HISPANO PO BOX 1029 ASTORIA, OR 97103	20-3189709	501(C)(3)	100,000.	0.			PROJECT SUPPORT
CRATER FOUNDATION PO BOX 5172 CENTRAL POINT, OR 97502	93-1076130	501(C)(3)	20,000.	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
CULTURAL HERITAGE PARTNERS THE LOCKWOOD DOUBLE HOUSE 1811 EAST RICHMOND, VA 23223	27-2823924		67,000.	0.			PROJECT SUPPORT
DEMOCRACY NOW 207 WEST 25TH ST 11TH FL NEW YORK, NY 10001	01-0708733	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ECOTRUST 1140 SE 7TH AVENUE STE 150 PORTLAND, OR 97214	93-1050144	501(C)(3)	25,000.	0.			PROJECT SUPPORT
EDCATE YA 200 NE 20TH AVE STE 10 PORTLAND, OR 97232	93-1287540	501(C)(3)	10,000.	0.			PROJECT SUPPORT
EMBRACE BEND 2312 NW LOLO DR BEND, OR 97703	84-1827194	501(C)(3)	10,000.	0.			OPERATING SUPPORT
EUVALCREE 67 SW 2ND AVE ONTARIO, OR 97914	46-2224467	501(C)(3)	20,000.	0.			PROJECT SUPPORT
FAIR HOUSING COUNCIL OF OREGON 1221 SW YAMHILL ST STE 305 PORTLAND, OR 97205	93-1044769	501(C)(3)	10,000.	0.			OPERATING SUPPORT
FAMILIAS EN ACCION 2710 NE 14TH AVE PORTLAND, OR 97212	93-1284335	501(C)(3)	10,000.	0.			PROJECT SUPPORT
FAMILY FORWARD ACTION 3934 NE MLK JR BLVD STE #204 PORTLAND, OR 97213	80-0697682	501(C)(4)	20,000.	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
FEMFORWARD MOBILE CLINIC 519 SW PARK AVENUE #304 PORTLAND, OR 97205	86-2270277		35,000.	0.			PROJECT SUPPORT
FILIPINO BAYANIHAN CENTER 1537 SE MORRISON ST PORTLAND, OR 97214	86-2388743	501(C)(3)	30,000.	0.			PROJECT SUPPORT
FIREFIGHTERS UNITED FOR SAFETY, ETHICS AND ECOLOGY - 2852 WILLAMETTE ST STE 125 - EUGENE, OR 97405	20-1094311	501(C)(3)	10,000.	0.			PROJECT SUPPORT
FUTURE GENERATIONS COLLABORATIVE 935 NE 33RD AVE PORTLAND, OR 97232	92-0293860	501(C)(3)	11,500.	0.			OPERATING SUPPORT
GRUPO LATINO DE ACCION DIRECTA 329 E 8TH AVE EUGENE, OR 97401	30-0832937	501(C)(3)	10,000.	0.			OPERATING SUPPORT
HONOR THE TREATY OF 1864 PO BOX 864 CHILOQUIN, OR 97624	92-3156371	501(C)(3)	20,000.	0.			PROJECT SUPPORT
HUMMINGBIRD INDIGENOUS FAMILY SERVICES - 3703 S EDMUNDS ST # 105 - SEATTLE, WA 98118	87-1513844	501(C)(3)	9,700.	0.			OPERATING SUPPORT
HYGIENE4ALL 1327 SE TACOMA ST #118 PORTLAND, OR 97202	84-3785530	501(C)(3)	6,000.	0.			OPERATING SUPPORT
IMAGINE BLACK FUTURES 9450 SW GEMINI DRIVE PMB 26684 BEAVERTON, OR 97008	82-5305527	501(C)(3)	30,000.	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
INDIGENOUS MEDIA GUILD 2355 STATE ST STE 101 SALEM, OR 97301	93-3791946	501(C)(3)	10,000.	0.			OPERATING SUPPORT
INDIGENOUS PEOPLES POWER PROJECT PO BOX 83713 PORTLAND, OR 97283	85-0950676	501(C)(3)	11,500.	0.			OPERATING SUPPORT
JACKSON COUNTY COMMUNITY SERVICES CONSORTIUM - 325 S RIVERSIDE STE 4435 - MEDFORD, OR 97501	94-3110224	501(C)(3)	20,000.	0.			PROJECT SUPPORT
JOSEPHINE COUNTY FOOD BANK PO BOX 250 GRANTS PASS, OR 97528	47-1904505	501(C)(3)	16,550.	0.			OPERATING SUPPORT
KINCULTIVATE 2120 PACIFIC BLVD SW ALBANY, OR 97321	86-1332789	501(C)(3)	10,000.	0.			OPERATING SUPPORT
KLAMATH-SISKIYOU WILDLANDS CENTER PO BOX 102 ASHLAND, OR 97520	93-1246139	501(C)(3)	20,000.	0.			OPERATING SUPPORT
KOMEMMA CULTURAL PROTECTION ASSOCIATION - PO BOX 180 - YONCALLA, OR 97499	77-0603915	501(C)(3)	10,000.	0.			OPERATING SUPPORT
LATINO COMMUNITY ASSOCIATION 2680 NE TWIN KNOLLS DR STE 110 BEND, OR 97701	93-1260288	501(C)(3)	23,000.	0.			PROJECT SUPPORT
LATINO NETWORK 410 NE 18TH AVE PORTLAND, OR 97232	73-1675402	501(C)(3)	223,166.	0.			OPERATING SUPPORT = \$500; PROJECT SUPPORT = \$222,666

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
LEWIS AND CLARK COLLEGE 10101 S. TERWILLIGER BLVD PORTLAND, OR 97219	93-0386858	501(C)(3)	15,000.	0.			PROJECT SUPPORT
LILITH CLINIC 3810 SW MARTINS LN PORTLAND, OR 97239	86-1488491		35,000.	0.			PROJECT SUPPORT
LONG TOM WATERSHED COUNCIL 11 EAST 27TH AVE EUGENE, OR 97405	20-8049325	501(C)(3)	85,000.	0.			PROJECT SUPPORT
MANO A MANO 2921 SADDLE CLUB ST SE #1009 SALEM, OR 97317	93-0992858	501(C)(3)	20,500.	0.			PROJECT SUPPORT
MICROENTERPRISE RESOURCES INITIATIVES & TRAINING - 2911 SADDLE CLUB CT SE STE #1008 - SALEM, OR 97317	41-2247717	501(C)(3)	38,833.	0.			OPERATING SUPPORT
MICRONESIAN ISLANDER COMMUNITY OF OREGON - PO BOX 18606 - SALEM, OR 97305	90-0663871	501(C)(3)	100,000.	0.			PROJECT SUPPORT
MOTHER NATION 801 23RD AVE S STE A SEATTLE, WA 98144	46-2691773	501(C)(3)	9,700.	0.			OPERATING SUPPORT
NA'AH ILLAHEE FUND PO BOX 17844 SEATTLE, WA 98127	05-0630992	501(C)(3)	19,400.	0.			OPERATING SUPPORT
NATIVE ACTION NETWORK 300 LENORA ST STE 151 SEATTLE, WA 98121	27-0884032	501(C)(3)	9,700.	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
NEW DISABLED SOUTH 1201 W PEACHTREE ST NW STE 2625 PMB ATLANTA, GA 30309	88-2606879	501(C)(3)	5,600.	0.			OPERATING SUPPORT
NEW ECONOMY COALITION PO BOX 390503 CAMBRIDGE, MA 02139	03-0278626	501(C)(3)	9,700.	0.			OPERATING SUPPORT
NEZ PERCE TRIBE PO BOX 503 LAPWAI, ID 83540	82-0255928	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
NIMIIPUU PROTECTING THE ENVIRONMENT - PO BOX 452 - LAPWAI, ID 83540	47-3465431	501(C)(3)	85,901.	0.			OPERATING SUPPORT = \$10,901; PROJECT SUPPORT = \$75,000
NORTH CLACKAMAS URBAN WATERSHEDS COUNCIL - 2416 SE LAKE RD - MILWAUKIE, OR 97222	27-1160027	501(C)(3)	41,688.	0.			PROJECT SUPPORT
NORTHWEST ABORTION ACCESS FUND 4325 COMMERCE ST STE 111-433 EUGENE, OR 97402	72-1553703	501(C)(3)	16,500.	0.			OPERATING SUPPORT = \$1,500; PROJECT SUPPORT = \$15,000
NUU-DA' MV-NE' 2066 PIERCE ST UNIT A EUGENE, OR 97405	82-2864715	501(C)(3)	10,000.	0.			OPERATING SUPPORT
NWJP ACTION FUND 310 SW 4TH AVE STE 320 PORTLAND, OR 97204	06-1669651	501(C)(4)	20,000.	0.			PROJECT SUPPORT
OKANOGAN HIGHLANDS ALLIANCE PO BOX 163 TONASKET, WA 98855	91-1571661	501(C)(3)	96,862.	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
ONE MEDIA, INC. PO BOX 1166 FOREST GROVE, OR 97116	93-4797624	501(C)(3)	20,000.	0.			PROJECT SUPPORT
OR CO-OP: OREGON COOPERATIVE HOUSING NETWORK (OCHN) - 253 N BROADWAY UNIT 201 - PORTLAND, OR 97227			10,000.	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 CENTER FOR PUBLIC POLICY 2121 SW 4TH AVE STE 304 PORTLAND, OR 97201	93-1186075	501(C)(3)	20,000.	0.			PROJECT SUPPORT
OREGON COMMUNITY HEALTH WORKERS ASSOCIATION - 401 NE 19TH AVE STE 200 - PORTLAND, OR 97232	46-4952693	501(C)(3)	20,500.	0.			OPERATING SUPPORT = \$500; PROJECT SUPPORT = \$20,000
OREGON HEALTH & SCIENCE UNIVERSITY 700 SW CAMPUS DR PORTLAND, OR 97239	93-1176109	STATE GOVERNMENT	135,000.	0.			PROJECT SUPPORT
OREGON PHYSICIANS FOR SOCIAL RESPONSIBILITY - 4110 SE HAWTHORNE BLVD #758 - PORTLAND, OR 97214	93-0774594	501(C)(3)	20,000.	0.			PROJECT SUPPORT
OREGON PROGRESS FORUM 1001 SE WATER AVE STE 460 PORTLAND, OR 97214	93-1314754	501(C)(3)	90,000.	0.			PROJECT SUPPORT
OREGON SEX WORKERS COMMITTEE 3439 NE SANDY BLVD #28230 PORTLAND, OR 97232	88-1846412	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
OSTARA INITIATIVE PO BOX 18603 MINNEAPOLIS, MN 55418	82-4855661	501(C)(3)	20,955.	0.			OPERATING SUPPORT = \$500; PROJECT SUPPORT = \$20,455
OTHER 98% LAB 1752 NW MARKET ST STE 4811 SEATTLE, WA 98107	46-3450243	501(C)(3)	10,000.	0.			PROJECT SUPPORT
PANDION INSTITUTE PO BOX 1052 JOSEPH, OR 97846	92-3714587	501(C)(3)	10,000.	0.			OPERATING SUPPORT
PFLAG PRINEVILLE 17134 SE HOPI RD PRINEVILLE, OR 97754	92-1423364	501(C)(3)	10,000.	0.			OPERATING SUPPORT
PLANNED PARENTHOOD OF SOUTHWESTERN OREGON - 3579 FRANKLIN BLVD - EUGENE, OR 97403	93-0573822	501(C)(3)	35,000.	0.			PROJECT SUPPORT
PLANNED PARENTHOOD OF THE COLUMBIA WILLAMETTE - 3727 NE MARTIN LUTHER KING JR BLVD - PORTLAND, OR 97212	93-6031270	501(C)(3)	35,500.	0.			OPERATING SUPPORT = \$500; PROJECT SUPPORT = \$35,000
PORTLAND ALL NATIONS CANOE FAMILY 8316 N LOMBARD ST #413 PORTLAND, OR 97203	82-5231573	501(C)(3)	85,000.	0.			OPERATING SUPPORT = \$10,000; PROJECT SUPPORT = \$75,000
PORTLAND HARBOR COMMUNITY COALITION - 4815 NE 7TH AVE - PORTLAND, OR 97211	86-2178469	501(C)(3)	50,000.	0.			OPERATING SUPPORT = \$10,000; PROJECT SUPPORT = \$40,000
PORTLAND IN COLOR PO BOX 13505 PORTLAND, OR 97213	84-4215361	501(C)(3)	10,500.	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
PORTLAND JOBS WITH JUSTICE EDUCATION FUND - 2710 NE 14TH AVE - PORTLAND, OR 97212	26-0901792	501(C)(3)	10,000.	0.			OPERATING SUPPORT
POTLATCH FUND 801 2ND AVE UNIT 304 SEATTLE, WA 98104	73-1712905	501(C)(3)	19,400.	0.			OPERATING SUPPORT
PUEBLO UNIDO 3439 SE HAWTHORNE BLVD #327 PORTLAND, OR 97214	82-2488480	501(C)(3)	10,000.	0.			OPERATING SUPPORT
RAHAB'S SISTERS PO BOX 90234 PORTLAND, OR 97290	26-1675500	501(C)(3)	30,000.	0.			PROJECT SUPPORT
RE-EVALUATION FOUNDATION 19370 FIRLANDS WAY N SHORELINE, WA 98133	91-0888557	501(C)(3)	6,000.	0.			PROJECT SUPPORT
RIOS TO RIVERS 1280 UTE AVE STE 4 ASPEN, CO 81611	46-0720031	501(C)(3)	30,000.	0.			PROJECT SUPPORT
ROGUE ADVOCATES PO BOX 624 ASHLAND, OR 97520	20-5732954	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ROGUE CLIMATE PO BOX 1980 PHOENIX, OR 97535	46-4714467	501(C)(3)	20,000.	0.			OPERATING SUPPORT
ROGUE FARM CORPS PO BOX 86024 PORTLAND, OR 97286	03-0529330	501(C)(3)	20,000.	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
ROGUE FOOD UNITES 567 WALKER AVE ASHLAND, OR 97520	85-3168023	501(C)(3)	16,550.	0.			OPERATING SUPPORT
ROSE COMMUNITY DEVELOPMENT 5215 SE DUKE PORTLAND, OR 97206	94-3144895	501(C)(3)	15,000.	0.			PROJECT SUPPORT
SALEM KEIZER COALITION FOR EQUALITY - 3850 PORTLAND RD NE STE 260 - SALEM, OR 97301	65-1203900	501(C)(3)	110,542.	0.			OPERATING SUPPORT
SALTFIRE PO BOX 866 SUQUAMISH, WA 98392	87-4282834	501(C)(3)	9,700.	0.			OPERATING 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
SAVE OUR WILD SALMON COALITION 811 FIRST AVE STE 305 SEATTLE, WA 98104	91-1673170	501(C)(3)	50,000.	0.			PROJECT SUPPORT
SHOSHONE-PAIUTE TRIBES OF THE DUCK VALLEY INDIAN RESERVATION - PO BOX 219 - OWYHEE, NV 89832	88-0063331	TRIBAL GOVERNMEN	150,000.	0.			PROJECT SUPPORT
SILICON VALLEY COMMUNITY FOUNDATION - 2440 W EL CAMINO REAL STE 300 - MOUNTAIN VIEW, CA 94040	20-5205488	501(C)(3)	100,000.	0.			OPERATING SUPPORT
SISKIYOU FIELD INSTITUTE PO BOX 207 SELMA, OR 97538	20-1285400	501(C)(3)	20,000.	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
SISKIYOU MOUNTAIN CLUB PO BOX 61 ASHLAND, OR 97520	27-3418419	501(C)(3)	20,000.	0.			OPERATING SUPPORT
SOCIAL JUSTICE FUND NORTHWEST 423 2ND AVE EXT S STE 201 SEATTLE, WA 98104	91-1036971	501(C)(3)	9,700.	0.			OPERATING SUPPORT
SOUTHERN OREGON LAND CONSERVANCY PO BOX 954 ASHLAND, OR 97520	93-0724691	501(C)(3)	31,000.	0.			OPERATING SUPPORT
TAALA FUND PO BOX 702 TAHOLA, WA 98587	26-3980654	501(C)(3)	19,400.	0.			OPERATING SUPPORT
TAKING OWNERSHIP PDX 2011 NE 80TH AVE PORTLAND, OR 97213	93-1997068	501(C)(3)	29,400.	0.			OPERATING SUPPORT = \$19,400; PROJECT SUPPORT = \$10,000
TEAMSTER RANK AND FILE EDUCATION AND LEGAL DEFENSE FOUNDATION - PO BOX 10303 - DETROIT, MI 48210	38-2883689	501(C)(3)	8,000.	0.			OPERATING SUPPORT
THE RAVEN COLLECTIVE 32433 N FOREST DR GRAYSLAKE, IL 60030	93-3944194		200,000.	0.			PROJECT SUPPORT
THE UNDERSTORY INITIATIVE 2640 E BARNETT RD STE E #130 MEDFORD, OR 97504	83-1051907	501(C)(3)	10,000.	0.			PROJECT SUPPORT
THE UPRISE COLLECTIVE PO BOX 7462 BEAVERTON, OR 97007	82-4833932	501(C)(3)	15,000.	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
TOLEDO COMMUNITY FOUNDATION 300 MADISON AVE STE 1300 TOLEDO, OH 43604	23-7284004	501(C)(3)	20,000.	0.			PROJECT SUPPORT
UNIDOS BRIDGING COMMUNITY 117 NE 5TH ST STE 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)	30,500.	0.			OPERATING SUPPORT = \$500; PROJECT SUPPORT = \$30,000
UNITED WAY OF SOUTHWESTERN OREGON PO BOX 1288 COOS BAY, OR 97420	93-0503188	501(C)(3)	10,500.	0.			PROJECT SUPPORT
UNITED WE HEAL TRAINING 525 NE OREGON ST PORTLAND, OR 97232	87-2251603	501(C)(3)	30,000.	0.			PROJECT SUPPORT
URBAN LEAGUE OF PORTLAND 10 N RUSSELL ST PORTLAND, OR 97227	93-0395590	501(C)(3)	100,000.	0.			PROJECT SUPPORT
VOZ WORKERS RIGHTS EDUCATION PROJECT - 3575 NE BROADWAY ST - PORTLAND, OR 97232	26-1357376	501(C)(3)	30,000.	0.			OPERATING SUPPORT = \$10,000; PROJECT SUPPORT = \$20,000
WALLOWA BAND NEZ PERCE TRAIL INTERPRETIVE CENTER - PO BOX 15 - WALLOWA, OR 97885	93-1192718	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WALLOWA LAND TRUST PO BOX 516 ENTERPRISE, OR 97828	20-1037078	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.)

(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
WARM SPRINGS GEOVISIONS PO BOX 460 WARM SPRINGS, OR 97761	45-0472380	TRIBAL GOVERNMEN	84,000.	0.			PROJECT SUPPORT
WASHINGTON CONSERVATION ACTION EDUCATION FUND - 1402 THIRD AVE STE 1400 - SEATTLE, WA 98101	91-0839385	501(C)(3)	40,000.	0.			PROJECT SUPPORT
WATER CLIMATE TRUST PO BOX 990111 REDDING, CA 96099	83-2451287	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WE CAN DO BETTER PO BOX 13314 PORTLAND, OR 97213	27-2132905	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WEAVING FALA 550 S MAIN ST LEBANON, OR 97355	93-4600564	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WELCOME HOME COALITION PO BOX 11467 PORTLAND, OR 97211	92-2769279	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WESTERN STATES CENTER 3519 NE 15TH AVE #117 PORTLAND, OR 97212	93-0952137	501(C)(3)	25,000.	0.			OPERATING SUPPORT
WILLAMETTE VALLEY LAW PROJECT PO BOX 38 WOODBURN, OR 97071	93-0687718	501(C)(3)	38,833.	0.			PROJECT SUPPORT
WISTEQNEEMIT PO BOX 503 LAPWAI, ID 83540	37-1801154	501(C)(3)	75,000.	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
WOMANSHARE LEGACY 1531 GRAYS CREEK RD GRANTS PASS, OR 97527	81-4747489	501(C)(3)	20,000.	0.			PROJECT SUPPORT
WISTEQNEEMIT PO BOX 503 LAPWAI, ID 83540	37-1801154	501(C)(3)	75,000.	0.			PROJECT SUPPORT
WOMANSHARE LEGACY 1531 GRAYS CREEK RD GRANTS PASS, OR 97527	81-4747489	501(C)(3)	20,000.	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	75,000.	0.		
LILLA JEWEL AWARD	2	20,000.	0.		
IMMIGRANT RIGHTS AND ADVOCACY FELLOWSHIP	30	96,000.	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 GRANTEEES FOR RELATIONSHIP BUILDING AND PROJECT STATUS, THROUGH VARIOUS METHODS INCLUDING IN-PERSON MEETINGS, ZOOM CALLS, AND REPORTING FROM THE GRANTEEES. SEEDING JUSTICE CONDUCTS FOLLOW UP IF THERE ARE QUESTIONS OR INCONSISTENCIES.

PART II:

SUM OF GRANTS TOTALS MORE THAN AMOUNT PROVIDED ON PART IX, LINE 1. THIS IS DUE TO THE AMOUNT FOR GRANTS CANCELLATIONS AND REFUNDS BEING INCLUDED ON THE TOTAL ON PART IX, LINE 1.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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 (SEE SCH J)	(i)	360,737.	0.	75,000.	7,782.	26,046.	469,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMANDA WHALEN CHIEF OF STAFF (SEE SCH J)	(i)	162,089.	0.	0.	7,782.	23,738.	193,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SANDEE HUANG FINANCE AND OPS DIR (SEE SCH J)	(i)	149,037.	0.	0.	7,782.	17,983.	174,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VIOLETA RUBIANI PROGRAM DIRECTOR (SEE SCH J)	(i)	140,371.	0.	0.	7,782.	18,112.	166,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAMANTHA BAKALL COMMUNICATION DIRECTOR (SEE SCH J)	(i)	129,473.	0.	0.	7,782.	17,806.	155,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JODY MARSHALL PROGRAM DIRECTOR (SEE SCH J)	(i)	126,792.	0.	0.	7,782.	18,086.	152,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RAMON VALDEZ STRATEGIC INITIATIVE DIR (SEE SCH J)	(i)	125,689.	0.	0.	7,782.	18,086.	151,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

Go to 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	356,015.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
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	4,900.	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

30a During the year, did the organization receive by contribution any property reported on 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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, ITEM B:

RETURN IS BEING AMENDED TO PROVIDE CLARIFYING INFORMATION REGARDING
COMPENSATION.

FORM 990, PART I, LINE 6, VOLUNTEERS:

MOST VOLUNTEERS SERVE AS BOARD AND COMMITTEE MEMBERS AND SERVE ABOUT 2
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
ASKED TO RECUSE THEMSELVES AND NOT VOTE ON THE MATTER IN QUESTION.

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

THE ORGANIZATION FOLLOWS ITS BOARD-APPROVED COMPENSATION AND REVIEW POLICY
AND USES COMPARATIVE DATA TO SET COMPENSATION. THE INDEPENDENT BOARD OF
DIRECTORS (THE "BOARD") REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S
SALARY AND TOTAL COMPENSATION ANNUALLY. THE EXECUTIVE DIRECTOR REVIEWS AND
APPROVES COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES. THE BOARD ALSO
APPROVES THE ORGANIZATION'S ANNUAL BUDGET, WHICH INCLUDES TOTAL
COMPENSATION FOR ALL STAFF.

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)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p align="center">SEEDING JUSTICE</p>	Employer identification number <p align="center">93-0691187</p>
---	--

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	OREGON		1,445,126.	SEEDING JUSTICE
CENTER FOR SOCIAL JUSTICE LLC - 93-4770758 501 SW 3RD PORTLAND, OR 97204	CSJ BUILDING	OREGON	227,788.	6,645,531.	SEEDING JUSTICE
OREGON COMMUNITY CLIMATE INVESTMENT FUND LLC - 93-4080250, 3625 N MISSISSIPPI AVE, PORTLAND, OR 97227	COMMUNITY CENTERED, CLEAN ENERGY PROGRAMS	OREGON		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) (Rev. 1-2025)

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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)				

