effe Public Visual Re	Objectid: 202213199	Short	Form			OMB	No. 15454	0047
			xempt From In			2	02	1
Department of the Treasury Internal Revenue Service	►Co not ent	or social security numbers	on this form as it may be ma	de public.			n to Pul	blic n
A For the 2021 calendar	year, or tax year beginning 01-01-		nstructions and the labert i 81-2021	rromation.			_	=
A For the 2021 calendar B Check if applicable: D Address change O Initial return D road entur nemerous O Amended intern D Applicable pending	C Name of organization PLANT A SEED IN OUR YOUTH FO Number and steet (or P. O. box, if 1508 COS Sf.		address Foothis	0	D Employer id 72-149538 E Tolonbook	lertification	number	
O Initial return D root etus, terrorosa	BOSSER CITY, LA 27111 CR	y or town, state or gravinos, o	ountry, and ZIP or foreign posts	code		panin 212-00	29	_
O Amended return D Application predding						Ď.		_
G Accounting Method: C	Cash O Accoust Other (specif	n=		H Check ► required to (Form 991	0 attach Sche .990-EZ, or 9	idale B		
I Website: 🏲 16/8. J Tax-exempt status (steels only	Sankajoj 🔂 🖸 sankaj 🖼	(meet so.) () 4947(a)(1) or	0.07	0.000774	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
K form of organization: O	Corporation Trust C Associat	ion Oother	100 CCC or more, or if total a	nnets (Part II, col).	erm (E) belos	u) are \$50	1,000 or m	200
Fler Form 990 instead of Fr Part Revenue,	to line 9 to determine gross receipt orm 990-EZ Expenses, and Changes in Ne e organization used Schedule O to	t Assets or Fund Balan	nces (see the instructions					_
1 Contributions,	gifts, grants, and similar amounts i	eceived	in this Part I		ш	0	11	2,107
3 Membership d	ce revenue including government fo lues and assessments	es and contracts			3			=
4 Investment in: 5a Gross amount	from sale of assets other than inve	ntory	5a		4			_
b Less: cost or c	ther basis and sales expenses from sale of assets other than inve		m line Sa)		50			
6 Carning and fu	inditalising events from garning (attach Schedule G if		60					
	from fundraising events (not include in 1) (attach Schedule G if the		of contributions from f	undraising events	11			
sum of such g	ross income and contributions eoo penses from garning and fundraisi	neds \$15,000)	6c 6c		4			
d Net income or	(loss) from gaming and fundraisin inventory, less returns and allower	events (add lines 6s and	d 6b and subtract line 6c)		64			_
 b Less: cost of g 	pods sold (loss) from sales of inventory (Sub		76		7e			
8 Other revenue	(describe in Schedule O) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and I			,	8 9			2,107
	nilar amounts paid (list in Schedule				10			2,101
- 12 Salaries often	o or for members compensation, and employee bene	etta			11			3,440
13 Professional 5	ees and other payments to indepen	Sent contractors			13			2,262
16 Other expense	ations, postage, and shipping s (describe in Schedule O)				15		-	9,687
17 Total expense	s. Add lines 10 through 16 licit) for the year (Subtract line 17 fr	om line 9)			17		- 11	5,389
9 19 Net assets or	lost) for the year (substact the 17 ft fund balances at beginning of year use reported on prior year's return)	Yrom line 27, column (A)) (must agree with		19			1,826
# 20 Other changes	in net assets or fund balances (ex-	plain in Schedule (1) ing lines 18 through 50			20			9,544
For Paperwork Reduction	fund balances at end of year. Comb Act Notice, see the separate instru	ctions.		Cat. No. 10642		Form	990-EZ	(2021)
		Pag	e 2					-
Form 990-EZ (2021) Part II Balance 5	Sheets (see the instructions for the	11)						aje 2
	Sheets(see the instructions for Pare e organization used Schedule 0 to	respond to any question i	in this Part II (A)	Registring of year		(8) End o	d year	_
22 Cash, savings, and ins 23 Land and buildings 24 Other scoots (describ				22,	0 23 0 23		- 1	,000 1257
24 Other assets (describ 25 Total assets				22	0 24 231 25 406 26		2	(257 (946 (407
27 Net assets or fund ba	ibe in Schedule (1). Nances (line 27 of column (8) must	agree with line 21)	to to to to	21.	804 60	_	19	544
Check if the Organization's	of the Colombian Service Accompany of the Program Service Accompany of the Program Service Accompany over the Program Service In The Cope And Watch Them Flourish open and Watch Them Flourish open accompassion or program service accompassion or the Program Service accompassion or the Program Service Accompany of the Program Servi	respond to any question	in this Part III		4	(Recy and S	Expensioned for so (01(c)(4) o mail for oth	ction 50 rganizati
WITH FAITH, LOVE AND H Describe the organization	I A SEED OF EXCELLENCE IN THE OPE AND WATCH THEM FLOURISH program service accomplishment	LINES OF THOSE IN THE INTO A TREE OF LIFE. Is for each of its three law	gest program services. 24.4	neasured by con-	1949.	Speno	ceh	
in a clear and concise ma program title.	met, describe the services provides	the number of persons	benefited, and other relevan	pe Howeware	sach NND	L		
TUTORING IN-KIND SERVI KIDG AS AN IN-KIND SERVI SUPPORT AND FROM	OUR YOUTH FOUNDATION PARTN CES FOR OUR PROGRAM, WE ALSI VICE, WE SUPPORT FAMILIES AND GEMENT.	PARTNER WITH LOCAL KIDS WITH A CHANCE TO	ORGANIZATIONS TO SERV O REACH OUTSIDE THE CO	E MEALS TO OUR MMUNITY FOR	-		.784	
(Granta S 0) 29	If this amount i	ncludes foreign grants, cl	heck here		Ш	_	29.	
(Grants S.)	If this amount i	ncludes foreign grants, cl	hard here					
30						Т	301	
(Grants S.)	If this amount is (describe in Schedule 0)	noludes foreign grants, ol	heckhere					
(Grants S.)	If this amount i	ndudes foreign grants, cl	heck here	0			31a 32	
32 Total program service Part IV List of Offi Check if th	expenses (add lines 28a through 3 oers, Directors, Trustees, and Kay i e organization used Schedule () to	ru) Employees (lateach one ex respond to any question i	on Feat compensated; see the	instructions for Part	M)		32	
	iume and title	(b) Average hours per week devoted to position	(c) Reportable	(d) Health b	enefts,	(e) Esti	mated am	trust mode
		devoted to position	(Forms W-2/1009-MISC) (if not paid, enter -0-)	(d) Health b contributions to benefit pla defenred com-	ss, and pensation	01000	001190110	
ALBERT DYER PRESIDENT		20.00	12,200					
FELIX RIVERA VICE PRESIDENT		1.00	•					
SANDRA SULLIVAN		1.60	۰		•			۰
STEPHANE ANDERSON		1.00	۰		•			•
COMMUNITY OUTREACH GAY VERGES		3.00						•
COMMUNITY OUTREACH GLENDA YOUNG		2.00						•
TREASURER						Eren	990-EZ	C20211
		Pag Pag	-1					year i
Form 990-62 (2021)								age 3
Part V Other In Instruction	formation (Note the Sch na for Part V) Check if the organiza	edule A and personal tion used Schedule O to r	benefit contract statem respond to any question in	ent requirement fais Part V	sinthe			_
89 Did the organizatio	n engage in any significant activity n of each activity in Schedule D	not previously reported to	o the IRS? If "Yes," provide a			33	Yes	No No
34 Were any significan of the amended do	n of each activity in Schedule D at changes made to the organizing currents if they reflect a change to instructions.	or governing documents? the organization's narre-	If "ries," attach a conforme Otherwise, explain the rive	di copy		H		
35a Did the organizatio	n have unrelated business gross in	come of \$1,000 or more o	during the year from busine			34	_	No
activities (such as b. if "ries," to line 35e,	those reported on lines 2, 6s, and 7 has the organization filed a Form 5	u, among others)? 90-T for the year? If "No,"	provide an explanation in Sch	edule O		35a 35b	+	No
 Was the organization notice, reporting, a 	on a section 501(c)(4), 501(c)(5), o nd proxy tax requirements during th	r 501(c)(6) organization s in year? If "Yes," complete	subject to section 6033(e) Schedule C, Part II			250		No
	n undergo a liquidation, dissolution omplete applicable parts of Schedi					36	Т	No
b Did the organization	cal expenditures, direct or indirect, as des in file Form 1120-POL for this year?		37			376		
38s Did the organization any such loans ma	n borrow from, or make any loans t de in a prior year and still outstand	o, any officer, director, tru ng at the end of the tax p	ear covered by this return?			28a		No
b If "Yes," complete 5 39 Section 501(c)(7) c	ichedule L. Port II and enter the tota inganizations. Enter:	il amount involved	. 38	` 		1		
b Gross receipts, incl	capital contributions included on lir luded on line 9, for public use of clu	b facilities	356	9		1		
section 4011	organizations. Enter amount of tax i		O: nection 4555 ►			Н		
 Section 501(c)(3), encess benefit tran has not been repor 	501(c) 4), and 501(c)(29) organizat saction during the year, or did it ere ted on any of its prior Forms 990 or	ions. Did the organization page in an excess benefit 990-EZ? If "Yes," comole	r engage in any section 490 transaction in a prior year t te Schedule L, Part I	ia fruit		406		No
 Section 501(c)(3), managers or disqu 	501(c)(4), and 501(c)(29) organizat alified persons during the year und	ions. Enter amount of tax or sections 4912, 4955, an	imposed on organization of 4958			Ħ	\dashv	_
d Section 501(c)(3),	501(c)(4), and 501(c)(29) organizat	ions. Enter amount of tax	on line 40c reimbursedby	for organization				
e All organizations A transaction? If "Yes	at any time during the tax year, was Correptete Form BBB6-T sich a copy of this return is fried.	the organization a party t	to a prohibited tax shelter			40e	⇉	No
List the states with wi 42a The organization's bo	ion a copy of this return is filed.	-	-	Teleg	tone no.▶ [3	118) 212-00	29	_
Located at ▶ 1639				:	DP+4 ▶ <u>7</u>	1111		
b At any time during	the calendar year, did the organizat oh as a bank account, securities ac	ion have an interest in or	a signature or other author	ity over a financial	account in a	426	Yes	No No
	ch as a bank account, securifies as ame of the foreign country.	count, or other financial a	socount)?			"		
See the instruction	s for exceptions and filing requirem	ents for FinCEN Form 11	4, Report of Foreign Rank =	nd Financial Acro	unts (FBAR)	Н		
e At any time during	the calendar year, did the organizat					42e		No
43 Section 4947(a)(1) n	ame of the foreign country.	om 990-EZ in lieu of Form	n 1941 - Check here		▶ 0			
	et of tax-exempt interest received o				43		Yes	No
	n maintain any donor advised fund n operate one or more hospital fac				n 990-EZ Form 990-EZ	443		No
	n operate one or more hospital faci n receive any payments for indoor t			earstead of		44b	_	No No
d if "ries," to line 44c, explanation in Sche	has the organization filed a Form 7 glule O	20 to report these payme	ents? M"Wo," provide an			444		_
45b Did the organization (150 of the organization)	n have a controlled entity within the n receive any payment from or eng 590 and Schedule R may need to b nstructions)	meaning of section 512s age in any transaction wit e completed instead of	(D)(13)7 this controlled entity within	the meaning of se	ction 512(b)	45a	\dashv	No
Form 990-62 (see)	nstructions)	energy embedd of				45b Forr	990-F7	(2021)
		Pag	e4			Fore	sertZ	,well)
Form 990-EZ (2021)								age 4
	n engage, directly or inviewebs '	olitical campaign weave-	s on behalf of or in owner-to	ion to		\mathbf{H}	Yes	No
candidates for pub	n engage, directly or indirectly, in pa lic office? If "Yes," complete School	le C, Part I	seemed of or in apposit			46		No
	11(c)(3) Organizations Only		496 and 52, and complete this Part VI	ete the tables fo	r lines 50 a	nd 51.		
Part VI Section 58 All section Check if the	501(c)(3) organizations must	answer questions 4/-				-	Yes	No
All section Check if the	: 501(c)(3) organizations must organization used Schedule O to r							
All section Check if the	i 501(c)(3) organizations must organization used Schedule O to r manage in lobbying activities or hi ichedule C, Part II			year?		47		No
All section Check if the 47 Did the organization if "fee," complete 5	n engage in lobbying activities or h ichedule C, Part II a achool as described in section 17	ave a section 501(h) elect	tion in effect during the tax implete Schedule E	year?		48		No No
All section Check if the 47 Did the organization if "ries," complete 5 48 is the organization 49a Did the organization	n engage in lobbying activities or h ichedule C, Part II	ave a section 501(h) elec TO(b)(1)(A)(i)? If "Yes," on non-charitable related on	tion in effect during the tax implete Schedule E	year?				No
All section Check if the 47 Did the organization if "life" complete 5 48 is the organization by H "life" was the rel 50 Complete the 19 table more than \$100,000 and \$100,000	m engage in lobbying activities or hi checkle C, Part II a school as described in section 1: n make any transfers to a coverpt aired organization a section coverpt part of organization for highest 0 of compensation from the organiza-	ave a section 561(h) electropic of the communication of the communication of the compensated employees assistant of there is none, or	tion in effect during the tax implete Schedule E ganization? I (other than officers, direct for "None."	ons, trusteess and k	ey employee	48 49a 49b 49b	th received	No No
All section Check if the 47 Did the organization if "life" complete 5 48 is the organization by H "life" was the rel 50 Complete the 19 table more than \$100,000 and \$100,000	n engage in lobbying activities or hi chedule C, Part II a school as described in section 1: n make any transfers to an ecompt abed organization a section 527 or	ave a section 501(h) electron	tion in effect during the tax implete Schedule E ganization?	ons, trustees and it (6) Health b contributions to benefit plans, a	enefits, cemployee nd deferred	48 49a 49b 49b		No No
All section Check if the Check is the Check if the Check if the Check is the Check	m engage in lobbying activities or hi checkle C, Part II a school as described in section 1: n make any transfers to a coverpt aired organization a section coverpt part of organization for highest 0 of compensation from the organiza-	ave a section 561(h) electropic of the communication of the communication of the compensated employees assistant of there is none, or	tion in effect during the tax implete Schedule E ganization? I (other than officers, direct for "None."		enefits, cemployee nd deferred	48 49a 49b 49b	th received	No No
All section Check if the 47 Did the organization if "life," complete 5 48 Is the organization 49a It if the," was the rel 50 Complete this sible more than \$100,000	m engage in lobbying activities or hi checkle C, Part II a school as described in section 1: n make any transfers to a coverpt aired organization a section coverpt part of organization for highest 0 of compensation from the organiza-	ave a section 561(h) electropic of the communication of the communication of the compensated employees assistant of there is none, or	tion in effect during the tax implete Schedule E ganization? I (other than officers, direct for "None."	ons, trustees and it (6) Health b contributions to benefit plans, a	enefits, cemployee nd deferred	48 49a 49b 49b	th received	No No

	sumber of other employees paid over \$11			1	
1 Complet organiza	e this table for the organizations five hig sion. If there is none, enter 'None.'	rest compensated independent contra	tors who each received	more than \$100,0	00 of compensation from ti
	(a) Name and business address	of each independent contractor	(4)	Type of service	(c) Compensation
DINE					
	sumber of other independent contractors			-	
2 Did th comp	e organization complete Schedule A7 Mi leted Schedule A	TE. All section 501(c)(3) organizations	must attach a		✓ Yes □ No
	of perjury, I declare that I have examine	Maria and and a facilitation of the contract o	destable and statement		
s true, correc	, and complete. Declaration of preparer	other than officer) is based on all infor	nation of which prepare	r has any knowled	pt.
- 1				2022-11-18	
ian Here	Signature at officer			Date	
	ALBERT OVER PRESIDENT				
	Print/Type propare's name PAMELA G PERKINS CRA	Proparer's signature	Date 2023,11,15	check 🔲 if	PTIN DODDOWATT
aid			2022-11-15	self-employed	PO1806477
reparer l				Feeta EN ▶ 72-13	
reparer l	Firm's address ► 600 CLEVELAND STH	ET BUITE 1000		Plene to (318) 22	
reparer l	Jse	ET BUITE 1000	•		
reparer l	Favis address ► 600 CLEVELAND STR CLEARMATER, PL. 30	EET 9UITE 1000 766		Phone so. (316) 22	2222
reparer l	Firm's address ► 600 CLEVELAND STH	EET 9UITE 1000 766			2 2222 1 No
Preparer I Only	Favis address ► 600 CLEVELAND STR CLEARMATER, PL. 30	EET 9UITE 1000 766		Phone so. (316) 22	2 2222 1 No
Preparer I Inly ay the IRS dis	First address \$\int 000 CLTVELAND STR CLEARMATER, R. 30 Cuses this return with the preparer shown	EET 9UITE 1000 766		Phone so. (316) 22	2 2222 1 No
Preparer I Inly ay the IRS dis	First address \$\int 000 CLTVELAND STR CLEARMATER, R. 30 Cuses this return with the preparer shown	EET 9UITE 1000 766		Phone so. (316) 22	2 2222 1 No
Preparer I Inly ay the IRS dis	First address \$\int 000 CLTVELAND STR CLEARMATER, R. 30 Cuses this return with the preparer shown	EET 9UITE 1000 766		Phone so. (316) 22	© No Form \$90-6Z
Preparer I Inly ay the IRS dis	First address \$\int 000 CLTVELAND STR CLEARMATER, R. 30 Cuses this return with the preparer shown	zz guint (noo 766 albowe? See kristructions		Phone so. (316) 22	© No Form \$10-62
reparer I	First address \$\int 000 CLTVELAND STR CLEARMATER, R. 30 Cuses this return with the preparer shown	zz suitz (00) 766 sabowe? See instructions		Phone so. (316) 22	© No Form 990-62.1
Preparer I Inly lay the IES disc	Tary's assistant MODEL PELAND STR CLEANANTER, R. 26 Cuses this return with the preparer shown	zz suitz (00) 766 sabowe? See instructions		Phone so. (316) 22	© No Form 990-62.1

efile Public Visual Render SCHEDULE A Form 990)	Objectld: 2		Char	itv Statu	sion: 2022-11-1 s and Pub ion 501(c)(3) orga	lic Suppo	rt	H	TIN: 72-	1496381 545 0047
lepartment of the resisting stemal Revenue Service		► Go to <u>s</u>	100./12.000	Attach to Form 9 Form 990 for in	ion 501(c)(2) orga mpt charitable trus 190 or Form 990-E structions and the	z. Z. latest information			Open to Inspec	
turne of the organization LANT A SEED IN OUR YOUTH FOUNDATE Part I Reason for Public		atus (All)	rmanizati	ons must con	unione this nart 1	See instruction	72:14963	ridentification 181	number	
Part I Reason for Publishe organization is not a private for A church, convention	of churches	or associa	tion of chi	irches describer	i in section 170(b)					
2 A school described in 3 A hospital or a coope	erative hospit	al service i	organizatio	n described in s	ection 170(b)(1)(4					
Amedical research of An organization open Part (1)									ms, city, and (b)(1)(A)(iv)	state: L (Complete
Fart II) A federal, state, or lo An organization that (vi). (Complete Port	cal governme	nt or gove	mmental u	nit described in	section 170(b)(1)(A)(v).				
8 A community trust d	escribed in se	iction 170	b)[1](A){r	i). (Complete Pa	rtit)					
of controllers from to	nch organizat structions. Ex normally rec-	ion describ for the nu- sives: (1) n	ned in 170) ne, city, an nore than 3	b)(1)(A)(bx) ope distate of the co 3×2% of its sup d /2) on more th	rated in conjunctio ollege or university: port from contribut an 32 and of the se	n with a land-gran : ions, membership recort from asses	fees, and p	yoss receipts	non-land gra from activition	ant college as related to loans
An organization that its evernet functions trauble income (less An organization organization organization)	section 511 inized and op	tux) from b enated exc	usineoses kusively to	acquired by the test for public s	organization after afety. See section !	June 30, 1975. Se 909(a)(4).	e section t	(09(a)(2). (Cor	rplete Part II	1.)
12 An organization organization organization that the type of supporting Type I. A supporting	inized and op- ions describe og organization organization	erated exc d in section n and com- onesated :	n 509(a)(1 plete lines unereised	or section 509 12e, 12f, and 12 or continued by	o perform the func (a)(2). See section (p. vits supported on	sons ot, or to carr 509(a)(3). Check anization(s) tunic	y out me pr the bax on ally by aivin	aposes of one lines 12a throi in the surporti	or more put agh 12d that of connectoti	describes
b Type II. A supporting	g organization	Supervise	d or contro	illed in connecti	on with its support	ed organization(s)	by having	control or man	agement of	the A cod C
c Type III functionally instructions). You me d Type III non-function The organization get A and D, and Part V.	integrated. A aut complete nally integrat	supporting Part IV, Se ed. A supp	organizat etiona A, C orting orga	ion operated in I, and E. nization operate	connection with, as ad in connection w	nd functionally int th its supported o	egrated wit nganization	h, its supporte (s) that is not !	d organizatio functionally i	n(s) (see stegrated
A and D, and Part V. Check this box if the functionally integrate	organization ed supporting	received a corganizati	written de on.	termination from	n the IRS that it is a	Type (Type II, Ty	pe III funct	ionally integrat	ed, or Type II	I non-
Enter the number of support Provide the following inform (i) Name of supported organizar	ted organizat	ions	ed organiz	ation(s).					_	
			(describ) Type of anization sed on lines 1- bose (see suctions))	(N) is the organ your governin	g document?	monet (see in	mount of ary support structions)	(vi) Amou suppo instrui	et (see ctions)
			ms	(ucatora))	Yes	No	1			
istal										
or Paperwork Reduction Act Notic orm 990 or 990-EZ.	e, see the la	structions	for	Cat. No. 11285	ır			Sche	dule A (Form	1 990) 2021
				Pag	pa 2					
chedule A (Form 960) 2021 Part II Support Schedi (Complete only	ule for Orga	nizations	Describe	d in Sections	170(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)	under Bert III	If the one	Page 2
(Complete only failed to qualify Section A. Public Support alender year (or fiscal year begin	under the t	ests lister (a) 2017	i below, p	lease comple (b) 2018	te Part III.)	(d) 2020		(e) 2021	(f) Total	4
failed to qualify Section A. Public Support Jakendar year (or fiscal year begin Gits, grants, contributions, and membership frees monimed. (bi any 'urusual grant'). Tair revenues levied for the org benefit and either paid to or ex- to behalf.	not include									
benefit and either paid to or ex- its behalf. The value of services or faciliti	pended on less furnished				1	\perp			-	
by a governmental unit to the o without charge. Total. Add lines 1 through 3 The portion of total	rganization			-		-			-	
benefit and either paid to or er as behalf. The other control or steath the other control or other the other control or other the posterior through the posterior control or the posterior control or the other control or the other control or the other the other control or the other the o	ental unit or e) included e amount									
seoun on line 11, column (f) . Public support. Subtract line 5 Section B. Total Support	from line 4.	L		LINASSO	100.00	100		W-3501	1	
Amounts from line 4. Gross income from interest, or payments received	ning in) ividends, lies learn	(a) 2013		(b) 2018	(4) 2019	(4) 2020		(e) 2021	(f) Tota	,
payments received on securit rents, royalties and income for sources. Not income from unvalidad by activities, whether or not the i	om similar usiness	-			-	-			1	
Other incorns Do not include	guin or loss to (Explain in									
Part VI.): . Total support. Add lines 7 thr Gross receipts from related as	cugh 10 ctivities, etc. (see instru	tions)					12 ion, check this	上	
First 5 years. If the Form 990 Section C. Computation of F				id, third, fourth,	or fifth tax year as	a section 501(c)(3 . ▶ □	() organizat	ion, check this	bor and step	p here
Section C. Computation of P Public support percentage for Public support percentage for a 23 not support test—2021. If	2021 (line 6, 2020 Scheck	oolumn (f) de A, Part I	divided by I, line 14	line 11, column	(7)			15		
and step here. The organization 33 with support test-2020.	on qualifies o	s a publicly	supporter	dorganization . box on line 13 o	r 16a, and line 15 i	s 33 ve% or more	check this	▶□		
box and stop here. The orgu 10%-facts-and-circumstance the Tacto-and-circumstances'	sization quali sitest=2021, "test, check t	fies as a p If the orga his box an	ablichy supp nization di d stop here	oorted organiza d not check a bi . Explain in Part	ion or on line 18, 16a, o VI how the organi	or 16b, and line 14 cation meets the	is 10% or r facts and c	nore, and if the incumstances	organization test. The	n meets
organization qualifies as a pul b 10%-facts-and-circumstano meets the facts and circum	slicly support es test-2020 stances' test	ed organiz I. If the org check this	ation anization o box and s	lid not check a b top here. Esplai	on on line 13, 16a, in Part VI how the	16b, or 17a, and I organization me	ine 15 is 10 ets the "fac	% or more, and to and circum:	I if the organ stances' test	ization The
organization qualifies as a pr Private foundation. If the organisatructions.	shicly suppor unization did	not check :	zation . i bas on lin	e 13, 16a, 16b,	17s, or 17b, check t	his box and see			-0	
				Pay	и3			Sche	► □ dule A (Form	1 990) 2021
chedule A (Form 990) 2021										Page S
Part III Support Sch (Complete o fails to quali	edule for 0 nly if you ch fy under the	rganizatio ecked the tests list	ons Descr box on I and below	ibed in Section ine 10 of Part please comp	n 509(a)(2) I or if the organi lete Part II.)	zation failed to	qualify un	der Part II. If	the organiz	ation
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any 'unusual grants.'). 2. Gross receipts from admissi- merchandise sold or servicer	ons, s performed,	-	11446	"		100,100	107,950		N. W.	452,87
or facilities furnished in any a related to the organization's t purpose Gross sensions from purishing	activity that is an exempt									
purpose 3 Gross receipts from activities an unrelated trade or busines acciden 513. 4 Tax revenues levied for the o- benefit and either paid to or e its behalf.										
benefit and either paid to or e its behalf 5 The value of services or facility a programmental unit to the	rspended on lities furnishe comprisation	4								
its behalf. The value of services or facility a governmental unit to the without charge. Total, Add lines 1 through 5. Amounts included on lines 1.	2, and 3		114,46		9.349	109,100	107,950	111	5,197	630,69
b Amounts included on lines 2 received from other than dis-	rsons and 3 qualified star of 95 ppp									
persons that exceed the greater 1% of the amount on line 1. c. Add lines 7a and 7b. Public support. (Subtract line		_								
6.) Section B. Total Support										632,69
alendar year (or fiscal year begin 9 Amounts from line 6 Ig Gross income from interest,	ning is)₽ dividends,	(a) 201	114,46	(b) 2018	(c) 2019 19,009	104,100	107,950	(e) 2021 11:	(f) Tota (,187	622,69
g Gross income from interest, payments received on secur rents, royalties and income t sources. g Unrelated business toxable i section 511 toxable from bus	incorne (leas				1	\perp	5,000	10	0,000	15,00
 Intreased scames associate section 511 taxos() from bus acquired after June 80, 1976 Add lines 10s and 10s. Net incorne from unrelated I activities not included on line whether or not the business contact. 	inesses i.	L		<u> </u>			5,000		1,000	15,00
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	e gain or loss sts (Explain in	_					- 1			
2 Other income. Do not includ from the sale of capital asso Part VI.). 2 Total support. (Add lines 9	10e 15 cm									
from the sale of capital asse Part VI) 3 Total support. (Add lines 9, 12.). 4 First 5 years. If the Form 99		gorization	114,40 's first, sec	ond, third, fourth	99,076 Lor fifth tax year a	108,108 6 a section 501(c)	112,950 (3) organiz	12 artion, check th	5,107 Is box and st	647,70 top here
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 Did a diaqualified person (as defined on line fai) have an owner supporting organization also had an interest? If "Yes," provide 					the	90		-
10a Was the organization subject to the encess business holdings supporting organizations, and all Type III non-functionally into b Did the organization have any escess business holdings in the excess business holdings.				oertain law As orgus	iype II xanton fu	100		
	Page 5				Sche	dule A (F	om 990	6) 262
Schedule A (Form 960) 2021 Part IV Supporting Organizations (continued)								Page !
Has the organization accepted a gift or contribution from any A person who directly or indisectly controls, either alone or tog supported organization?	of the following persons? Jether with persons described on line	ıs 11b i	and 11a below, the	govern	ing body o	of	Yes	No
 A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 1 						11a 11b		
Section B. Type I Supporting Organizations 1 Did the officers, directors, hustens, or membership of one or less than a respectly of the organizations deschare or hustens at an opasization) effectively opportunity appropriate (notesthed) the opasization, describe how the private opportunity and/or removable conditions or membrohips (if any aggiffer) on outpropriet.	nore supported organizations have t il times during the tax year? N° Va; " are organizations activities. N° the orga- e directors or mystees were allocates	he posi lescribe nization among	er to regularly app in Part VI how the had more than on the supported or	oint or o suppor se suppo perizatio	elect at ned etted ets and		Yes	No
what conditions or restrictions, if any applied to such powers of 2. Did the organization operate for the benefit of any supported- or controlled the supporting organization? if "feet," explain in Pi organization(s) that operated, supervised or controlled the suppor-						1		
Section C. Type II Supporting Organizations						2	Yes	No
 Were a majority of the organization's directors or trustees dur- organization's supported organization(s)? if "No." discorbe in F the same person that controlled or resruped the supported or Controlled in the Controlled or resruped the supported or the controlled or resruped the supported or the controlled or resruped the supported or the controlled or resruped the supported or the controlled or resruped to the controlled to the controlled or resruped to the controlled to the controlled or resruped to the controlled to the controlled	ing the tax year also a majority of the last Whow control or management or ganization(is).	direct the su	ors or trustees of sporting organizar	each of lon was	the vected in	1		
Section D. All Type III Supporting Organizations 1	stions, by the last day of the fifth mor ring the prior tax year, (i) a copy of t governing documents in effect on t	nth of th he Forr he date	w organization's t n 950 that was m of notification, to	ax year, sat rece the cuts	() a writte tily filed a crit not	m si	Yes	No
 Were any of the organization's officers, directors, or trustees of the governing body of a supported organization? If "No," expla- relationship with the supported organization(s). 	ither (i) appointed or elected by the in in Part W how the organization ma	support hts/nec	ed organization(s la close and conti) or (ii) s tucus w	erving on orking			
3 By reason of the relationship described in line 2 above, did the organization's investment policies and in descring the use of describe in Part VI the role the organization's supported organiz	organization's supported organizati the organization's income or assets a sations played in this regard.	ons ha at all tir	ve a significant vo nes during the to	ice in th year? A	"Yes,"	3		
Section E. Type III Functionally-integrated Supporting Org Check the bas next to the method that the organization used to The organization satisfied the Activities Text, Comple	to satisfy the integral Port Test durin te line 2 below.		ar (see instructio	ns):				
The organization is the parent of each of its supporte The organization supported a governmental entity. De Activities Test, Answer lines 2a and 2b below.			mmeet entity (se	instruc	tions)			
 Did substantially all of the organization's activities during the which the organization was responsive? if "Yos," then in Part V furthered that resempt purposes, how the organization was real than been activities controlled authorities by all of its activities. 	tax year directly further the exempt p I identify those supported organizationsive to those supported organizations	urpose X13 a16 015, an	s of the supports explain how thes d how the organiz	i organi e activiti stion det	eation(x) t es directly remined		Yes	No
b Did the activities described on line 2a, above constitute activities supported organization(s) would have been organized in? if "You organization(s) would have engaged in these activities but for to	ies that, but for the organizationis in s;" esplain in Part Withe reasons for the fee organizations involvement.	valvem he orga	ent, one or more o nization's position	f the on that its	ganization supported	20		
Porcet of Supported Organizations. Asswer lines 3a and 3b is Did the organization have the power to regularly appoint or ele- organizations of "Res" or "No", provide distals in Park YV. Did the organization exercise a substantial degree of direction organizations if "Yes" desorbe in Park YV. the only played by the	ect a majority of the officers, director	s, or tru	intees of each of	he supp orted	crted	34		F
organizations? if "Yes," describe in Part VI. the role played by th					Sche	Jib dule A (Fr	orm 990	0) 202
Schedule A (Form 990) 2021	Page 6							Page I
Part V Type III Non-Functionally Integrated 509(a)(3) Check here if the organization satisfied the Integral Parameter of the		1971	(explain in Part 1	1). See i	nstruction			II nor
Section A - Adjusted Net Income 1 Net short-nem capital gain 2 Recoveries of prior-year distributions		1 2	00,7102			(8) Curr (opti	onal)	_
Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion	or collection of arous income or for	3 4 5						
Portion of operating expenses paid or incurred for production miningement, conservation, or maintenance of property held instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	for production of income (see	7 8						
Section B - Minimum Asset Amount 1. Aggregate fair market value of all non-exempt-use assets (se assets held for part of year):	e instructions for short tax year or	,	(A) Prior	/ear		(8) Curr (opti	ent Yea mai)	,
Average monthly value of securities Average monthly cash belances Fair market value of other non-exempt-use assets.		1a 1b						
d Total (add lines 1s, 1b, and 1c) Discount claimed for blockage or other factors (replain in detail in Part Wit		16						
Acquisition indettedness applicable to non-exempt use asset Subtract line 2 from line 1d Cash deemed held for exempt use. Error 0.015 of line 3 (for p	reater amount, see instructions).	3 4						
Net value of non-exempt use assets (subtract line 4 from line Multiply line 5 by 0.033 Recoveries of prioryear distributions	3)	5						
Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount		8				Dansen	t Year	
Adjusted net income for prior year (from Section A, line 8, Col Enter 85% of line 1 Minimum asset amount for prior year (from Section 8, line 8,	omn A) Column A)	2 3						
Enter greater of line 2 or line 3 Incorne tax imposed in prior year Distributable Amount, Suitaset line 5 from line 4, unless subjectedudicin (see instructions)	ect to emergency temporary	5			+			
7 Check here if the current year is the organizationis first		e III su	pporting organiza	ion (see	Sche	ons) dule A (Fe	om 991	0) 262
Schedule A (Form 990) 2021	Page 7							Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Section D - Distributions 1. Amounts paid to supported organizations to accomplish exemp	Supporting Organizations		(cor	finued)		Current	Year	
Amounts paid to perform activity that directly furthers exempt percess of income from activity	urposes of supported organizations of supported organizations	, in		2				
Amounts paid to acquire comptruse assets Qualified set uside amounts (prior RS approval required - provide				4				
Cher distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the details in Part VII). See instructions.	organization is responsive (provide			7				
details in Part VI). See instructions 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by Line 9 amount				9				
Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (responsable cours requires—confide in Part VI).	Excess Distributions	U	(i) inderdistributions Pre-2021			(H) Distribut mount fo	able r 2021	
(reasonable cause required - explain in Part VI). See instructions. S. Excess distributions carryone, if any, to 2021: a. From 2016.								
b From 2017. c From 2018. d From 2019. e From 2020.								
f Total of lines 2s through e g. Applied to underdistrikutions of prior years h. Applied to 2021 destrikutable amount i. Casyover from 2016 not applied (see	-							
Composer from 2016 not applied (one instructions) Remainder Subtract lines Sq. Sh, and Si from line Sf. Distributions for 2021 from Section D, line 7:								
3 a. Applied to underdistributions of prior years b. Applied to 2021 distributable amount								
Remainder. Subtract lines 4s and 4b from line 4. Remaining underdatrikations for pasts prior to 2001, if any Subtract lines 5g and 4a from line 2. If the amount is greater than zero, explain in Part W. See instructions.								
Remarks (1997) Remarks								
B Braidcom of line 7: a Excess from 2017. b Brains from 2018. c Excess from 2019.								
e Excess from 2019. d Excess from 2020. e Excess from 2021.					Schedi	ule A (For	m 950)	(2021
Schedule A (Form 990) 2021	Page 8							
Part VI Supplemental Information, Provide the explanations 46, 46, 56, 6, 96, 96, 91, 114, 114, and 11c Part IV, Sec 15, 20, 50, 30 and 38; Part VIII in 1; Part V, Section part for any additional information, (See instructions)	required by Part II, line 10; Part II, line tion B, lines 1 and 2; Part II; Section ine 1e; Part V Section D, lines 5, 6, an	17a or C, line d 8, an	17b; Part III, line I; Part IV, Section I Part V, Section E	12; Part D, lines : , lines 2,	N; Section 2 and S; Pi 5, and 6.	n A, lines art fil; Sec Also com	1, 2, 3b, tion E, I plete th	Jic, Jic, lines ris
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Form 990) reportment of the Treasu ternal Revenue Service		Schedule of Contributor	s	TIN: 72-1496381 OMB No. 1545-0047
and of the	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to manufac.gov/Form910 for the latest information.		2021	
	ion RYDUTH FOUNDATIO		72-145	ver identification number 16381
rganization type ilers of:	(check one): Section:			
orm 990 or 990-E		umber) organization		
	☐ 4947(a)(1) nonexe	mpt charitable trust not treated as	s a private foundation	
	☐ 527 political organ			
Form 990-PF	501(c)(3) exempt p			
	□ 4947(8)(1) nonexe	mpt charitable trust treated as a p rivate foundation	invate roundation	
Check if your orga	nization is covered by the General F on 501(c)(7), (8), or (10) organizatio	tule or a Special Rule.		
Note: Only a section	ın 501(c)(7), (8), or (10) organizatio	n can check boxes for both the G	eneral Rule and a Specia	Rule. See instructions.
	ganization filing Form 990, 990-EZ, property) from any one contributor.	or 990-PF that received, during the	year, contributions tota	ling \$5,000 or more (in mone)
contribut	ons.	complete Parts Land II. See Instru	ctions for determining a	contributor's total
Epecial Rules	anization described in section 501((2) filing Form 990 or 990.E7 the	at most thin 331/3% summer	t test of the regulations
under sect received fr	anization described in section 501(ions 509(a)(1) and 170(b)(1)(A)(vi), om any one contributor, during the y IIII, line 1h, or (ii) Form 990-EZ, line	that checked Schedule A (Form S ear, total contributions of the gre	190 or 990-EZ), Part II, lin ster of (1) \$5,000 or (2)	e 13, 16a, or 16b, and that 2% of the amount on (i) Form
	anization described in section 501(o year, total contributions of more the revention of cruelty to children or a			
For an orga	anization described in section 501(c year, contributions exclusively for re- is checked, enter here the total cont- orit complete any of the parts unles haritable, etc., contributions totaling	c)(7), (8), or (10) filing Form 990 o ligious, charitable, etc., purposes, ributions that were received during	r 990-EZ that received for but no such contribution of the year for an exclusi-	om any one contributor, ns totaled more than \$1,000.
purpose. D religious, c	on't complete any of the parts unles haritable, etc., contributions totaling	ss the General Rule applies to this 3 \$5,000 or more during the year .	organization because it	received nonexclusively S
Caution: An organ 190-EZ, or 990-PF	ization that isn't covered by the Gen , but it must answer "No" on Part IV PE, Part I, line 2, to certify that it do	eral Rule and/or the Special Rules line 2, of its Form 990; or check t	doesn't file Schedule B he box on line H of its Fr	(Form 990, orm 990-EZ
190-62, 01 990-FF,		esn't meet the filing requirements	of Schedule B (Form 99)	
or Paperwork Reduct or Form 990, 990-EZ,	flor Act Notice, see the Instructions or 990-Pf.		Cat. No. 30813X	Schedule B (Form 990) (2021)
		Page 2		
ichedule B (Form			Page I Employer Ment	2 floation number
LANT A SEED IN OUR	R YOUTH FOUNDATIO		72-1496381	
Contributors (a)	(b)	uplicate copies of Part I if additional space is n	(c)	(d)
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			\$RESTRICTED	Payroll Noncash Complete Part II for noncash
(a) No.	(b) Name, address	, and ZIP + 4	(c) Total contributions	contributions.)
No.	Name, address	, and ZIP+4	Iotal contributions	Type of contribution Person Payroll
			8.	☐ Noncash
(a) No.	(b)	, and ZIP + 4	(c)	(Complete Part II for noncash contributions.)
. No.	Name, address	, and ZIP+4	Total contributions	Type of contribution Person Payroll
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(a) No.	(b)	and ZIP + 4	(c)	contributions.)
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			8.	Noncash (Complete Part II for noncash
				contributions.) Schedule B (Form 990) (2021)
		Page 3		
Schedule B (Form Same of organization LANT A SEED IN OUR	990) (2021) EYDUTH FOUNDATIO		Employer identification nu	Page :
Part II Nonci	ash Property (see instructions). Use deplicate copie	s of Part II Fadditional space in seeded.	72:1496381 (e)	
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SCHEDULE (Form 990) Department of the Internal Resenue S	Treasury ervice			2021 Open to Public Inspection
Name of the organ	ization g youth rough	etro	Employer identit	fication number
-DHI X 3	4 10011	NIII	72-1496381	
Reference		Explanation		
FORM 990- EZ, PART I, LINE 16 - OTHER EXPENSES	TELEPHONI 849. DESCRIPTIO 146. DESCRIPTION	DIA CONTRACT SERVICES, AMOUNT, 4,70 DESCRIPTION, SALARIES, IN- ENTERNET, AMOUNT, 1,871 DESCRIPTION, USE OF SAVCE, MADOUNT, INFERIOR, PROGRAM COSTS: OTHER, AMOUNT, 11,131 E. DESCRIPTION IN PRO- TRANSPORTATION EXPENSE, AMOUNT, 50, DESCRIPTION IN PRO- TRANSPORTATION EXPENSE, AMOUNT, 50, DESCRIPTION USE THE PROFIT OF THE PROFI	9,500. DESCRIPTIO DGRAM SUPPLIES. A SUBSCRIPTION SE MEALS. AMOUNT:	N: INSURANCE, AMOUNT: MOUNT: 4,862. RVICE FEES, AMOUNT:
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION	ON: A/R - EMPLOYEES, BEQ. OF YEAR AMOUNT; O, END OF YEAR AMOUN	T: 3,257.	
FORM 990- EZ, PART II, LINE 26 - OTHER		ON: PAYROLL LIABILITIES, BEG, OF YEAR AMOUNT: 405, END OF YEAR AM MOUNT: 0. END OF YEAR AMOUNT: 10,000.	MOUNT: 402. DESCR	IPTION: EIDL LOAN, BEG.

Software ID: Software Version:

Name: PLANT A SEED IN OUR YOUTH FOUNDATIO
BIT: 72.1496381
Declaration: The CROANLEATEN DID NOT, DUBING THE YEAR, RECEIVE ANY FLINDS,
DIRECTLYOR INDIRECTLY, TO PAY PREMIANS ON A PEISONAL BENEFIT
CONTRACT THE ORGANIZATION, DID NOT, DUBING THE YEAR PAY ANY
PREMIANS, DIRECTLYOR INDIRECTLY, ON A PERSONAL BENEFIT
CONTRACT.