

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning 09/01/24, and ending 08/31/2539-1824623**MARBLESEED, INC.****Net Asset / Fund Balance at Beginning of Year**277,835**Revenue**

Contributions	<u><u>2,106,901</u></u>
Program service revenue	<u><u>199,652</u></u>
Investment income	<u><u>4,684</u></u>
Capital gain / loss	<u><u></u></u>
Fundraising / Gaming:	
Gross revenue	<u><u></u></u>
Direct expenses	<u><u></u></u>
Net income	<u><u></u></u>
Other income	<u><u>1,670</u></u>
Total revenue	<u><u>2,312,907</u></u>

Expenses

Program services	<u><u>1,907,599</u></u>
Management and general	<u><u>141,980</u></u>
Fundraising	<u><u>130,662</u></u>
Total expenses	<u><u>2,180,241</u></u>
Excess / (deficit)	<u><u>132,666</u></u>

Changes

Net Asset / Fund Balance at End of Year410,501**Reconciliation of Revenue**

Total revenue per financial statements	<u><u>2,316,486</u></u>
Less:	
Unrealized gains	<u><u></u></u>
Donated services	<u><u></u></u>
Recoveries	<u><u></u></u>
Other	<u><u>3,579</u></u>
Plus:	
Investment expenses	<u><u></u></u>
Other	<u><u></u></u>
Total revenue per return	<u><u>2,312,907</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u><u>2,183,820</u></u>
Less:	
Donated services	<u><u></u></u>
Prior year adjustments	<u><u></u></u>
Losses	<u><u></u></u>
Other	<u><u>3,579</u></u>
Plus:	
Investment expenses	<u><u></u></u>
Other	<u><u></u></u>
Total expenses per return	<u><u>2,180,241</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u><u>460,055</u></u>	<u><u>952,668</u></u>	
Liabilities	<u><u>182,220</u></u>	<u><u>542,167</u></u>	
Net assets	<u><u>277,835</u></u>	<u><u>410,501</u></u>	<u><u>132,666</u></u>

Miscellaneous Information

Amended return	
Return / extended due date	<u><u>01/15/26</u></u>
Failure to file penalty	<u><u></u></u>

**Bauman Associates, Ltd.
PO Box 1225
Eau Claire, WI 54702-1225
715-834-2001**

December 12, 2025

CONFIDENTIAL

MARBLESEED, INC.
PO BOX 339
SPRING VALLEY, WI 54767-0339

Dear MARBLESEED:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Bauman Associates, Ltd.

Filing Instructions

MARBLESEED, INC.

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended August 31, 2025

Federal Filing Instructions

Your Form 990 for the year ended 8/31/25 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Bauman Associates, Ltd.
PO Box 1225
Eau Claire, WI 54702-1225

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

2024Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning 09/01/24, and ending 08/31/25****B Check if applicable:**

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization**MARBLESEED, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 339**D Employer identification number****39-1824623****E Telephone number****888-906-6737**

City or town, state or province, country, and ZIP or foreign postal code

SPRING VALLEY**WI 54767-0339****G Gross receipts \$****2,316,486****F Name and address of principal officer:****LORI STERN
PO BOX 339
SPRING VALLEY WI 54767****H(a) Is this a group return for subordinates?** Yes No**H(b) Are all subordinates included?** Yes No

If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527**J Website:** **WWW.MARBLESEED.ORG****K Form of organization:** Corporation Trust Association Other**L Year of formation:** **1999****M State of legal domicile:** **WI****Part I Summary**1 Briefly describe the organization's mission or most significant activities:**MARBLESEED EDUCATES, INSPIRES, AND EMPOWERS FARMERS TO THRIVE IN A SUSTAINABLE, ORGANIC SYSTEM OF AGRICULTURE.**2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.3 Number of voting members of the governing body (Part VI, line 1a)4 Number of independent voting members of the governing body (Part VI, line 1b)5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)6 Total number of volunteers (estimate if necessary)7a Total unrelated business revenue from Part VIII, column (C), line 12b Net unrelated business taxable income from Form 990-T, Part I, line 11

3	9
4	9
5	12
6	55
7a	0
7b	0

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

Sign Here

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,639,211	2,106,901
9 Program service revenue (Part VIII, line 2g)	246,903	199,652
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	305	4,684
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,058	1,670
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,918,477	2,312,907
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,037,411	1,080,274
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	130,662	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,985,140	1,099,967
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,022,551	2,180,241
19 Revenue less expenses. Subtract line 18 from line 12	-104,074	132,666
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	460,055	952,668
22 Net assets or fund balances. Subtract line 21 from line 20	182,220	542,167
	277,835	410,501

Part II Signature Block

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

01/08/2026

Date

Signature of officer

LORI STERN**EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NATHAN KALEPP, CPA	NATHAN KALEPP, CPA	12/12/25		P01320467
	Firm's name	BAUMAN ASSOCIATES, LTD.	Firm's EIN		39-1277627
	Firm's address	PO BOX 1225	Phone no.		715-834-2001
		EAU CLAIRE, WI 54702-1225			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

MARBLESEED EDUCATES, INSPIRES, AND EMPOWERS FARMERS TO THRIVE IN A SUSTAINABLE, ORGANIC SYSTEM OF AGRICULTURE.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 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **396,094** including grants of \$) (Revenue \$ **152,354**)
SEE SCHEDULE O4b (Code:) (Expenses \$ **133,230** including grants of \$) (Revenue \$ **47,298**)
SEE SCHEDULE O4c (Code:) (Expenses \$ **1,378,275** including grants of \$) (Revenue \$)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,907,599**

Part IV Checklist of Required 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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
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 X	
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 X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
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 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
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? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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.		
a 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 X	
c 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 X	
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 X	
e 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 X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 X	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
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	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
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 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
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 Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
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 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
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	X
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? 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	44	
1b	0	
1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12
2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
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.		
a	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:		
a	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:		
a	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.		
a	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 organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration 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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
If "Yes," complete Form 6069.			

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

Section 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	1a	9
	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.	1b	9
b	Enter the number of voting members included on line 1a, above, who are independent	2	<input checked="" type="checkbox"/>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	3	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	4	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	7a	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7b	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8b	<input checked="" type="checkbox"/>
a	The governing body?	9	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	15b	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	16a	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	16b	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	WI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	

LORI STERN
SPRING VALLEY

PO BOX 339

WI 54767

888-906-6737

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
(1) LORI STERN EXECUTIVE DIRECTOR	50.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			86,700	0	9,998
(2) KATIE BISHOP DIRECTOR (-NOV)	1.00 0.00	<input checked="" type="checkbox"/>					0	0	0
(3) DYLAN BRUCE SECRETARY	1.00 0.00	<input checked="" type="checkbox"/>					0	0	0
(4) DAN CORNELIUS DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>					0	0	0
(5) KATHLEEN DELATE DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>					0	0	0
(6) DELA ENDS PRESIDENT/CHAIR (-NOV)	1.50 0.00	<input checked="" type="checkbox"/>					0	0	0
(7) CLARE HINTZ VP (SEP-NOV) PRES (NOV-)	1.50 0.00	<input checked="" type="checkbox"/>					0	0	0
(8) KATTIA JIMENEZ VICE PRESIDENT/CHAIR	1.00 0.00	<input checked="" type="checkbox"/>					0	0	0
(9) CHARLIE JOHNSON DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>					0	0	0
(10) ELIANA PINILLA DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>					0	0	0
(11) MARIA ROSMANN DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>					0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee			
(12) DARIN VON RUDEN	1.50								
(12) TREASURER	0.00	X					0	0	0
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
(19)									
1b Subtotal							86,700		9,998
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							86,700		9,998
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0								

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns				
	1b Membership dues				
	1c Fundraising events				
	1d Related organizations				
	1e Government grants (contributions)	1,356,161			
	f All other contributions, gifts, grants, and similar amounts not included above	750,740			
	g Noncash contributions included in lines 1a-1f	\$ 27,562			
	h Total. Add lines 1a-1f	2,106,901			
Program Service Revenue	Business Code				
	2a EVENT FEES	900099	153,772	153,772	
	b NEWSLETTER ADVERTISING	541800	39,959	39,959	
	c OTHER PROGRAM SERVICES	900099	5,921	5,921	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	199,652			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,684		4,684
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real	(ii) Personal		
	6a				
	b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c			
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	7a				
	b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c			
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$				
	of contributions reported on line	8a			
	1c). See Part IV, line 18	8b			
	b Less: direct expenses				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses	9a			
	c Net income or (loss) from gaming activities	9b			
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold	10a	5,239		
	c Net income or (loss) from sales of inventory	10b	3,579		
			1,660	1,660	
Miscellaneous Revenue	Business Code				
	11a GAIN ON SALE OF ASSET		10	10	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		10		
	12 Total revenue. See instructions	2,312,907	201,322	0	4,684

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	886,058	724,640	79,129	82,289
8 Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	118,896	97,236	10,618	11,042
10 Payroll taxes	75,320	61,598	6,727	6,995
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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 Schedule O)	111,416	91,119	9,950	10,347
12 Advertising and promotion	2,403	2,403		
13 Office expenses	61,093	51,258	2,549	7,286
14 Information technology	92,148	75,361	8,229	8,558
15 Royalties				
16 Occupancy				
17 Travel	49,264	39,679	8,338	1,247
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	593,807	590,054	3,753	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,476	6,932	757	787
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a IN-KIND DONATIONS	105,714	105,714		
b REIMBURSABLE GRANT EXPS	50,707	50,707		
c MISCELLANEOUS	15,264	10,898	2,255	2,111
d CONTINUING EDUCATION	9,675		9,675	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,180,241	1,907,599	141,980	130,662
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	101,774	2	788,756
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	325,937	4	148,188
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,314	8	6,265
	9 Prepaid expenses and deferred charges	27,030	9	9,459
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,717		
	b Less: accumulated depreciation	10b 6,717		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 33)	460,055	16	952,668
Liabilities	17 Accounts payable and accrued expenses	156,826	17	68,246
	18 Grants payable		18	
	19 Deferred revenue	25,394	19	473,921
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	182,220	26	542,167
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	268,275	27	406,099
	28 Net assets with donor restrictions	9,560	28	4,402
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	277,835	32	410,501
	33 Total liabilities and net assets/fund balances	460,055	33	952,668

Part XI Reconciliation of Net AssetsCheck 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	2,312,907
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,180,241
3 Revenue less expenses. Subtract line 2 from line 1	3	132,666
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	277,835
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	410,501

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	<input checked="" type="checkbox"/>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	<input checked="" type="checkbox"/>

Form **990** (2024)

SCHEDULE A
(Form 990)
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.

OMB No. 1545-0047

2024Open to Public
Inspection

Name of the organization

MARBLESEED, INC.

Employer identification number

39-1824623
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 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 university: _____
 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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)**.
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a **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.**
 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.**
 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.**
 d **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.**
 e 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 _____
 g Provide the following information about the supported organization(s). _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	704,897	1,027,277	1,948,293	2,639,211	2,106,901	8,426,579
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	704,897	1,027,277	1,948,293	2,639,211	2,106,901	8,426,579
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)						
6 Public support. Subtract line 5 from line 4						8,426,579

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	704,897	1,027,277	1,948,293	2,639,211	2,106,901	8,426,579
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38	40	2,720	305	4,684	7,787
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						8,434,366
12 Gross receipts from related activities, etc. (see instructions)					12	1,333,028
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.91 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.96 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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

Part V 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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

MARBLESEED, INC.

Employer identification number

39-1824623

Organization type (check one):

Filers of: **Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

MARBLESEED, INC.

Employer identification number

39-1824623

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RAF PO BOX 7276 MINNEAPOLIS MN 55407-9998	\$ 84,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MARBLESEED, INC.

Employer identification number

39-1824623**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

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

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

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

 Yes No

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

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

\$

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

 Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

\$

(ii) Assets included in Form 990, Part X

\$

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

a Revenue included on Form 990, Part VIII, line 1

\$

b Assets included in Form 990, Part X

\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance
 b Contributions
 c Net investment earnings, gains, and losses
 d Grants or scholarships
 e Other expenditures for facilities and programs
 f Administrative expenses
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

3a(i)	Yes	No
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,717		6,717
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1 Total revenue, gains, and other support per audited financial statements	1	2,316,486
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	3,579
e Add lines 2a through 2d	2e	3,579
3 Subtract line 2e from line 1	3	2,312,907
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,312,907

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

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

1 Total expenses and losses per audited financial statements	1	2,183,820
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	3,579
e Add lines 2a through 2d	2e	3,579
3 Subtract line 2e from line 1	3	2,180,241
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,180,241

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B **\$ 3,579**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER COST OF GOODS SOLD REPORTED PART VIII, LINE 10B **\$ 3,579**

Part XIII Supplemental Information (continued)

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.**2024****Open To Public
Inspection**

Name of the organization

MARBLESEED, INC.

Employer identification number

39-1824623**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FOOD DONATIONS)	X	1	27,562	
26 Other (.....				
27 Other (.....				
28 Other (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part V, Donee Acknowledgement**29**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through
28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be
used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard
contributions?

	Yes	No
31		X

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

	Yes	No
32a		X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

FOOD DONATIONS WERE RECEIVED BY MULTIPLE ORGANIZATIONS DURING THE YEAR. MARBLESEED ESTIMATES THESE VALUES AS THE DONATIONS ARE RECEIVED.

SCHEDULE O**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

Name of the organization

Employer identification number

MARBLESEED, INC.**39-1824623**

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
FARMER-LED LEARNING IS AT THE HEART OF MARBLESEED'S PROGRAMMING, ENSURING THAT EVERY TRAINING, EVENT, AND RESOURCE IS SHAPED BY THE FARMERS WHO KNOW THE LAND BEST. IN 2025, THIS INCLUDED OUR 36TH ORGANIC FARMING CONFERENCE, HELD IN LA CROSSE, WI WHERE OVER 1,500 ORGANIC AND REGENERATIVE FARMERS GATHERED TO NETWORK AND LEARN BEFORE THE START OF THE GROWING SEASON UNDER THE THEME "LOCAL FOOD REVOLUTION." THE EVENT FEATURED MORE THAN 80 EXPERT-LED WORKSHOPS, FARMER-LED SUMMITS, AND HANDS-ON DEMONSTRATIONS ON TOPICS RANGING FROM SOIL HEALTH AND ORGANIC GRAIN ROTATION TO FOOD SOVEREIGNTY AND CLIMATE RESILIENCE. ATTENDEES ALSO EXPLORED A TRADE SHOW WITH OVER 150 EXHIBITORS, CONNECTING WITH INDUSTRY LEADERS AND DISCOVERING THE LATEST INNOVATIONS IN ORGANIC FARMING. WORKSHOPS AND DISCUSSIONS COVERED COLLECTIVELY ADDRESSING BARRIERS TO ORGANIC MANAGEMENT, INCLUDING POLICY SOLUTIONS AT ALL LEVELS.
BEYOND THE CONFERENCE, MARBLESEED HOSTS ON-FARM FIELD DAYS ACROSS THE MIDWEST, FROM URBAN MARKET GARDENS TO SILVOPASTURE OPERATIONS, POTATO FARMS, AND CRANBERRY FARMS. THESE EVENTS OFFER REAL-TIME LEARNING ON CONSERVATION PRACTICES, EQUIPMENT, CROP ROTATIONS, ORGANIC WEED MANAGEMENT, AND EMERGING TECHNIQUES LIKE CIRCULAR GRAIN SYSTEMS WITH LOCAL DISTILLERIES.
OUR FARMER-TO-FARMER MENTORSHIP PROGRAM, NOW IN ITS 19TH YEAR, CONTINUES TO PAIR BEGINNING AND TRANSITIONING FARMERS WITH SEASONED MENTORS ACROSS PRODUCTION TYPES, FROM BEEF AND POULTRY TO HIGH-TUNNEL RASPBERRIES AND SMALL GRAINS. IN 2025, TEN MENTORSHIP PAIRS (INCLUDING HMOOB AND SMALL-SCALE URBAN FARMERS) BUILT SKILLS IN ORGANIC TRANSITION, ENTERPRISE DEVELOPMENT, AND CONSERVATION PLANNING THROUGH BOTH OUR CORE PROGRAM AND TOPP (TRANSITION TO ORGANIC PARTNERSHIP PROGRAM) -FUNDED MENTORSHIPS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT
MARBLESEED STRENGTHENS THE ECOLOGICAL FOUNDATIONS OF MIDWEST FARMING THROUGH TRAINING, MENTORSHIP, AND ON-FARM LEARNING ROOTED IN ORGANIC AND REGENERATIVE PRINCIPLES. OUR CONSERVATION AND ORGANIC MANAGEMENT PROGRAMMING EQUIPS FARMERS WITH PRACTICAL STRATEGIES FOR SOIL HEALTH, CLIMATE RESILIENCE, BIODIVERSITY RESTORATION, AND LONG-TERM VIABILITY. IN 2025, FIELD DAYS SHOWCASED APPLIED CONSERVATION AT FARMS LIKE ATOMS TO APPLES FARM IN MOUNT HOORB, WI, WHERE 65 FARMERS LEARNED ORCHARD-FLOOR MANAGEMENT, EQUIPMENT USE, AND ORGANIC HERBICIDE TRIALS. A FIELD DAY WITH MCHUGH FARM AND LA CROSSE DISTILLING CO. DEMONSTRATED CIRCULAR AGRICULTURE, COMPOSTING SYSTEMS USING DISTILLERY BY-PRODUCTS, AND THE ORGANIC GRAIN TO DISTILLERY VALUE CHAIN.
OTHER FIELD DAYS TARGETED GROWERS OFTEN UNDERSERVED IN CONSERVATION PROGRAMS AND FUNDING. ON-FARM, HANDS-ON DEMONSTRATIONS OF COVER CROPPING, COMPOST SYSTEMS, ADAPTIVE GRAZING, REDUCED TILLAGE, AND PERENNIAL INTEGRATION ENABLE FARMERS TO PERSONALIZE THESE PRACTICES TO THEIR OWN OPERATIONS AND CIRCUMSTANCES SPECIFIC TO ORGANICALLY MANAGED SYSTEMS. THESE EVENTS WILL BE COMPLEMENTED BY CONSERVATION-RICH CONFERENCE SESSIONS, WEBINARS AND LEARNING OPPORTUNITIES, FROM SOIL HEALTH PANELS TO FARMER-LED WORKSHOPS SHOWCASING ORGANIC CROP ROTATIONS AND ECOLOGICAL PEST MANAGEMENT. ADDITIONALLY, MARBLESEED ACCOMPANIES THESE LEARNING OPPORTUNITIES WITH RESOURCES THAT MAKE ACCESS TO CONSERVATION COST SHARE PROGRAMS MORE

SCHEDULE O**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

MARBLESEED, INC.

Employer identification number

39-1824623

ACCESSIBLE FROM TECHNICAL ASSISTANCE, PLANNING, DIRECT CONSERVATION PRACTICE PAYMENTS, AND INFORMATION ABOUT AVAILABLE BRIDGE LOANS THROUGH OTHER PARTNERS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

MARBLESEED PROVIDES COMPREHENSIVE TECHNICAL ASSISTANCE THAT ADDRESSES THE MOST PERSISTENT BARRIERS FACING CURRENT AND NEXT-GENERATION FARMERS, INCLUDING LAND ACCESS, STARTUP RESOURCES, ORGANIC TRANSITION, AND THE SOCIAL AND EMOTIONAL STRESSES OF FARMING. THROUGH A COMBINATION OF PERSONALIZED SUPPORT, DIGITAL TOOLS, AND COMMUNITY NETWORKS, WE HELP FARMERS OVERCOME SYSTEMIC OBSTACLES AND BUILD RESILIENT BUSINESSES. WE ALSO STRENGTHEN FARMER WELLBEING THROUGH PROGRAMS LIKE THE CLIMATE HEALING & RESILIENCE CIRCLE SERIES AND OUR HONORING OUR ELDERS CURRICULUM, WHICH SUPPORT STRESS MANAGEMENT, INTERGENERATIONAL HEALING, AND PEER CONNECTION. ADDITIONALLY, OUR ALLYSHIP TRAININGS AND THE RESULTING NETWORK FOSTER MORE INCLUSIVE AGRICULTURAL SPACES BY PROVIDING THE UPSTANDER SKILLS FOR RURAL NEIGHBORS AND BUILDING SOLIDARITY ACROSS DIVERSE FARMING COMMUNITIES.

ACCESS TO FARMLAND PERSISTS AS A BARRIER DUE TO SCARCITY, DEVELOPMENT PRESSURES, AND RISING COSTS. MARBLESEED SEEKS UNIQUE SOLUTIONS SUCH AS COLLECTIVE LAND ACCESS MODELS, FARMLAND LINK UPS, AND RELATIONSHIPS WITH REAL ESTATE AGENTS, LENDERS, AND MULTIPLE GENERATIONS OF FARMERS. OUR 48-PAGE QUARTERLY PUBLICATION THE ORGANIC BROADCASTER (SENT TO 600 HOUSEHOLDS IN PRINT, AND 8,000 HOUSEHOLDS DIGITALLY), OUR E-NEWSLETTER (WITH A REACH OF 11,000 CONSTITUENTS), AND THE AG SOLIDARITY NETWORK (WWW.AGSOLIDARITYNETWORK.COM) - AN ONLINE PLATFORM CONNECTING FARMERS DIGITALLY (WITH OVER 1,400 USERS), ENSURES THAT THOUSANDS OF FARMERS ACROSS THE MIDWEST HAVE ACCESS TO TIMELY, PRACTICAL, FARMER-CENTERED INFORMATION. WE ALSO DISSEMINATE INFORMATION VIA OUR SOCIAL MEDIA CHANNELS (INSTAGRAM - 4,996 FOLLOWERS, FACEBOOK - 12K FOLLOWERS, LINKEDIN - 1,193 FOLLOWERS, AND YOUTUBE - 2.25K SUBSCRIBERS).

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE PREPARED FORM 990 IS REVIEWED BY THE MEMBERS OF THE GOVERNING BODY, AND REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ALL DIRECTORS, OFFICERS, AND CONTRACTORS COMPLETE A DISCLOSURE OF INTERESTS DOCUMENT AS ACTIVITIES RELATE TO THE ORGANIZATION. THE COMPLETED DOCUMENTS ARE MAINTAINED IN A SECURE LOCATION BY THE EXECUTIVE DIRECTOR. THE DISCLOSURE OF INTERESTS DOCUMENTS ARE REVIEWED ANNUALLY AND UPDATED BY EACH INDIVIDUAL AT LEAST ANNUALLY. ALL DISCLOSURE OF INTEREST DOCUMENTS ARE AVAILABLE FOR FULL REVIEW BY THE DIRECTORS AT THE SPRING MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE MEMBERS OF THE GOVERNING BODY ANNUALLY DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION USING DATA ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS IN THE SAME OR SIMILAR COMMUNITIES FOR SIMILAR PURPOSES.

SCHEDULE O**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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Inspection**

Name of the organization

MARBLESEED, INC.

Employer identification number

39-1824623

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE ON THE ORGANIZATION'S WEBSITE
OR UPON REQUEST. REQUESTS ARE GENERALLY HANDLED BY THE ORGANIZATION'S
EXECUTIVE DIRECTOR OR FINANCIAL MANAGER.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. REQUESTS ARE
GENERALLY HANDLED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR OR FINANCIAL
MANAGER.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	\$ 3,579
COST OF GOODS SOLD REPORTED PART VIII, LINE 10B	\$ -3,579

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Land	9/01/09	12,600				12,600	0	--	Land	0
2	Spring Valley Building	3/01/09	140,167				140,167	20	MO S/L	108,630	7,008
3	Air Conditioner	3/01/09	695				695	20	MO S/L	539	34
4	Windows & Insulation	3/01/09	2,650				2,650	20	MO S/L	2,054	132
5	Heat Exchanger	3/01/09	6,065				6,065	20	MO S/L	4,700	304
6	Kitchen Cabinets	3/01/09	205				205	20	MO S/L	159	10
7	Materials	3/01/09	3,810				3,810	20	MO S/L	2,953	190
8	Constructed Labor & Materials	3/01/09	13,677				13,677	20	MO S/L	10,599	684
9	Pontiac Vibe	3/01/07	11,653				11,653	5	MO S/L	11,653	0
10	Garage	9/01/10	29,100				29,100	20	MO S/L	20,370	1,455
11	Equipment	3/01/06	5,439				5,439	5	MO S/L	5,439	0
18	Dell Powerpoint	9/01/09	999				999	3	MO S/L	999	0
25	4 InDesign Programs	10/05/10	1,256				1,256	4	MO S/L	1,256	0
26	Spare Laptop	11/03/10	1,113				1,113	6	MO S/L	1,113	0
28	LCD Projector	3/15/11	1,015				1,015	6	MO S/L	1,015	0
29	Carly's Computer	5/26/11	1,909				1,909	6	MO S/L	1,909	0
30	Database	8/23/11	121,792				121,792	5	MO S/L	121,792	0
31	Dell PowerEdge Server	2/02/15	14,517				14,517	6	MO S/L	14,517	0
32	Building Repair	8/12/15	6,342				6,342	20	MO S/L	2,880	317
33	Ricoh MPC4503 Color Copier Capital Lease	5/01/15	6,717				6,717	5	MO S/L	6,717	0
34	Headquarters upgrade to Spring Valley buil	9/09/15	6,592				6,592	20	MO S/L	2,966	330
35	Headquarters upgrade to Spring Valley buil	5/25/16	4,400				4,400	20	MO S/L	1,815	220
36	Headquarters upgrade to Spring Valley buil	8/22/16	4,400				4,400	20	MO S/L	1,760	220
37	Headquarters upgrade to Spring Valley buil	8/22/16	3,878				3,878	20	MO S/L	1,551	194
38	Building Front upgrade	9/02/16	6,723				6,723	20	MO S/L	2,689	337
39	Roof upgrade	6/23/17	26,300				26,300	20	MO S/L	9,424	1,315
40	Furnace	4/30/18	7,650				7,650	20	MO S/L	2,423	382
41	Apple Macbook	11/15/18	3,499				3,499	5	MO S/L	3,499	0
Total Other Depreciation			<u>445,163</u>				<u>445,163</u>			<u>345,421</u>	<u>13,132</u>
Total ACRS and Other Depreciation			<u>445,163</u>				<u>445,163</u>			<u>345,421</u>	<u>13,132</u>
Grand Totals			<u>445,163</u>				<u>445,163</u>			<u>345,421</u>	<u>13,132</u>
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u><u>445,163</u></u>				<u><u>445,163</u></u>			<u><u>345,421</u></u>	<u><u>13,132</u></u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:										
1	Land	9/01/09	0			0	0	HY	0	0
2	Spring Valley Building	3/01/09	0			0	0	HY	0	0
3	Air Conditioner	3/01/09	0			0	0	HY	0	0
4	Windows & Insulation	3/01/09	0			0	0	HY	0	0
5	Heat Exchanger	3/01/09	0			0	0	HY	0	0
6	Kitchen Cabinets	3/01/09	0			0	0	HY	0	0
7	Materials	3/01/09	0			0	0	HY	0	0
8	Constructed Labor & Materials	3/01/09	0			0	0	HY	0	0
9	Pontiac Vibe	3/01/07	0			0	0	HY	0	0
10	Garage	9/01/10	0			0	0	HY	0	0
11	Equipment	3/01/06	0			0	0	HY	0	0
18	Dell Powerpoint	9/01/09	0			0	0	HY	0	0
25	4 InDesign Programs	10/05/10	0			0	0	HY	0	0
26	Spare Laptop	11/03/10	0			0	0	HY	0	0
28	LCD Projector	3/15/11	0			0	0	HY	0	0
29	Carly's Computer	5/26/11	0			0	0	HY	0	0
30	Database	8/23/11	0			0	0	HY	0	0
31	Dell PowerEdge Server	2/02/15	0			0	0	HY	0	0
32	Building Repair	8/12/15	0			0	0	HY	0	0
33	Ricoh MPC4503 Color Copier Capital Lease	5/01/15	0			0	0	HY	0	0
34	Headquarters upgrade to Spring Valley build	9/09/15	0			0	0	HY	0	0
35	Headquarters upgrade to Spring Valley build	5/25/16	0			0	0	HY	0	0
36	Headquarters upgrade to Spring Valley build	8/22/16	0			0	0	HY	0	0
37	Headquarters upgrade to Spring Valley build	8/22/16	0			0	0	HY	0	0
38	Building Front upgrade	9/02/16	0			0	0	HY	0	0
39	Roof upgrade	6/23/17	0			0	0	HY	0	0
40	Furnace	4/30/18	0			0	0	HY	0	0
41	Apple Macbook	11/15/18	3,499			3,499		5 MO S/L	3,499	0
Total Other Depreciation			<u>3,499</u>			<u>3,499</u>			<u>3,499</u>	0
Total ACRS and Other Depreciation			<u>3,499</u>			<u>3,499</u>			<u>3,499</u>	0
Grand Totals			3,499			3,499			3,499	0
Less: Dispositions and Transfers			0			0			0	0
Net Grand Totals			<u>3,499</u>			<u>3,499</u>			<u>3,499</u>	0

12621000 MARBLESEED, INC.

39-1824623

FYE: 8/31/2025

12/12/2025 4:04 PM

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
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There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 8/31/26**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Land	9/01/09	12,600	0	0
2	Spring Valley Building	3/01/09	140,167	7,008	0
3	Air Conditioner	3/01/09	695	35	0
4	Windows & Insulation	3/01/09	2,650	133	0
5	Heat Exchanger	3/01/09	6,065	303	0
6	Kitchen Cabinets	3/01/09	205	11	0
7	Materials	3/01/09	3,810	191	0
8	Constructed Labor & Materials	3/01/09	13,677	684	0
9	Pontiac Vibe	3/01/07	11,653	0	0
10	Garage	9/01/10	29,100	1,455	0
11	Equipment	3/01/06	5,439	0	0
18	Dell Powerpoint	9/01/09	999	0	0
25	4 InDesign Programs	10/05/10	1,256	0	0
26	Spare Laptop	11/03/10	1,113	0	0
28	LCD Projector	3/15/11	1,015	0	0
29	Carly's Computer	5/26/11	1,909	0	0
30	Database	8/23/11	121,792	0	0
31	Dell PowerEdge Server	2/02/15	14,517	0	0
32	Building Repair	8/12/15	6,342	318	0
33	Ricoh MPC4503 Color Copier Capital Lease	5/01/15	6,717	0	0
34	Headquarters upgrade to Spring Valley buildin	9/09/15	6,592	330	0
35	Headquarters upgrade to Spring Valley buildin	5/25/16	4,400	220	0
36	Headquarters upgrade to Spring Valley buildin	8/22/16	4,400	220	0
37	Headquarters upgrade to Spring Valley buildin	8/22/16	3,878	194	0
38	Building Front upgrade	9/02/16	6,723	336	0
39	Roof upgrade	6/23/17	26,300	1,315	0
40	Furnace	4/30/18	7,650	383	0
41	Apple Macbook	11/15/18	3,499	0	0
Total Other Depreciation			445,163	13,136	0
Total ACRS and Other Depreciation			445,163	13,136	0
Grand Totals			445,163	13,136	0

Form 990		Two Year Comparison Report			2023 & 2024
		For calendar year 2024, or tax year beginning 09/01/24, ending 08/31/25			
Name					Taxpayer Identification Number
MARBLESEED, INC.					39-1824623
Revenue	1. Contributions, gifts, grants	2023	2024	Differences	
	1. Contributions, gifts, grants	1. 543,846	750,740	206,894	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3. 2,095,365	1,356,161	-739,204	
	4. Program service revenue	4. 246,903	199,652	-47,251	
	5. Investment income	5. 305	4,684	4,379	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10. 742	1,660	918	
	11. Other revenue	11. 31,316	10	-31,306	
12. Total revenue. Add lines 1 through 11	12. 2,918,477	2,312,907	-605,570		
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16. 1,037,411	1,080,274	42,863	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 153,543	111,416	-42,127	
	19. Occupancy, rent, utilities, and maintenance	19. 3,048		-3,048	
	20. Depreciation and Depletion	20. 4,553		-4,553	
	21. Other expenses	21. 1,823,996	988,551	-835,445	
	22. Total expenses. Add lines 13 through 21	22. 3,022,551	2,180,241	-842,310	
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -104,074	132,666	236,740	
	24. Total exempt revenue	24. 2,918,477	2,312,907	-605,570	
Other Information	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 279,266	206,006	-73,260	
	27. Total assets	27. 460,055	952,668	492,613	
	28. Total liabilities	28. 182,220	542,167	359,947	
	29. Retained earnings	29. 277,835	410,501	132,666	
	30. Number of voting members of governing body	30. 11	9		
	31. Number of independent voting members of governing body	31. 11	9		
	32. Number of employees	32. 19	12		
	33. Number of volunteers	33. 75	55		

Form **990****Tax Return History**

Name	MARBLESEED, INC.	Employer Identification Number 39-1824623
		2024

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	704,897	1,027,277	1,948,293	2,639,211	2,106,901	
Membership dues						
Program service revenue	180,672	260,398	253,459	246,903	199,652	
Capital gain or loss						
Investment income	38	40	2,720	305	4,684	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)	5,650	114,403	-825	32,058	1,670	
Other revenue	891,257	1,402,118	2,203,647	2,918,477	2,312,907	
Total revenue	891,257	1,402,118	2,203,647	2,918,477	2,312,907	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	500,143	522,735	776,615	1,037,411	1,080,274	
Other compensation	123,926	163,057	208,187	153,543	111,416	
Professional fees						
Occupancy costs	5,423	5,899	7,179	3,048		
Depreciation and depletion	14,840	13,833	13,833	4,553		
Other expenses	300,737	639,501	1,319,810	1,823,996	988,551	
Total expenses	945,069	1,345,025	2,325,624	3,022,551	2,180,241	
Excess or (Deficit)	-53,812	57,093	-121,977	-104,074	132,666	
Total exempt revenue	891,257	1,402,118	2,203,647	2,918,477	2,312,907	
Total unrelated revenue						
Total excludable revenue	186,360	374,841	255,354	279,266	206,006	
Total Assets	673,026	667,483	846,903	460,055	952,668	
Total Liabilities	226,233	163,597	464,994	182,220	542,167	
Net Fund Balances	446,793	503,886	381,909	277,835	410,501	

12621000 MARBLESEED, INC.
39-1824623
FYE: 8/31/2025

12/12/2025 4:04 PM

Federal Statements

Taxable Dividends from Securities

Description		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	INCOME	\$ 4,684			14		
TOTAL		\$ 4,684					

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39-1824623
FYE: 8/31/2025

Federal Statements

12/12/2025 4:04 PM

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL SERVICES	\$ 89,803	\$ 73,443	\$ 8,020	\$ 8,340
INDEPENDENT CONTRACTORS	21,613	17,676	1,930	2,007
TOTAL	\$ 111,416	\$ 91,119	\$ 9,950	\$ 10,347

12621000 MARBLESEED, INC.
39-1824623
FYE: 8/31/2025

Federal Statements

12/12/2025 4:04 PM

Schedule A. Part II. Line 1(e)

Description	Amount
GOVERNMENT GRANTS	\$ 1,356,161
CONTRIBUTIONS	561,151
IN-KIND SPONSORSHIPS	105,589
RAF	
CASH CONTRIBUTION	84,000
TOTAL	<u><u>\$ 2,106,901</u></u>

Schedule A. Part II. Line 8(e)

Description	Amount
INTEREST INCOME	\$ 4,684
TOTAL	<u><u>\$ 4,684</u></u>

Schedule A. Part II. Line 12 - Current year

Description	Amount
EVENT FEES	\$ 153,772
OTHER PROGRAM SERVICES	5,921
NEWSLETTER ADVERTISING	39,959
GAIN ON SALE OF ASSET	10
ERTC CREDIT	
BOOK SALES	5,239
TOTAL	<u><u>\$ 204,901</u></u>