EXTENDED TO NOVEMBER 15, 2021 Short Form

Form 990-EZ

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| | | he 2020 calendar year, or tax year beginning and ending | | annanconaminaminaminate statistica | | | |
|----------------|-------------------|--|-----------------------------------|---|--|--------------------|--|
| В | check if pplicab | c Name of organization | | DE | D Employer identification number | | |
| <u>_</u> | Addre | ess change | | 04 2007757 | | | |
| | - | change TINY SEED PROJECT, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite E | | | 84-2097757 | | |
| X | | Number and street (or P.O. box if mail is not delivered to street ac | 101622) | m/suite = | Telephone number | | |
| | termi | nated 1 154 SILIVER ROAD | anda L | (802) 535-2412 | | | |
| | Amer | City or town, state or province, country, and ZIP or foreign postal | code | 1 | F Group Exemption Number H Check if the organization is | | |
| - | ENGINEERICATION I | HION DENDING EAST HARDWICK, VT 05836 | | - CONTRACTOR OF THE PERSON OF | | | |
| G A | Accour | ting Method: Cash X Accrual Other (specify) | | management (| | | |
| | | e: WWW.TINYSEEDPROJECT.ORG | not required to attach Schedule B | | | | |
| J 7 | ax-ex | Olinoi Grada (Gillori Gill) | nsert no.) 4947(a)(1) or | 527 | (Form 990, 990 |)-EZ, or 990-PF). | |
| K F | orm o | forganization: X Corporation Trust Association | | | | | |
| | | es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$ | | | | 07 700 | |
| | | (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets of | or Fund Ralancae /m. | the instruction | s \$ | 87,729. | |
| LP8 | art I | | | | | X | |
| SCHOOL SECTION | T , | Check if the organization used Schedule 0 to respond to any question in t | | | 1 1 | 62,703. | |
| | 1 | Contributions, gifts, grants, and similar amounts received | | | - Commission of the Commission | 25,026. | |
| | 2 | Program service revenue including government fees and contracts | | | | 23,020. | |
| | 3 | Membership dues and assessments | | | - | | |
| | 4 | Investment income | 1 1 | | 4 | | |
| | 5a | Gross amount from sale of assets other than inventory | | | - | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | C | Gain or (loss) from sale of assets other than inventory (subtract line 5b from | n line 5a) | | . <u>5c</u> | | |
| | 6 | Gaming and fundraising events: | | | | | |
| Φ. | a | Gross income from gaming (attach Schedule G if greater than | 1.1 | | | | |
| en | | \$15,000) | | alowana populari de territoria | | | |
| Revenue | b | Gross income from fundraising events (not including \$ | of contributions | | | | |
| Sanbur | | from fundraising events reported on line 1) (attach Schedule G if the sum of | | | | | |
| | | gross income and contributions exceeds \$15,000) | | | _ | | |
| | | Less: direct expenses from gaming and fundraising events | | | | | |
| | 8 | Net income or (loss) from gaming and fundraising events (add lines 6a and | | . 6d | | | |
| | 7a | Gross sales of inventory, less returns and allowances | | | | | |
| | b | Less: cost of goods sold | | | | | |
| | C | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | | | | |
| | 8 | Other revenue (describe in Schedule 0) | | | | 07 700 | |
| scharppine | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | > 9 | 87,729. | |
| | 10 | Grants and similar amounts paid (list in Schedule 0) | | | 2 8 | | |
| | 11 | Benefits paid to or for members | | | | 22 025 | |
| (3) | 12 | | | | 12 | 33,825. | |
| Sus | 13 | Professional fees and other payments to independent contractors | | | | 25,400. | |
| Expenses | 14 | Occupancy, rent, utilities, and maintenance | | | | 1 440 | |
| ш | 15 | Printing, publications, postage, and shipping | ann aarratti | | 15 | 1,440. | |
| | 16 | | SEE SCHEDULI | | 16 | 15,292. 75,957. | |
| terminosysti | 17 | | | | <u>► 17</u> | | |
| ហ | 18 | | | | . 18 | 11,772. | |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | | | | ^ | |
| | erichipum e | (must agree with end-of-year figure reported on prior year's return) | ., | | | 0. | |
| | 20 | , , | | | | 0. | |
| National | 21 | Trock Colored Programmer State Colored Program | | <u>)</u> | ▶ 21 | 11,772. | |
| 1 4 | A Enr | Danaguary Daduction Act Notice see the caparate instructions | | | | Form 990-EZ (2020) | |

032171 01-08-21

| Section 1971 | IT II Balance Sheets (see the instructions for Part II) | | NAMES AND ASSOCIATE OF THE OWN OWN OF THE OWN OWN OF THE OWN | eliming/apartering a | ACONTO DESCRIBIRANTES DE ENTRE E | |
|---|--|--------------------------------|--|--|--|------------------------------|
| LPa | Check if the organization used Schedule O to response | and to any question | in this Part II | | | X |
| | Crieck if the organization dised Schedule of to roope | January queens | A) Beginning of year | T | (B) Er | nd of year |
| 00 | Ceah coulings and investments | appearance and a | 0. | 22 | | 11,772. |
| 22 | Cash, savings, and investments | | | 23 | | |
| 23 24 | Land and buildings Other assets (describe in Schedule 0) SEE SCHEDULE O | | 0. | 24 | | 247,415. |
| 25 | Total assets | | 0. | 25 | | 259,187. |
| 26 | Total liabilities (describe in Schedule O) SEE SCHEDULE O | | 0. | 26 | | 247,415. |
| 27 | Not access or fund halances (line 27 of column (B) must agree with line 21) | | 0. | 27 | | 11,772. |
| | art III Statement of Program Service Accomplishment | s (see the instruct | ons for Part III) | | | penses |
| Losamono | Check if the organization used Schedule O to response | ond to any question | in this Part III | X | (Required : 501(c)(3) : | for section and 501(c)(4) |
| Wha | t is the organization's primary exempt purpose? SEE SCHEDULE O | | | | organizatio | ns; optional for |
| D | with a the avganization's program service accomplishments for each of its three largest program ser | vices, as measured by expenses | . In a clear and concise | | others.) | |
| manr | ner, describe the services provided, the number of persons benefited, and other relevant information | on for each program title. | | THE REAL PROPERTY. | | |
| 28 | TO SUPPORT COMMUNITY, ART, CONSERVAT | TON, AGRICUL | TORAL AND | 1,721/26-03 | | |
| | FOOD SOVEREIGNTY PROJECTS THAT CONSE | RVE AND PROT | ECT OUR | September 1 | | |
| | PLANET. | | | | 28a | 72,195. |
| | (Grants \$) If this amount includes foreign gr | ants, check here | | - | 204 | 14145 |
| 29 | | | | outonicistics) | | |
| | | | | encourage and a | | |
| | (Grants \$) If this amount includes foreign gr | ants check here | > | manuscratura | 29a | |
| | (Grants \$) If this amount includes foreign gr | ants, check here | | | 1200 | |
| 30 | | | | MAISON MICE | | |
| | | | | | | |
| | (Grants \$) If this amount includes foreign gr | ants, check here | | | 30a | |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | (Crante \$) If this amount includes foreign or | rants, check here | | | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | | | . > | 32 | 72,195. |
| P | Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En | nployees (list each one | even if not compensated - se | e the | instructions for | r Part IV) |
| Kasemata | Check if the organization used Schedule O to resp | ond to any question | n in this Part IV | | | |
| Europe Service | | (b) Average hours | (C) Reportable compensation (Forms | cont | ealth benefits, ributions to | (e) Estimated |
| | (a) Name and title | per week devoted to position | IN OUTDOO MICCY | plans, | oyee benefit and deferred | amount of other compensation |
| 0000500 | | pooliton | (ii not paid, onto a / | con | npensation | |
| NAME OF TAXABLE PARTY. | AURA STONE | 10.00 | 16,754. | | 0. | 0. |
| KINDSKRAD | RECTOR | 10.00 | 10,70±0 | | 0.0 | |
| | PEPHEN CAYER | 2.00 | 0. | | 0. | 0. |
| CONTRACTOR | NANCIAL DIRECTOR | 2.00 | | | | |
| ENCOTORNO | MILY CAYER RESIDENT | 10.00 | 17,071. | | 0. | 0. |
| MARKAGERIA | ANNA BOCCADORI | 10000 | | | | |
| M02/04/900 | ECRETARY | 2.00 | 0. | | 0. | 0. |
| SIMMODAMEN | DBERT SMALL | | | | | |
| AMMINISTRA | REASURER | 2.00 | 0. | | 0. | 0. |
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| 1001010/054 | | | | | | |
| NUMBER OF STREET | | | | | | |
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| AND DESCRIPTION OF THE PERSON | | | Section 1 | | | |
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| Southin | | | | | | |
| Name of Street | | | 1 | A COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE SERVICE STATE OF THE PERSON SERVICE STATE SERV | Form | 990-EZ (2020 |
| 032 | 172 01-08-21 | | | | 1701111 | (LUZO |

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|---|--|--|-------------|
| Pa | rt V Other Information (Note the Schedule A and personal benefit contract statement requirements | in the | / - |
| Control | instructions for Part V.) Check if the organization used Sch. O to respond to any question in this | | |
| *************************************** | | | Yes No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | Section Section | |
| | activity in Schedule O | 33 | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported | ALCO DE | |
| | on lines 2, 6a, and 7a, among others)? | 35a | X |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 | 35b | N/A |
| G | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax | | 77 |
| | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | 00 | х |
| | complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect as described in the instructions 37a 0 | 36 | |
| 37 a | Enter amount of political exponentiators, an over a managed as a second and a second a second and a second an | | x |
| b | Did the organization file Form 1120-POL for this year? | 37b | |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made | 38a | X |
| | in a prior year and still outstanding at the end of the tax year covered by this return? If "Vas " complete Schedule I. Part II. and enter the total amount involved 38b N/A | 304 | |
| | in 163, complete concerns the content and | 1 1 | |
| 39 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A | | |
| | Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities N/A 39b N/A | | |
| 40.0 | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | |
| 40 a | section 4911 O • ; section 4912 O • ; section 4955 | | |
| h | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit | | |
| b | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any | | |
| | of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | X |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on | | |
| | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed | | |
| • | by the organization 0. | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 | List the states with which a copy of this return is filed NONE | National Control of Co | |
| 42 a | The organization's books are in care of ► EMILY CAYER Telephone no. ► (802) | 535 | -2412 |
| | Located at ▶ 154 SILVER ROAD, EAST HARDWICK, VT ZIP+4 ▶ | 0583 | 6 |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | ſ | N/ NI |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | (manuscrope and | Yes No |
| | account)? | 42b | X |
| | If "Yes," enter the name of the foreign country | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | 77 |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | X |
| | If "Yes," enter the name of the foreign country | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | N/A | 🏲 🗀 |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | |
| | | | Yes No |
| | The state of the s | | 163 140 |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | 44a | Х |
| | Form 990-EZ | 448 | 22 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | 44b | Х |
| | of Form 990-EZ | PRODUCTION OF THE PARTY OF THE | X |
| | Did the organization receive any payments for indoor tanning services during the year? | 44c | A |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | 44d | |
| 4 | in Schedule 0 | Executive contract | Х |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 408 | 44 |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | |
| MINIOSPERMEN | 51Z(D)(13)? IT YES, FORM 990 and Schedule is may need to be completed instead of Form 990-EZ. See instructions | | 90-EZ (2020 |

| Form 990-EZ (2020) TINY SEED PROJECT, II | NC. | | | 84-20977 | | Page 4 |
|--|---|--|-----------------------|--|-------------------|--|
| 46 Did the organization engage, directly or indirectly, in political campa | | | | | | s No X |
| Part VI Section 501(c)(3) Organizations Only | | | | | 46 | 1 2 |
| All section 501(c)(3) organizations must answer que | stions 47-49b and 52, | and complete t | he tables for lines | 50 and 51. | | |
| Check if the organization used Schedule O to respo | | | | | | |
| | | | | | Ye | s No |
| 47 Did the organization engage in lobbying activities or have a section 9 | | | | | 47 | X |
| 48 Is the organization a school as described in section $170(b)(1)(A)(ii)$ | | | | | 48 | X |
| 49 a Did the organization make any transfers to an exempt non-charitable | | | | | 49a 49b | X |
| b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated | employees (other than of | ficers directors | trustees and key en | | | more |
| 50 Complete this table for the organization's five highest compensated than \$100,000 of compensation from the organization. If there is no | | nooro, an ootoro, | a dottooo, and koy on | ipioj odoj wilo od | | |
| (a) Name and title of each employee | nployee (b) Average hours (c) Reportable (| | | (d) Health benefits contributions to | 1 1 | |
| | g | per week devoted to compensation (Form W-2/1099-MISC) | | employee benefit plans, and deferred | t amount of other | |
| NONE | po: | SILIOII | | compensation | Compe | isation |
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| ## ## ## ## ## ## ## ## ## ## ## ## ## | | | | | | O SOCIAL TO MANAGEMENTS |
| | independent contractors | who each receive | ud more than \$100 (| IOO of compensat | ion from th | ρ |
| 51 Complete this table for the organization's five highest compensated organization. If there is none, enter "None." NONE | maependent contractors | WIIO GAGII I GGGIVG | tu more than \$100,0 | oo or compansar | ion nom a | U |
| (a) Name and business address of each independent contracto | r | (b) T | Type of service | (c) | Compensat | ion |
| | | | | | | |
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| | | | | | | |
| NUMBER OF THE PROPERTY OF THE | | | | | | |
| d Total number of other independent contractors each receiving over | | | > | | | |
| 52 Did the organization complete Schedule A? Note: All section 501(c) | | | | . [| X Yes | |
| completed Schedule A Under penalties of perjury, I declare that I have examined this return, incl | | | | | | No of it is |
| true, correct, and complete. Declaration of preparer (other than officer) is | hased on all information | of which prepare | r has any knowledg | a or my knowied | ge and bene | 51, 11.15 |
| true, correct, and complete. Declaration of preparer (other than officer) is | yasanan imormation | or willow proparo | . Has any knowledg | 11-4- | 21 | ar contemplative little contribute |
| Sign Signature of officer | | | | Date | 1 | yan daka ku Adalah sahara |
| Here EMILY CAYER, OFFICER | | | | | | |
| Type or print name and title | | | | | | SANDARIA SI SA |
| The property of the property o | s signature | Date | Check | if PTIN | | |
| Pald | EL STUART, | 11/04 | self- emplo | 1 | 21620 | 0 |
| Preparer MICHAEL STUART, CPA CPA | TAMEC TAC | 11/04 | | P01. ► 27-33 | 21638 35038 | U |
| Use Only Firm's name ▶M. STUART & ASSOC Firm's address ▶ 206 S MAIN ST | IATES, INC | | Phone no | NATIONAL PROPERTY OF STREET, S | 472-6 | 192 |
| HARDWICK, VT 058 | 43 | | 1 Hone Ho | . (302) | _, & 0 | enter ar fied |
| May the IRS discuss this return with the preparer shown above? See inst | Charles and the second | | | > [| X Yes | No |
| and the state of t | | szery Colection of Biometric Acts described a financial control of the service of | | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME | orm 990-E | Z (2020) |