FREED MAXICK CPAS, P.C. 424 MAIN STREET, SUITE 800 BUFFALO, NEW YORK 14202-3508 716-847-2651

MAY 15, 2023

SEEDS OF AFRICA FOUNDATION 110 E 25TH STREET NEW YORK, NY 10010

SEEDS OF AFRICA FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2020 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

FREED MAXICK CPAS, P.C.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING DECEMBER 31, 2020

PREPARED FOR:

SEEDS OF AFRICA FOUNDATION 110 E 25TH STREET NEW YORK, NY 10010

PREPARED BY:

FREED MAXICK CPAS, P.C. 424 MAIN STREET, SUITE 800 BUFFALO, NY 14202-3508

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.

2072 50	IRS e-	file Signature Authoriza an Exempt Organizatior	tion	OMB No. 1545-0047
Form 8879-EO				
		not send to the IRS. Keep for your record	, 20	2020
Department of the Treasury Internal Revenue Service		w.irs.gov/Form8879EO for the latest infor		
Name of exempt organization	or person subject to tax		Taxpayer id	lentification number
CEEDS OF APRIL	TA ECITIDADE A		25 26	262033
SEEDS OF AFRIC			33-22	102033
Name and title of officer or pe ATTI WORKU	SUIT SUDJECT TO TAX			
CEO				
Part I Type of I	Return and Return Infor	rmation (Whole Dollars Only)		
check the box on line 1a, 2 blank, then leave line 1b, 2 return, then enter -0- on the	a, 3a, 4a, 5a, 6a, or 7a below b, 3b, 4b, 5b, 6b, or 7b, which applicable line below. Do no	Form 8879-EO and enter the applicable amount on that line for the return benever is applicable, blank (do not enter -0-). Extra complete more than one line in Part I.	peing filed with this form w But, if you entered -0- on th	as e
1a Form 990 check here	▶ X b Total revenue,	if any (Form 990, Part VIII, column (A), line 1	12) 1b _	302,496.
2a Form 990-EZ check h		nue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL chec		ax (Form 1120-POL, line 22)		
4a Form 990-PF check h	ere b Tax based	on investment income (Form 990-PF, Part	: VI, line 5) 4b _	_
5a Form 8868 check here 6a Form 990-T check here		ue (Form 8868, line 3c) Form 990-T, Part III, line 4)		
7a Form 4720 check here		Form 4720, Part III, line 1)		
Part II Declarat	on and Signature Auth	orization of Officer or Person Suk	oject to Tax	
Under penalties of perjury,	I declare that X I am an of	ficer of the above organization or I ar	m a person subject to tax v	vith respect to
(name of organization)		es and statements, and, to the best of my ki	and t	hat I have examined a copy
a payment, I must contact (settlement) date. I also au confidential information ne	the U.S. Treasury Financial Ag horize the financial institutions cessary to answer inquiries an	eturn, and the financial institution to debit the gent at 1-888-353-4537 no later than 2 busins s involved in the processing of the electronic d resolve issues related to the payment. I ha onic return and, if applicable, the consent to	ess days prior to the paym c payment of taxes to recei ave selected a personal	ent ve
X I authorize FR	EED MAXICK CPAS	, P.C.	to enter my	PIN 20210
		ERO firm name		Enter five numbers, but do not enter all zeros
a state agency(is PIN on the return As an officer or p electronically file	s) regulating charities as part of the disclosure consent screen. erson subject to tax with respondarements of the disclosure of the disc	cally filed return. If I have indicated within the of the IRS Fed/State program, I also authorized to the organization, I will enter my PIN at thin this return that a copy of the return is be program, I will enter my PIN on the return.	ze the aforementioned ERC s my signature on the tax yeing filed with a state agen	return is being filed with 0 to enter my year 2020 cy(ies)
Signature of officer or person subject Part III Certifica	to tax ▶ tion and Authentication	1	Date	<u> </u>
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing ider	ntification		
number (EFIN) followed by	your five-digit self-selected PIN		19020210 t enter all zeros	
	turn in accordance with the re	my signature on the 2020 electronically filed quirements of Pub. 4163, Modernized e-File	d return indicated above. I	
ERO's signature $ ightharpoonup$ FREE	MAXICK CPAS, 1	P.C. D	Date	
		st Retain This Form - See Instruct is Form to the IRS Unless Reques		
LHA For Paperwork Red	uction Act Notice, see instru	ctions.		Form 8879-EO (2020)

023051 11-03-20

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A F</u>	or the	e 2020 calendar year, or tax year beginning and c	ending		
	heck if	C Name of organization		D Employer identific	cation number
	Addre	SEEDS OF AFRICA FOUNDATION			
	Name chang			35-22620	33
	Initial return		Room/suite	E Telephone numbe	r
	Final return/			718-841-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	302,496.
	Ameno	NEW TORK, NT 10010		H(a) Is this a group re	
	Application pendir	F Name and address of principal officer: AIII WORKO		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3)	or 527	1	list. See instructions
		te: WWW.SEEDSOFAFRICA.ORG organization: X Corporation Trust Association Other	1. 1/2-2	H(c) Group exemptio	
	orm of ort I	organization: X Corporation	L Year	of formation: 2003 N	M State of legal domicile: NY
1 6		Briefly describe the organization's mission or most significant activities: SEE S	CHEDII	T.E. O	
Se	'	Briefly describe the organization's mission or most significant activities.	JCIIIDO.		
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets
ver				3	6
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			4
ې پ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			3
ıtie,		Total number of volunteers (estimate if necessary)			9
Ċţ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ ⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		480,419.	268,750.
aun		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-37,752.	33,746.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		442,667.	302,496.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,024.	-695.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		173,646.	269,414.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 70,18		250,218.	222 060
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		429,888.	223,968. 492,687.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,779.	-190,191.
or Ses		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)		172,319.	92,020 .
Asse Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		29,425.	94,678.
Net Assets Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20		142,894.	-2,658.
Pa	rt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sigr	1	Signature of officer		Date	
Her	е	ATTI WORKU, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	l l	Date Check Check	PTIN
Paid		MARY MADONIA MARY MADONIA	0	5/15/23 self-employ	P00405803
Prep		Firm's name FREED MAXICK CPAS, P.C.		Firm's EIN ▶	45-4051133
Use	Only	Firm's address 424 MAIN STREET, SUITE 800			C 047 0651
		BUFFALO, NY 14202-3508		Phone no. 71	6-847-2651
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

	990 (2020) SEEDS OF AFRICA FOUNDATION	35-2262033	Page 2
Pa	rt 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:		
	SEE SCHEDULE O		
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 a	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
	revenue, if any, for each program service reported.	o, the total expenses, a	
4a	(Code:) (Expenses \$236 , 255 • including grants of \$695 •) (Reven		
40	SEEDS OF AFRICA OPERATES SEEDING EDUCATION AND SOWING CO		
	SEEDING EDUCATION OFFERS HIGH-QUALITY EDUCATION TO STUDE		
	ADDITION TO SCHOOL MEALS, UNIFORMS, SCHOOL SUPPLIES AND	<u> </u>	
	SUPPORT. SOWING COMMUNITY WORKS WITH FAMILIES TO INCREASE		
	HOUSEHOLD INCOMES AND IMPROVE THEIR QUALITY OF LIFE THRO		
	EDUCATION SEMINARS, ADULT LITERACY AND ENTREPRENEURSHIP		
	ACCESS TO CREDIT TEACHING GENERAL EDUCATION AND COMMUNIT	Y DEVELOPMEN	lT
	SKILLS.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	
4c	(Code:) (Expenses \$) (Reven	ue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 236 , 255.	,	

Form 990 (2020) SEEDS OF AFRICA FOUNDATION

Part IV Checklist of Required Schedules

35-2262033 Page **3**

Fai	Checklist of nequired schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			25
8				х
_	Schedule D, Part III	8		- A
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-710		
13		45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		25
16		40		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

	990 (2020) SEEDS OF AFRICA FOUNDATION 35-2262 t IV Checklist of Required Schedules (continued)	033	P	age 4
ı	officerist of frequired contended (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			Ì
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		1
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
zoa	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	20a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Ì
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Ì
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	Ì
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			Ì
	"Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_ <u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>	31		
5 2		32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٦,	Ì
Da	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ra	Check if Cahadula O contains a vanage of mate to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part V			LLL No.
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
		-		

(gambling) winnings to prize winners? 032004 12-23-20

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Page 5

Form Par	990 (2020) SEEDS OF AFRICA FOUNDATION tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	35-2262	033	P	age 5
1 4.	continued)			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			res	NO
Za	filed for the calendar year ending with or within the year covered by this return	2a 3			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		Х
ь	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions		20		22
32			За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	•	4a		х
h	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	•	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Followski and the organization f	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.			200	
			Гака	າ 990	/0000

SEEDS OF AFRICA FOUNDATION 35-2262033 Page 6

Form 990 (2020) 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		Į l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.4		
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	11115 Section B requests information about policies not required by the internal nevenue Gode.		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b		12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe	120		
C	in Schedule O how this was done	12c	x	
13	District the second of the sec	13		Х
14		14		X
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
160				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		Х
	taxable entity during the year?	16a		-22
D	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	46h		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an experientian to make its Forms 1003 (1004 or 1004 A. if applicable), 200, and 200 T (Section F01/c)/(2001).)o c=! \	0) (2)	ole.
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	js oniy)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website X Upon request Other (explain on Schedule O)	-1 e:.	-:-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	u tinan	cial	
00	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 THE ORGANIZATION - 718-841-7763			

Form **990** (2020)

10010

NY

NEW YORK,

110 E 25TH STREET,

Form 990 (2020) SEEDS OF AFRICA FOUNDATION

35-2262033

age 7

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	more rson i	than of the book o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ATTI WORKU	3.00							46.668		
BOARD MEMBER/CEO/BOARD SECRETARY	1 00	Х		Х				46,667.	0.	0.
(2) ANTENEH WORKU	1.00	₹.		₹.				0.	_	0
BOARD MEMBER/BOARD CHAIRMAN (3) SARAH SIMMONS	1.00	Х		Х		<u> </u>		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(4) MILTON SPEID	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(5) STEPHANIE BOND	1.00							0.	•	0.
BOARD MEMBER	1100	x						0.	0.	0.
(6) DEIRDRE GAUGHAN	1.00	<u> </u>								
BOARD MEMBER		х						0.	0.	0.

	990 (2	020)	SEEDS	OF	AFRICA	FC	UN	DΑ	ΤI	ON			35-2	2620	33	Pa	age 8
Par	t VII	Section A. Office	rs, Directors	s, Trust	ees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
		(A) Name and tit	le		(B) Average hours per week (list any	box	not cl	ss per	ition more son i	than c s both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	an	(F) stimate nount o other pensa	of
					hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	3C)	org and	om the anizati d relate anizatio	ion ed
		tal									>	46,667.		0.			0.
		from continuatior (add lines 1b and									>	46,667.		0.			0.
2											o re	eceived more than \$100,	000 of reportable				
		ensation from the		-													0
														Г		Yes	No
3		· ·	•		•	,	•	•	•		_	hest compensated empl	•				Х
4												ner compensation from the			3		
•		•	,		•							or such individual	•		4		Х
5												ed organization or individ					
				s," com	plete Schedule	J fo	or su	ıch r	ers	on .					5		X
<u>Sec</u>		Independent Cor		nest cor	mpensated ind	ono	ndor	nt cc	ntro	actor	e th	nat received more than \$	100 000 of com		ion fro	nm.	
•	-	-	_		· ·	-						the organization's tax ye		Jonoac		2111	
		Ν	lame and bu	(A) Isiness	address	NC	ONE	C				(B) Description of s	ervices	C	(C omper) nsation	า
2		number of indepen		-	-	ot lin	nited	l to t	thos		ted	above) who received mo	ore than				
	,	,	-		•										Form	990 (2	2020)

032008 12-23-20

Pa	rt VI	Ш	Statement of Rev	ven	ue						
			Check if Schedule O	onta	ains a respon	se c	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	Med Full Red Got All Sir No	embership dues	bution bution but	1c 1d 1d 1e 1e 1f 1f 1f 1f 1f 1f		55,492. 213,258.	268,750.			
O a		1 To	otal. Add lines 1a-1f					200,730.			
Program Service Revenue	6	o d e f Al	l other program service i	rever	nue	- - -					
	3		otal. Add lines 2a-2f vestment income (includ								
	4 5	ot In	ther similar amounts) come from investment o	f tax	e-exempt bone	d pr	oceeds >				
	ı) Le	ross rentsess: rental expenses	6a 6b 6c	(i) Real		(ii) Personal				
			et rental income or (loss)								
	7 a	a Gr as	ross amount from sales of sets other than inventory	7a	(i) Securitie		(ii) Other				
Revenue	(an c Ga	ess: cost or other basis ad sales expenses ain or (loss) et gain or (loss)	7b 7c			>				
Other		ind co Pa	ross income from fundraisir cluding \$55 ontributions reported on art IV, line 18ess: direct expenses	, 4 line	92. of 1c). See	8a 8b	33,746.				
			et income or (loss) from t					33,746.			33,746.
		a Gr Pa	ross income from gamine art IV, line 19	g ac	tivities. See	9a		3377237			3377131
			ess: direct expenses		_	9b					
			et income or (loss) from (ross sales of inventory, l				P				
	10 8		nd allowances			10a					
			ess: cost of goods sold			10b					
			et income or (loss) from s				>				
							Business Code				
Sno	11 8	a				_					
ane	ı	· _				_					
Miscellaneous Revenue	•	-				_					
Mis	(I other revenue								
			otal. Add lines 11a-11d				>	302,496.	0.	0.	33,746.
	12	10	otal revenue. See instructio	IIS				JU4,470.	ı U.	ı U•	JJ,/40.

032009 12-23-20

35-2262033 Page **10**

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon:		this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	193.	193.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	000	200		
	individuals. See Part IV, lines 15 and 16	-888.	-888.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	16 667	27 406	16 670	2 502
_	trustees, and key employees	46,667.	27,406.	16,678.	2,583.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	193,547.	113,664.	69,170.	10,713.
7 8	Other salaries and wages Pension plan accruals and contributions (include	173,3410	113,004.	05,110.	10,713.
ō	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,698.	3,792.	3,587.	1 319
10	Payroll taxes	20,502.	13,134.	6,402.	1,319. 966.
11	Fees for services (nonemployees):	20,0020	20,2010	0,1021	3000
	Legal				
	Accounting	37,697.	300.	37,397.	
	Lobbying	0.700		. ,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	10,723.	-1,502.	3,189.	9,036.
12	Advertising and promotion	5,149.			9,036. 5,149.
13	Office expenses	26,456.	11,432.	6,061.	8,963.
14	Information technology				
15	Royalties				
16	Occupancy	47,420.	29,175.	18,245.	
17	Travel	13,919.	7,336.	3,765.	2,818.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2.4	2.4		
19	Conferences, conventions, and meetings	34.	34.		
20	Interest				
21	Payments to affiliates	1,064.	641.	423.	
22	Depreciation, depletion, and amortization	5,344.	473.	4,871.	
23	Other expenses. Itemize expenses not covered	3,344.	4/3•	4,071.	
24	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 0.)				
а	DONATED SERVICES	34,770.	21,131.	10,306.	3,333.
h	INDEPENDENT CONTRACT EM	26,370.	300.	2,000.	24,070.
c	TEMPORARY HELP	4,435.	4,850.		-415.
d	BANK FEES	3,789.	-,	3,789.	
	All other expenses	6,798.	4,784.	365.	1,649.
25	Total functional expenses. Add lines 1 through 24e	492,687.	236,255.	186,248.	70,184.
26	Joint costs. Complete this line only if the organization	·	·	·	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

Form 990 (2020) SEEDS OF AFRICA FOUNDATION

35-2262033 Page **11**

	rt X	Balance Sheet	<u> </u>	01(2111 1 01)		55	ZZUZUJJ Page II
rai	ιΛ		*** ** ***	line in this Dort V			
		Check if Schedule O contains a response or no	υιε το any	IIII E III UIIS PAR X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			136,568.	1	71,453.
	2	Savings and temporary cash investments			230,3000	2	7272331
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			15,000.	4	0.
	5	Loans and other receivables from any current of			,		
		trustee, key employee, creator or founder, subs		′ ′ ′ I			
		controlled entity or family member of any of the			8,500.	5	8,500.
	6	Loans and other receivables from other disqua	-		,		
		under section 4958(f)(1)), and persons describe	•	,		6	
G	7	Notes and loans receivable, net			7,693.	7	7,693.
Assets	8	Inventories for sale or use		,	8	,	
As	9	B ::				9	
		Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D		14,665.			
	b	Less: accumulated depreciation	10b	10,291.	4,558.	10c	4,374.
	11	Investments - publicly traded securities		•	•	11	,
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			172,319.	16	92,020.
	17	Accounts payable and accrued expenses			29,425.	17	50,061.
	18	Grants payable	-	18	-		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for	mer office	r, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial co	ntributor, or 35%			
abil		controlled entity or family member of any of the	ese perso	ns		22	
Ë	23	Secured mortgages and notes payable to unre	lated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	ırties		24	
	25	Other liabilities (including federal income tax, p	ayables to	related third			
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D			0.	25	44,617. 94,678.
	26	Total liabilities. Add lines 17 through 25		<u></u>	29,425.	26	94,678.
		Organizations that follow FASB ASC 958, ch	eck here	▼ X			
ces		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			142,894.	27	-2,658.
Ва	28	Net assets with donor restrictions		<u></u>		28	
pur		Organizations that do not follow FASB ASC	958, che	k here 🕨 📖			
ŗ		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or e		The state of the s		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			1/0 00:	31	0.650
Ne	32	Total net assets or fund balances			142,894.	32	-2,658.
	33	Total liabilities and net assets/fund balances			172,319.	33	92,020. Form 990 (2020)

Form	1990 (2020) SEEDS OF AFRICA FOUNDATION	35-	-22620	33	Pag	_{je} 12
Pa	rt 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		302		
2	Total expenses (must equal Part IX, column (A), line 25)	2		492		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> 190</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>142</u>	, 89	<u> </u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6		44	,63	39.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		-2	, 65	<u> 58.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		lit			
	Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm S	990 (2	2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► 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 **Employer identification number** SEEDS OF AFRICA FOUNDATION 35-2262033 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) 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 10 X 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 functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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 III non-functionally integrated supporting organization. **f** Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (vi) Amount of other (ii) EIN (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

09570515 759621 7756039

Schedule A (Form 990 or 990-EZ) 2020 SEEDS OF AFRICA FOUNDATION

35-2<u>262033 Page 2</u>

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	T	Г	T	1	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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 gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publi					I I	
	Public support percentage for 2020 (I					14	<u>%</u>
	Public support percentage from 2019					15	. %
16a	33 1/3% support test - 2020. If the	•		ŕ		•	
	stop here. The organization qualifies						
t	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
_	meets the facts-and-circumstances te	· ·	•				
k	10% -facts-and-circumstances test	· ·				•	10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b			
					SCNE	edule A (Form 990	UI 33U-EZ) 2U2U

35-2262033 Page 3

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.)

800	qualify under the tests listed better A. Public Support	elow, please comp	lete Part II.)				
					<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	061 155	065 045	402 005	400 410	060 750	160004
	include any "unusual grants.")	261,155.	265,845.	403,825.	480,419.	268,750.	1679994.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	3,511.	37,395.	18,450.	19,605.	33,746.	112,707.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	264,666.	303,240.	422,275.	500,024.	302,496.	1792701.
	Amounts included on lines 1, 2, and	201,000	303,2101	122,275	300,021	302,1300	17327010
·a	3 received from disqualified persons	15,667.	71,500.				87,167.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1=70001				
_	Add lines 7a and 7b	15,667.	71,500.				0. 87,167.
	Public support. (Subtract line 7c from line 6.)	2370070	7273333				1705534.
	etion B. Total Support						1,03331
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	264,666.	303,240.	422,275.	500,024.	302,496.	1792701.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	264,666.	303,240.	422,275.	500,024.	302,496.	1792701.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
Sec	check this box and stop here Section C. Computation of Public Support Percentage						
	Public support percentage for 2020 (I			column (f))		15	95.14 %
16	Public support percentage from 2019	, , , , , , , , , , , , , , , , , , , ,	•			16	93.77 %
_	ction D. Computation of Inves					- •	,,
17	Investment income percentage for 20			ne 13, column (f))		17	.00 %
18	Investment income percentage from	•				18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						► V
b	33 1/3% support tests - 2019. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			· ·		-	 ▶□
	3 01-25-21					edule A (Form 990	or 990-F7) 2020

09570515 759621 7756039

Schedule A (Form 990 or 990-EZ) 2020 SEEDS OF AFRICA FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	-		
	2		
	20		
	3a		
	3b		
	20		
	3c		
	4a		
	415		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	1		
	8		
	9a		
	- Ju		
	9b		
	9c		
	10a		
	401		
m Q	10b 90 or 99	N-F7\	2020
🗸			

032024 01-25-21

	edule A (Form 990 or 990-EZ) 2020 SEEDS OF AFRICA FOUNDATION	<u> 35-226203</u>	3 P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part Ⅵ. stion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		I .,	Τ
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	0010,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations		I	<u> </u>
	and or type in outper unity or game and one		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instr	uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ly (see instruction		T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	24		
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	to the contract of the contrac			

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 SEEDS OF AFRICA FOUNDATION 35-2262033 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 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 (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 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 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1

2

<u>3</u>

5

Schedule A	د (Form	aan or	990-F7	2020

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.5 Income tax imposed in prior year

instructions).

3

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2020 SEEDS OF AFRICA FOUNDATION 35-2262033 Page 7 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 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 1 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 **c** From 2017 **d** From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A	Form 990 or 990-EZ) 20	20 SEEDS	OF AFRICA	A FOUNDATIO	N .	35-2262033 Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I Section D, lines 5, 6, ar	ormation. Pro 1, 2, 3b, 3c, 4b D, lines 2 and 3;	ovide the explana , 4c, 5a, 6, 9a, 9b Part IV, Section I	tions required by Par 5, 9c, 11a, 11b, and 1 E, lines 1c, 2a, 2b, 3a	rt II, line 10; Part II, line I1c; Part IV, Section B, I a, and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)					

35-2262033

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2020

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
	15,667.	71,500.	0.	0.	0.
Total to Schedule A, Part III, Line 7a	15,667.	71,500.			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

SEEDS OF AFRICA FOUNDATION

35-2262033

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
orm 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	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 one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from t, 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; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year \(\)				
out it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 le filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

SEEDS OF AFRICA FOUNDATION 35-2262033 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 1 BRISTOL-MYERS SQUIBB FOUNDATION X Person **Payroll** 345 PARK AVENUE 15,000. Noncash (Complete Part II for NEW YORK, NY 10154 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution LEILA AND MICKEY STRAUS FAMILY 2 CHARITABLE TRUST X Person **Payroll** 12 E. 49TH STREET 11TH FLOOR 80,000. Noncash (Complete Part II for NEW YORK, NY 10017 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 SARAH SIMMONS X Person Payroll 122 OLD CHURCH ROAD 15,000. Noncash (Complete Part II for GREENWICH, CT 03830 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 YELLOW CHAIR FOUNDATION Person Payroll 1660 BUSH STREET SUITE 300 15,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94109 noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution BRIDGEWAY INTERNATIONAL

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	20 GREENWAY PLAZE SUITE 450 HOUSTON, TX 77046	\$ <u>45,000.</u>	(Complete Part II for noncash contributions.)
5_	PROJECT 20 CREENWAY DIAGE CHIME 450	AF 000	Person X Payroll Noncash

NEW YORK, NY 10154

E.R. SQUIBB & SONS LLC

345 PARK AVENUE

6

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Person Payroll

Noncash (Complete Part II for

noncash contributions.)

X

15,000.

Name of organization

Employer identification number

SEEDS OF AFRICA FOUNDATION

35-2262033

22	01 111112011 1 0 0 1 2 1 1 1 1 1 1 1 1 1		
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
7	WILLIAM UNGER 20 MINOCA RD PORTOLA VALLEY, CA 94109	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GREG JAMES 15 VELLANO DRIVE WAPPINGERS FALLS, NY 12590	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CHIPS CREDIT - SATISFACTORY FOUNDATION 15 VELLANO DRIVE WAPPINGER FALLS, NY 12590	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ASPEN COMMUNITY FOUNDATION 455 GOLD RIVERS COURT SUITE 515 BASALT, CO 81621	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	BORJA MADRID 15 WASHINGTON ST #5D NEW YORK, NY 10013	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	KASSY KEBEDE 590 MADISON AVE STE 2111 NEW YORK, NY 10022	\$5,000.	Person X Payroll

Name of organization

Employer identification number

SEEDS OF AFRICA FOUNDATION

35-2262033

<u>SEEDS</u>	OF AFRICA FOUNDATION	35	5-2262033
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HSCB BANK - GENET ADHANOM 60 WEST 125TH STREET NEW YORK, NY 10027	- - - - - -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ _ _	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SEEDS OF AFRICA FOUNDATION

35-2262033

EEDS	OF AFRICA FOUNDATION	35	-2262033
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
_			
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (

023454	11-25-20

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SEEDS OF AFRICA FOIINDATION

Employer identification number

Pai	t I Organizations Maintaining Donor Advised		or Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		Complete ii trie
	organization answered Tes On Form 990, Fart IV, line to	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Bonor advised fands	(b) i dilas ana other assocints
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	-	
^	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or d	, , , , , ,	
Pai		nization answered "Vos" on Form 000	
			Part IV, lille 7.
1	Purpose(s) of conservation easements held by the organization	`	f a biotoxically important land avec
	Preservation of land for public use (for example, recreation	· —	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a			
b	• • • • • • • • • • • • • • • • • • • •		
С.	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after	•	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the	e organization during the tax
	year •		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and emorcing con-	servation easements during the year
-	Amount of our areas incomed in manifoliar incometing bondling		tion occurrents duving the way
7	Amount of expenses incurred in monitoring, inspecting, handlin > \$	ig of violations, and emorcing conserva	tion easements during the year
0	Does each conservation easement reported on line 2(d) above s	action, the requirements of eastion 170	(b)(4)(D)(i)
8	• • • • • • • • • • • • • • • • • • • •		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footnot	· ·	
	organization's accounting for conservation easements.	e to the organization's infancial statem	ents that describes the
Pai	t III Organizations Maintaining Collections of A	rt. Historical Treasures. or O	ther Similar Assets.
1 0.	Complete if the organization answered "Yes" on Form 99		
12	If the organization elected, as permitted under FASB ASC 958,		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its financi		·
b	If the organization elected, as permitted under FASB ASC 958,		
b	art, historical treasures, or other similar assets held for public ex	•	
	•	Anibition, education, or research in furti	lerance of public service,
	provide the following amounts relating to these items:		L ¢
	(i) Revenue included on Form 990, Part VIII, line 1		. .
0		uros, or other similar assets for financia	
2	If the organization received or held works of art, historical treasures the following amounts required to be reported under FASP ASC	,	ıı gairi, provide
_	the following amounts required to be reported under FASB ASC	-	Φ
	Revenue included on Form 990, Part VIII, line 1		
<u> </u>	Assets included in Form 990, Part X		\$

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

032051 12-01-20

		F AFRICA FO							<u>62033</u>		
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Simila	r Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	make sig	nificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🗆 L	oan or excl	hange progra	am					
b	Scholarly research	e			0 1 0						
c	Preservation for future generations	_									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
·	to be sold to raise funds rather than to be ma								Yes	No	
Par	t IV Escrow and Custodial Arrang									110	
	reported an amount on Form 990, Par			organization	ii aiisweied	163 0111	01111 330	, i aitiv, i	1116 0, 01		
10	Is the organization an agent, trustee, custodia	<u> </u>	ion, for or	ontributions	or other acc	ote not in	oludod				
ıa			-						٦٧		
	on Form 990, Part X?								Yes	No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	pie:							
							-		Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1 1				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	stodial acco	unt liabilit	y?	L	Yes	☐ No	
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete it	f the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	ears back_	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a	column (a)) held as:						
	Board designated or quasi-endowment	•	%	(u)	,						
	Permanent endowment	%	_′°								
·	The percentages on lines 2a, 2b, and 2c shou										
20	Are there endowment funds not in the posses	•	tion that	are held an	nd administer	ed for the	organiza	ation			
Ja		331011 Of the organize	tion that	are ricid ari	ia administer	ca for the	organiza	ation	T.	es No	
	by:									es NO	
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations	tions listed as vessily							3a(ii)	_	
									3b		
Dar	Describe in Part XIII the intended uses of the t VI Land. Buildings, and Equipment		wment tu	nas.							
Pai	3.7. 1.1			0							
	Complete if the organization answered										
	Description of property	(a) Cost or o		(b) Cost			cumulate	ed	(d) Book	value	
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
С	Leasehold improvements										
	Equipment			1	4,665.		10,29	91.	4	,374.	
	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. columr	n (B). line 10	Oc.)			ightharpoons	4	,374.	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 SEEDS OF AF	RICA FOUNDATI	ION 35	-2262033 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYCHECK PROTECTION PROGRA	AM LOAN		44,617.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.))	44,617.
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's financial statements the	nat reports the

032053 12-01-20

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

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 SEEDS OF AFRICA FOUNDAT			ge 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	·		
	Add lines 4a and 4b			
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.			
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	•	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		Т.Т	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	Donated services and use of facilities			
b	Prior year adjustments	I I		
С	Other losses	I I		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	•		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information.	8.)	5	
		4.5.107.11.11.101.5		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		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 a	ny additional information.		

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identification number		
SEEDS OF AFRICA	FOIINDAT.	TON			35-226203	3		
			side the United States. Comple	ete if the organ				
Form 990, Part I\			•					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,			
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No		
=	ribe in Part V the	e organization's _l	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the		
United States.								
3 Activities per Region. (TI	te following Part (b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total		
(a) Region	offices	employees,	(by type) (such as, fundraising, pro-	1 ',	gram service,	expenditures		
	in the region	employees, agents, and independent	gram services, investments, grants to	1	specific type	for and		
		contractors	recipients located in the region)		(s) in the region	investments in the region		
SUB-SAHARAN AFRICA -		in the region				, , , , , , , , , , , , , , , , , , ,		
ANGOLA, BENIN,								
BOTSWANA, BURKINA				EDUCATION A	ND COMMUNITY			
FASO,	1	1	PROGRAM SERVICES	DEVELOPMENT	ı	131,681.		
·						·		
						10:		
3 a Subtotal	1	1				131,681.		
b Total from continuation	_							
sheets to Part I	0	0				0.		
c Totals (add lines 3a	I	1				ı		

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

Schedule F (Form 990) 2020

131,681.

and 3b)

	Part II	Schedule
recipient who received	Grants and Other As	Schedule F (Form 990) 2020
recipient who received more than \$5,000. Part II can be duplicated if additional space is needec	istance to Organizations or Entities Outside th	SEEDS OF AFRICA FOUNDATION
Idditional space is needed.	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any	ATION 35-2262033
	90, Part IV, line 15, for any	Page 2

 exempt 501(c)(3) organization by the IHS, or for which Enter total number of other organizations or entities 	2 Enter total number of r					1 (a) Name of organization
nization by the IRS, or other organizations or	recipient organizations					(b) IRS code section and EIN (if applicable)
entitiesgrantee o	s listed above that are re					(c) Region
exempt 501(c)(3) organization by the IHS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax					(d) Purpose of grant
ion 501(c)(3) equ	foreign country, r					(e) Amount of cash grant
valency letter	ecognized as a tax					(f) Manner of cash disbursement
▼ ▼	•					(g) Amount of noncash assistance
						(h) Description of noncash assistance
						(i) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 SEEDS OF AFRICA FOUNDATION

Page 3

35-2262033

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

					(a) Type of grant or assistance
					or assistance (b) Region
					(c) Number of recipients
					(d) Amount of cash grant
					(e) Manner of cash disbursement
					(f) Amount of noncash assistance
Schedu					(g) Description of noncash assistance
Schedule F (Form 990) 2020					(h) Method of valuation (book, FMV, appraisal, other)

Schedu	le F (Form 990) 2020 SEEDS OF AFRICA FOUNDATION	35-2262033	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
	1 oraign i armorainpo (coo maradache for i orin occo)		

Instructions for Form 5713; don't file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? *If* "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2020

Schedule F	(Form 990) 2020 SEEDS OF AFRICA FOUNDATION	35-2262033	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)	(accounting method: amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting		
	(estimated number of recipients), as applicable. Also complete this part to provide any addition	nal information. See instructions.	

032075 12-03-20 Schedule F (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

SEEDS O	F AFRICA FOUNDATIO	ON			35-2262	033
Part I Fundraising Activities.	Complete if the organization answ		es" or	n Form 990, Part IV, I	<u> </u>	
required to complete this part 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations	ed funds through any of the follow e Solicit f Solicit	ation of ation of	non-g gover	overnment grants nment grants		
c Phone solicitations d In-person solicitations	g L Specia	al fundra	ising	events		
2 a Did the organization have a written o key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with iduals or entities (fundraisers) purs	professi	onal fu	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			•			
List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
UA For Paperwork Poduction Act Notice	as ass the Instructions for Form	000 01	000 5	7 0	Sahadula G (Earm O	000 or 000 E7\ 2020

032081 11-25-20

Pa	irt i	of fundraising Events . Complete if the of fundraising event contributions and gr	-				
		5. Tarrataining overthe contributions and gr	(a) Event #1	(b) Event		(c) Other events	
			SEEDS OF	(2) = 10.11		NONE	(d) Total events
						NONE	(add col. (a) through
			AFRICA ANNUA			(total accordance)	col. (c))
e			(event type)	(event typ	ie)	(total number)	
Revenue	1	Gross receipts	89,238.				89,238.
æ	'	Gross receipts	03/2300				03,2301
	2	Less: Contributions	55,492.				55,492.
	3	Gross income (line 1 minus line 2)	33,746.				33,746.
	4	Cash prizes					
S	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Ä							
)irect	7	Food and beverages			+		
۵	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through					>
	11	Net income summary. Subtract line 10 from I					33,746.
Pa	ırt I						•
		\$15,000 on Form 990-EZ, line 6a.		,			
			() Din an	(b) Pull tabs/ii	nstant	() Other war are in a	(d) Total gaming (add
Jue			(a) Bingo	bingo/progressiv	/e bingo	(c) Other gaming	col. (a) through col. (c)
Revenue							
ď	1	Gross revenue					
Ø	2	Cash prizes					
Se							
Direct Expenses	3	Noncash prizes					
ect	4	Rent/facility costs					
ä	7	richt/lacinty costs					
	5	Other direct expenses					
			Yes %	Yes	% [Yes	%
	6	Volunteer labor	No	☐ No		No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)				•
		•					
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d))	<u> </u>
_	Г		rata manaina antivitian				
		ter the state(s) in which the organization conducter the organization licensed to conduct gaming a					Yes No
							tes I No
L	11	No," explain:					
	_						
10a	We	ere any of the organization's gaming licenses re	evoked suspended orte	rminated during	the tax ve	ar?	Yes No
		Yes," explain:					140
~							
	_						
	_					0	
0320	32 11	I-25-20				Schedule G (I	Form 990 or 990-E Z) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 SEEDS OF AFRICA FOUNDATION 3	5-22	620	033	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	[<u> </u>	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	.	13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
•	Entor the hame and address of the person who prepares the organization organization of garming opposite events become and records.				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[,	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of the a	t			
	of gaming revenue retained by the third party \$\bigs\\$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
u	retain the state gaming license?		— ,	Yes	□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
-	organization's own exempt activities during the tax year > \$.0			
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part I	II. line	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,	,,
	·····				

Schedule G	i (Form 990 or 990-EZ)	SEEDS OF	AFRICA	FOUNDATION	35-2262033	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continue	ad)			
		(COITIIII	-u)			
-						
_						

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ▶

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Attach to 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

SEEDS OF AFRICA FOUNDATION

Employer identification number 35 – 2262033

	DEEDS OF								0 4 0			
Part I Excess Bene	fit Transacti	ons (section 50)1(c)(3)), secti	on 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ns on	ly).			
Complete if the o	organization ansv	vered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, li	ine 40	b.			
1 (b) Relationship between disqualified (c) (c) (c)								(d)	(d) Corrected			
(a) Name of disqualified p	person	person and or	ganiza	tion	(0	c) Description of tran	sactio	n		Y	es	No
2 Enter the amount of tax i section 49583 Enter the amount of tax,						ng the year under		► \$ ► \$				
Part II Loans to and	d/or From Int	erested Pers	ons.									
Complete if the o	organization ansv	vered "Yes" on F	orm 9	90-EZ,	Part V, line 38a or F	orm 990, Part IV, line	e 26; c	or if th	e orga	nizatio	n	
reported an amo	unt on Form 990	, Part X, line 5, 6	, or 22	2.								
(a) Name of interested person	(a) Name of (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In (h) Approved (i) Written											
			То	From			Yes	No	Yes	No	Yes	No
ANTENEH WORKU	BOARD CH	OVERPAYM		Х	2,000.	2,000.		Х		X		X
ATTI WORKU	EXECUTIV	ADVANCE		Х	12,000.	6,500.		Х		X		X
					·							

Total

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

\$

8,500.

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2020 SEEDS OF AFRICA FOUNDATION

35-2262033 Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
Part V Supplemental Information.	onses to questions on Schedule L (see ir	actructions)				
·			_			
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:			
(A) NAME OF PERSON: ANTENE	H WORKU					
(B) RELATIONSHIP WITH ORGA	NIZATION: BOARD CHAI	RMAN				
(C) PURPOSE OF LOAN: OVERF	AYMENT OF LOAN FROM	PRIOR YEARS	3			
(D) LOAN TO OR FROM ORGANI	ZATION? = FROM					
(E) ORIGINAL PRINCIPAL AMO		LANCE DUE S	2 000			
	ON1 \$ 2,000. (F) BA	DANCE DUE ,	2,000.			
(G) LOAN IN DEFAULT? = NO						
(H) APPROVED BY BOARD OR C	OMMITTEE? = NO					
(I) WRITTEN AGREEMENT? = N	0					
(A) NAME OF PERSON: ATTI W	ORKU					
(B) RELATIONSHIP WITH ORGA	NIZATION: EXECUTIVE	DIRECTOR				
(C) PURPOSE OF LOAN: ADVAN						
(D) LOAN TO OR FROM ORGANI						
(E) ORIGINAL PRINCIPAL AMO		ALANCE DIE	¢ 6 500			
(G) LOAN IN DEFAULT? = NO						
(H) APPROVED BY BOARD OR C	OMMITTEE? = NO					
(I) WRITTEN AGREEMENT? = N	0					

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SEEDS OF AFRICA FOUNDATION

Employer identification number 35-2262033

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SEEDS OF AFRICA IS A 501(C)(3) ORGANIZATION WHOSE MISSION IS TO EDUCATE
AND NURTURE CHILDREN AND THEIR FAMILIES BY PROVIDING QUALITY EDUCATION
AND COMMUNITY DEVELOPMENT PROGRAMS IN ADAMA, ETHIOPIA. WE MOVE BEYOND
THE TRADITIONAL AID MODEL BY SHIFTING FROM MERE RELIEF EFFORTS, TO
PROVIDING STUDENTS, FAMILIES, AND COMMUNITIES WITH THE SKILLS THEY NEED
TO SUPPORT THEMSELVES AND FIND LOCAL SOLUTIONS TO FIGHT POVERTY,
INCREASE CIVIC PARTICIPATION, AND ENHANCE COMMUNITY RE-INVESTMENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SEEDS OF AFRICA SEEKS TO CREATE A SELF-SUSTAINING MODEL FOR EDUCATION
AND COMMUNTY DEVELOPMENT THAT CAN BE REPLICATED IN OTHER AFRICAN
COMMUNITIES BY EDUCATING AND NURTURING GIFTED CHILDREN, YOUNG ADULTS
AND COMMUNITIES WITH SUPPORT THAT MEETS BASIC NEEDS, AN INNOVATIVE
CURRICULUM AND COMMUNITY DEVELOPMENT PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 2:
BOARD CHAIRMAN, ANTENEH WORKU, AND CEO, ATTI WORKU, ARE SIBLINGS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN OUTSIDE, INDEPENDENT ACCOUNTING FIRM AND
REVIEWED BY THE AUDIT COMMITTEE. A COPY OF THE RETURN IS PROVIDED TO ALL
BOARD MEMBERS FOR FINAL APPROVAL PRIOR TO FILING.

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

EVERY TRANSACTION ENTERED INTO BY THE ORGANIZATION IS REVIEWED FOR

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization SEEDS OF AFRICA FOUNDATION	Employer identification number 35-2262033
POTENTIAL CONFLICTS OF INTEREST. MANAGEMENT AND MEMBERS OF	THE BOARD ARE
NOT AWARE OF ANY CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CEO'S SALARY IS DETERMINED BY AN EXECUTIVE COMMITTEE O	F THE BOARD AND
IS BASED ON A REVIEW OF COMPARABILITY DATA FROM SIMILAR OR	GANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 18:	
THE FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLIC	Y, AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
THE FILING ORGANIZATION IS CURRENTLY REVIEWING THE FUTURE	
IMPLEMENTATION OF WHISTLEBLOWER AND DOCUMENT RETENTION POL	ICIES.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Name of the organization	Internal Revenue Service	Department of the Treasury	(Form 990)	SCHEDULE R
SEEDS OF AFRICA FOUNDATION	► Go to www.irs.gov/Form990 for instructions and the latest information.	➤ Attach to Form 990.	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	Related Organizations and Unrelated Partnerships
35-2262033	Inspect	Open to F	202	OMB No. 154

Name of the organization	ion SEEDS OF AFRICA FOUNDATION	FOUNDATION				Employer identification number 35-2262033	cation number
Part I Identificati	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	if the organization answered "Yes" o	on Form 990, Part IV, line 33.				
Name, add of	(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
Part II Identification	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.	ons. Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34, be	cause it had one or	more related tax-exer	npt
Nan of	(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
SEEDS OF AFRICA F PO BOX 643	SEEDS OF AFRICA FOUNDATION ADAMA TRC PO BOX 643	EDUCATION AND COMMUNITY					
ADAMA, ETHIOPIA	04		ETHIOPIA	501(C)(3) L	LINE 10 N	N/A	×

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

		(a) Name, address, and EIN of related organization	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	Schedule R (Form 990) 2020 SEEDS OF AFRICA FOUNDATION Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Fo organizations treated as a partnership during the tax year.
		3 Z	ganizations Taxable a			(b) Primary activity	OF AFRICA ganizations Taxable authorship during the tax
		Prima	as a Corpor ng the tax y			Legal domicile (state or foreign country)	FOUNI as a Partne × year
		(b) Primary activity	ration or Trust. Co			(d) Direct controlling entity	FOUNDATION a Partnership. Complete if year.
		(c) Legal domicile Direc (state or foreign country)	omplete if the orga			(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	the organization :
		(d) Direct controlling entity	anization answe			Share of total income under 4)	answered "Yes"
		(e) Type of entity (C corp, S corp, or trust)	red "Yes" c				on Form 9
			on Form 990,			(g) Share of end-of-year assets	90, Part IV, lir
		(f) Share of total income	Part IV, line			(h) Disproportionate allocations? Yes No	ne 34, becau
		(g) Share of Fend-of-year assets	34, because it ha			Code V-UBI amount in box 20 of Schedule 6 K-1 (Form 1065)	35 – 2262033 mm 990, Part IV, line 34, because it had one or more related
		(h) Percentage ownership	d one or mo				35-2262033 one or more related
		Section 512(b)(13) controlled entity?	ore related			(j) (k) General or Percentage managing ownership partner? Yes No	Page 2

46

Schedule R (Form 990) 2020	
SEEDS	
OF A	
FRICA	
0 SEEDS OF AFRICA FOUNDATION	
35-2262033	
Page 3	

	Part \
	왁
	2
	_
	₹
	할
	ಪ
	8
	ij.
	음
	ū
	≨
	₹
	3
	ã
	ă
	ᡦ
	o O
	ç
(õ
	rgan
	Ζ.
	뫔
	즇
	ns.
	ations. C
	င္ပ
	ĭ
•	₫
	ሷ
	Φ
	∄
	₹
	9
,	ನ
`	翼
	SZIL
	ä
	<u>ö</u>
	3
	왐
	ş
	é
	ð
	Ω
	₹
	eg
	iization answered "Yes" o
	음
	_
	Q
	3
	ģ
	990,
•	<u>"</u> -
	ດັ
	Ξ
	ζ
	=
	a
	V, line 34,
,	4
	35
	ŏ
	ŗ
	or or
•	

200	E Dum Q	School: Jo D (Form 200) 2020			6)	ြော
						5
						4
						ω
						100
						₽
	ved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization	
		elationships and transaction thresholds.	s line, including covered r	ho must complete thi	! 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.	N
×	1s				(S)	l,,
×	┽				r Other transfer of cash or property to related organization(s)	_
Þ	Į				q Heimbursement paid by related organization(s) for expenses	_
↓	† 5				Reimbursement paid to related organization(s) for expenses	
4	•					
×	10				o Sharing of paid employees with related organization(s)	_
×	i i			on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	_
×	im	_			m Performance of services or membership or fundraising solicitations by related organization(s)	_
×	=				<u> 22</u>	_
×	;				k Lease of facilities, equipment, or other assets from related organization(s)	_
×	=:				j Lease of facilities, equipment, or other assets to related organization(s)	
	≐				i Exchange of assets with related organization(s)	
×	ⅎ				h Purchase of assets from related organization(s)	_
×	1 g				g Sale of assets to related organization(s)	'
×	≠				f Dividends from related organization(s)	-
ļ.	ā				פ בטפוס עי ועפו שעפופו וובסט עין וכופובע עין שפוועפווערון סין	
×	•					
×	đ					_
×	\dashv				Gift, grant, or capital contribution from related organization(s	_
~	1b X				Gift, grant, or capital contribution to related organization(s)	~
×	1a		(0)
		n Parts II-IV?	ated organizations listed i	s with one or more rel	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	→ }
Yes No	<u>۲</u>				Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.	5

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

					(a) Name, address, and EIN of entity
					(b) Primary activity
					(c) Legal domicile (state or foreign country)
					Predominant income (related, unrelated, excluded from tax under sections 512-514)
					(e) (f) Are all Share of 501(e)(3) total Yes No income
					(g) Share of end-of-year assets
Scho					(h) Disproportionate amount in by allocations? of Schedule (Form 106)
Schodule B (Form 990) 2020					(h) (i) (j) (k) Disproport Code V-UBI General or Percentage allocations? Of Schedule K-1 Partner? Ownership Yes No (Form 1065) Yes No

Schedule R (Form 990) 2020 SEEDS OF AFRICA FOUND	ATION 35-2262033 Page 5
Schedule R (Form 990) 2020 SEEDS OF AFRICA FOUND Part VII Supplemental Information	
Provide additional information for responses to questions on Schedu	le R. See instructions.

032165 10-28-20 Schedule R (Form 990) 2020