

		Page	
Form No.	906-002 (2007)		
<b>Q4</b>	Did the organization engage, directly or indirectly, in political or public campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	Yes	No
		<b>4a</b>	<b>4b</b>
<b>Q5</b>	Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 4f, 4g and 5d, and complete the tables for Items 5e and 5f. Check if the organization and Schedule C-5 responds to any question in the Part 5.	Yes	No
		<b>4f</b>	<b>4g</b>
<b>Q6</b>	Did the organization engage in lobbying activities or have a section 501(h) election if active during the tax year? If "Yes," complete Schedule C, Part II.	Yes	No
		<b>4h</b>	<b>4i</b>
<b>Q7</b>	In the organization a school was selected to control 378023-03(07) If "Yes," complete Schedule E.	Yes	No
		<b>4j</b>	<b>4k</b>
<b>Q8</b>	Did the organization make any transfers to one or more non-charitable related organizations?	Yes	No
		<b>4l</b>	<b>4m</b>
<b>Q9</b>	If "No," was the related organization's a section 527 organization?	Yes	No
		<b>4n</b>	<b>4o</b>
<b>Q10</b>	Complete this table for the organizations for highest compensated individuals (other than officers, directors, boards and key employees) who each received more than \$100,000 of compensation from the organization. If there is no one else:		
(a)	Name, title and address of employee	(b) Average salary/wage (or other compensation) received by individual during the year	(c) Amount of benefits received by individual during the year
		(d) Estimated amount of other compensation	
NOTE			

7 Total number of other employees paid over \$100,000: . . . . . ▶				
58 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".				
(A) Name and business address of each independent contractor		(B) Type of service	(C) Compensation	
None:				
6 Total number of other independent contractors each receiving over \$100,000: . . . . . ▶				
52 Did the organization complete Schedule A? <b>NOTE:</b> All section 501(c)(3) organizations must attach a completed Schedule A. . . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Under penalty 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	Preparer of Return		Date	
	[Signature]		03/23/18	
Paid Preparer Use Only	Preparer's Signature		Date	
	[Signature]		03/23/18	
Paid Preparer Use Only	Firm name		Firm's EIN	
	CORNWELL & WOODMAN LLC		70-106021	
Paid Preparer Use Only	Firm address		Phone no.	
	400 CLEVELAND STREET SUITE 1000 CLEARWATER, FL 34616		(727) 322-2222	
May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Form 990-EZ (2017)				
Additional Data				
Return to Form				
Software ID: Software Version:				
Form 990-EZ, Special Condition Description:				
Special Condition Description:				







**Schedule A**  
**(Form 990)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 501(c)(29) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/charities-nonprofits](https://www.irs.gov/charities-nonprofits) for instructions and the latest information.

2021

Form 990

Department of the Internal Revenue Service

Employer identification number  
23-1464281

NAME OF THE ORGANIZATION  
PLANT A ZERO IN DON'TOR FOUNDATION

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

1

☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2

☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

3

☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4

☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.

5

☐ An organization operated for the benefit of a college or university named or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6

☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7

☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (a). (Complete Part III.)

8

☐ A community trust described in section 170(b)(1)(A)(vi) (b). (Complete Part I.)

9

☐ An agricultural research organization described in section 170(b)(1)(A)(vii) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.

10

☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt function—subject to the conditions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income that exceeds 1% of total assets acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part IV.)

11

☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12

☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12b, and 12c.

13

☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

14

☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in some persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

15

☐ Type III. A functionally integrated, a support for separate activities, or a functionally integrated only, in supported organization(s) line 12a through 12d.

16

☐ Type IV. A functionally integrated, a support for separate activities, or a functionally integrated only, in supported organization(s) line 12a through 12d.

17

☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type IV non-functionally integrated supporting organization.

18

☐ Complete number of supported organizations.

9

Provide the following information about the supported organization(s).

(b) Name of supported organization

(c) EIN

(d) EIN of the organization listed in your governing document (if different from line 9c)

(e) Amount of monetary support (see instructions)

(f) Amount of other support (see instructions)

Total

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

Doc. No. 132857

Schedule A (Form 990) 2021

Page 2

Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(ii) and 170(b)(1)(A)(iii)

Complete only if you checked box 10 on line 12, or 7, or 8 of Part I or if the organization failed to qualify under Part I. If the organization fails to qualify under the tests listed below, please complete Part II.

Section A. Public Support

1. Gifts, grants, contributions, and membership fees received. Do not include any "unusual grant."

2. Tax-exempt income for the organization's benefit and other paid for expended on its behalf.

3. The value of services or facilities furnished by a governmental unit to the organization without charge.

4. Total. Add lines 1 through 3.

5. The portion of total contributions for each person that the governmental unit or publicly supported organization included on line 1 that exceeds 3% of the amount shown on line 11, column (f).

6. Public support. Subtract line 5 from line 4.

Section B. Total Support

7. Amounts from line 4.

8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.

9. Net income from unrelated business activities, whether or not the business is regularly carried on.

10. Other income. Do not include gains or loss from the sale of capital assets (Explain in Part III).

11. Total support. Add lines 7 through 10.

12. Gross receipts from related activities, etc. (Explain in Part III).

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.

Section C. Completion of Public Support Percentage

14. Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)). . . . .

15. Public support percentage for 2020 Schedule A, Part I, line 14. . . . .

16. 50% support test—2021. If the organization did not check 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.

17. 33 1/3% support test—2021. If the organization did not check box on line 13 or 14, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

18. 10% facts-and-circumstances test—2021. If the organization did not check box on line 13, 14, or 15, 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 III how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

19. 10% facts-and-circumstances test—2020. If the organization did not check box on line 13, 14, 15, or 16, 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 III how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

20. Private foundation. If the organization did not check box on line 13, 14, 15, 16, 17, or 18, check this box and see instructions.

Page 3

Schedule A (Form 990) 2021

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 I. If the organization fails to qualify under the tests listed below, please complete Part II.

Section A. Public Support

1. Gifts, grants, contributions, and membership fees received. Do not include any "unusual grant."

2. Gross receipts from admissions, contributions sold or services performed, or facilities furnished in any activity that is related to the organization's exempt purpose.

3. Gross receipts from activities that are not unrelated to business or business as described in section 513.

4. Tax-exempt income for the organization's benefit and other paid for expended on its behalf.

5. The value of services or facilities furnished by a governmental unit to the organization without charge.

6. Total. Add lines 1 through 5.

7. Amounts included on lines 1, 2, and 3 received from disqualified persons.

8. Amounts included on lines 4 and 5 received from other than disqualified persons that exceed the greater of \$5,000 and 1% of the amount on line 12 for the year.

9. Add lines 7 and 8.

10. Public support. Subtract line 9 from line 6.

Section B. Total Support

11. Amounts from line 6.

12. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.

13. Unrelated business taxable income (see section 513) from any business acquired after June 30, 1975.

14. Add lines 11a and 11b.

15. Net income from unrelated business activities not included on line 13b, whether or not the business is regularly carried on.

16. Other income. Do not include gains or loss from the sale of capital assets (Explain in Part III).

17. Total support. Add lines 11, 12, 13, and 15.

18. 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)(29) organization, check this box and stop here.

Section C. Completion of Public Support Percentage

19. Public support percentage for 2021 (line 10, column (f) divided by line 17, column (f)). . . . .

20. Public support percentage for 2020 Schedule A, Part I, line 15. . . . .

21. Investment income percentage for 2021 (line 13b, column (f) divided by line 17, column (f)). . . . .

22. 50% support test—2021. If the organization did not check box on line 18, and line 19 is 50% or more, and line 21 is 50% or more, and the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization.

23. 33 1/3% support test—2021. If the organization did not check box on line 18 or 19, and line 19 is 33 1/3% or more, and the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization.

24. Private foundation. If the organization did not check box on line 18, 19, or 20, check this box and see instructions.

Page 4

Schedule A (Form 990) 2021

Supporting Organizations

Complete only if you checked box 12a of Part I or if the organization failed to qualify under Part I. If the organization fails to qualify under the tests listed below, please complete Part II.

Section A. All Supporting Organizations

1. Are all of the organization's supported organizations listed by name in the organization's governing document? If "Yes," answer 4. If "No," answer 2. If the organization is described in section 509(a)(1) or (2), describe the description. If "None," and the organization is described in section 509(a)(1) or (2), describe the description.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part III how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3a and 3b below.

4. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part III when and how the organization made the determination.

5. Did the organization ensure that all support to such organizations was used exclusively for the purposes of section 509(a)(2)? If "Yes," explain in Part III what controls the organization has in place to ensure such use.

6. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a of Part I, answer lines 6a and 6b below.

7. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part III how the organization had ultimate control and discretion despite being controlled or supervised by or in connection with the supporting organizations.

8. Did the organization make any foreign supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part III how the organization determined that the supported organization was described in section 509(a)(1) or (2).

9. Did the organization ask, authorize, or remove any supported organizations during the tax year? If "Yes," answer lines 9a and 9b below. If "No," answer line 9a and 9b below. If "Yes," explain in Part III how the organization asked, authorized, or removed. (b) the reasons for each such action; (c) the authority under the organization's governing document authorizing such action; and (d) how the action was accomplished (such as by amendment to the organization's documents).

10. Type or Types only. Was any added or substantiated supporting organization part of a class already designated in the organization's governing document? If "Yes," describe in Part III the class.

11. Substitutions only. Was the substitution the result of an event beyond the organization's control? If "Yes," describe in Part III the event.

12. Did the organization provide support (other than 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 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide details in Part III.

13. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)) as a primary member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part IV of Schedule A (Form 990).

14. Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 14 of Part IV? If "Yes," complete Part IV of Schedule A (Form 990).

15. 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)(2) or (29))? If "Yes," provide details in Part IV.

16. Did one or more disqualified persons (as defined on line 15) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide details in Part IV.

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Schedule B (Form 990)
Department of the Treasury
Internal Revenue Service
Schedule of Contributions
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.
2021
Name of the organization
PLANT A SEED IN OUR YOUTH FOUNDATIO
Employer identification number
72-1494381
Organization type (check one):
Form 990 or 990-EZ
Form 990-PF

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
Special Rules

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 other 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 or 990-EZ), Part II, line 13, 14a, or 14b, and that received from any one contributor, during the year, total contributions of the greater of (i) \$5,000 or (ii) 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 \$5,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 \$5,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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, 990-EZ, or 990-PF), but it must answer "Not 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, 990-EZ, or 990-PF).
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.
Cat. No. 50133X
Schedule B (Form 990) 2021

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RESTRICTED		<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
6		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1			
2			
3			
4			
5			
6			

PART 1	
(c) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferee to transferor
Schedule B (Form 990) (2021)	







Office Public Visual Render

ObjectID: 20221319949208346 - Submission: 2022-11-15

TIN: 72-1496381

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ, or to provide any additional information.  
Be Attach to Form 990 or 990-EZ.  
Go to [www.irs.gov/form990](#) for the latest information.

2021

OMB No. 1545-0047

NAME OF THE ORGANIZATION  
PLANT A SEED IN OUR YOUTH FOUNDATIO

Employer identification number  
72-1496381

Section	Description
FORM 990-EZ, PART I, LINE 16-OTHER EXPENSES	DESCRIPTION: CONTRACT SERVICES, AMOUNT: 4,178; DESCRIPTION: SALARIES, IN KIND, AMOUNT: 24,780; DESCRIPTION: TELEPHONE/ INTERNET, AMOUNT: 1,817; DESCRIPTION: USE OF SPACE, AMOUNT: 19,500; DESCRIPTION: INSURANCE, AMOUNT: 649; DESCRIPTION: PROGRAM COSTS- OTHER, AMOUNT: 11,313; DESCRIPTION: PROGRAM SUPPLIES, AMOUNT: 4,862; DESCRIPTION: TRANSPORTATION EXPENSE, AMOUNT: 60; DESCRIPTION: DUES AND SUBSCRIPTION SERVICE FEES, AMOUNT: 146; DESCRIPTION: ADVERTISING AND MARKETING, AMOUNT: 1,103; DESCRIPTION: MEALS, AMOUNT: 1,084; DESCRIPTION: BUSINESS LICENSES AND FEES, AMOUNT: 81; TOTAL TO FORM 990-EZ, LINE 16: 63,667.
FORM 990-EZ, PART II, LINE 24-OTHER ASSETS	DESCRIPTION: A/R- EMPLOYEES, BEG. OF YEAR AMOUNT: 0, END OF YEAR AMOUNT: 3,257.
FORM 990-EZ, PART II, LINE 26-OTHER LIABILITIES	DESCRIPTION: PAYROLL LIABILITIES, BEG. OF YEAR AMOUNT: 405, END OF YEAR AMOUNT: 402; DESCRIPTION: EIDL LOAN, BEG. OF YEAR AMOUNT: 0, END OF YEAR AMOUNT: 10,000.

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

OMB No. 1545-0047

Schedule O (Form 990) 2021

Additional Data

Return to Form

Software ID:

Software Version:

Office Public Visual Render

ObjectID: 20221319949208346 - Submission: 2022-11-15

TIN: 72-1496381

TY 2021 IRS 990 e-File Render

Name: PLANT A SEED IN OUR YOUTH FOUNDATIO

EIN: 72-1496381

Declaration:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.