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)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Α	For th	e 2018 c	alendar year, or tax year beginning	, and ending		, ·	
В	Ci•eck if a	applicable	C Name of organization			D Employer	r identification number
	Address o	change	MUSTARD SEED DEV	ELOPMENT CENTER			
	Name cha	ange	Doing business as		F		920318
\exists			Number and street (or P O box if mail is not delivered to street add 1557 VERNON ODOM BLVD #201	iress)	Room/suite	E Telephon	631-0350
님	Initial retu		City or town, state or province, country, and ZIP or foreign postal of	ode			002 0000
	terminated		AKRON OH 443			G Gross rece	eipts \$ 336,256
	Amended	l return	F Name and address of principal officer			G Gross rece	
\Box	Applicatio	on pending	Mintoree Stokes		H(a) is this a gro	up return for su	ubordinates? Yes X No
_		, ,	1557 Vernon Odom Blvd		H(b) Are all sub	ordinates incli	uded? Yes No
				44320	* *		(see instructions)
_	T		X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or 527	3		
<u>+</u> -	Website	mpt status	ww.mustardseedcdc.com	4547(a)(1) 01 527	H(c) Group exe	motion numbe	. •
<u> </u>		organization	X Corporation Trust Association Other		Year of formation 1		M State of legal domicile OH
<u>~</u> F	art i		mmary	1-	rear or lownstation =	, , ,	III Oldio di logal dollinolo 222
<u> </u>	T		scribe the organization's mission or most significant	activities			
•	1	•	Schedule O	1011411103			
ű							
rua							
Activities & Governance	, ,	Chack th	s box I if the organization discontinued its opera	ations or disposed of more than 2	5% of its net ass	ets	
ŏ	1 2		of voting members of the governing body (Part VI, line		.5 70 01 113 1101 035	3	4
ς, φ	1 4		of independent voting members of the governing body			4	4
į	- '		nber of individuals employed in calendar year 2018 (F	•		5	3
cţi	6 -		nber of individuals employed in calendar year 2010 (r	art v, inic za)		6	0
4			elated business revenue from Part VIII, column (C), li	ne 12		7a	0
	1		ated business taxable income from Form 990-T, line			7b	0
<u> </u>		işet ümei	ace dusiness taxable income noni i om 1 om 550-1, inc		Prior Yea		Current Year
U O CUIS Revenue	8 (Contribut	ons and grants (Part VIII, line 1h)		48	3,810	72,672
ָבָּ רֻ בַּבְּ	9 6	Program	service revenue (Part VIII, line 2g)		392	2,249	261,864
2 0	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)				0
	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	ınd 11e)			1,720
<u>5</u>	12	Total rev	enue – add lines 8 through 11 (must equal Part VIII, o	olumn (A), line 12)	44:	1,059	336,256
	13 (Grants a	id similar amounts paid (Part IX, column (A), lines 1-	3)			0
ן נ	14 E	Benefits (paid to or for members (Part IX, column (A), line 4)				0
	15 5	Salaries,	other compensation, employee benefits (Part IX, colu	ımn (A), lines 5–10)	15:	3,442	122,788
Expenses	16a F	Professio	nal fundraising fees (Part IX, column (A), line 11e)				0
׆ ֓֞֟֡	b1	Total fund	fraising expenses (Part IX, column (D), line 25) 🕨	1,533			
Vщ	17 (Other exp	enses (Part IX, columri (A), lines 11a–11d, 11f–24e	RECEIVED		2,309	340,541
	18	Total exp	enses Add lines 13–17 (must equal Part IX, column	(M), Imorboy		5,751	463,329
		Revenue	less expenses. Subtract line 18 from line 12	AUG 3 0 2019		5,308	-127,073
Net Assets or Fund Balances		-		AUG 3 0 2019 85	Beginning of Cur	2 , 436	End of Year 437,855
Ssel	20		ets (Part X, line 16)	RS		5,940	288,432
e et	21		lities (Part X, line 26)	OGDEN, UT		6,496	149,423
	art II		s or fund balances Subtract line 21 from line 20 Inature Block		2/	0,490	143,423
			perjury, I declare that I have examined this return, including	annean and statem	and to the he	act of my kn	aveladae and belief it is
tri	ue, corre	ect, and co	implete Declaration of preparer of their than officer) is based	d on all information of which preparer	has any knowledg	e e	owieuge and belief, it is
			Change Change			V	8/21/19
Sig	nn	s s	gnature of officer			Date	0 31 11
He	=		Mintoree Stokes	Execu	tive Dir	ector	•
110		T	rpe or print name and title	<u> </u>			
		ļ. <u></u>	preparer's name Preparer's si	gnature	Date	Check	X of PTIN
Pai	d	Robert		I. MacGregor		/19 self-em	-
	parer	Firm's nai	MACCOPICOD C MACCOPIC			ırm's EIN ▶	34-1895630
	Only	i iiii s nai	PO Box 3738			GINT F	<u> </u>
	-	Firm's add	7 January 011 44014		ه ا	hone no	330-745-4473
May	y the IR	'	s this return with the preparer shown above? (see ins	tructions)		none no	Yes No
			ction Act Notice, see the separate instructions				Form 990 (2018)
DAA			, come expression and communities				, 5 200 (2010)

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34-1920318

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Forn	1 990 (2018) MUSTARD SEED DEVELOPMENT CENTER 34-1920318	1.0	<u>_</u>	age
Pa	art IV Checklist of Required Schedules	-		T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
•	complete Schedule A	2	X	\vdash
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			\vdash
3	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,			
J	assessments, or similar amounts as defined in Revenue Procedure 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			Ì
	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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			٦,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	·			x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	┢
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	^	+
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	··		
D	"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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			l
	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		ĺ	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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20a

20b

If "Yes," complete Schedule G, Part III

Pa	art IV . Checklist of Required Schedules (continued)			
			Yes	No
22	Qid 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	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	ļ
С	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		ļ
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?	254	}	X
00	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	_28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	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		
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	32		
00	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,	1		
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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 in Schedule O for Part VI, lines 11b and		₩.	
Ď-	19? Note. All Form 990 filers are required to complete Schedule O Int V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
ra	Int 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			
	Chook is deficulted decontained a response of flote to any line in time i art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		. 63	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c		

<u> </u>	irt v . Statements Regarding Other IRS Filings and Tax Compliance (continu	uea)				
٥-	Fatantha annahan of annahan annahad an Fana W.O. Tanahan Hall of Wana and Tan		ı		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,	3			
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>		х	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)		30		X
3a 	Did the organization have unrelated business gross income of \$1,000 or more during the year?	^		3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		tu avar	3b_		\vdash
44	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
b		accou	111t) *	44		-
D	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	te (ERAD)			
Ea	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ACCOUNT	its (FDAN)	5 0		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?		5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	don		5c		
6a		_		30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	C		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		- Va	_	<u> </u>
~	gifts were not tax deductible?	113 01		6b		1
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	ahoot				
u	and services provided to the payor?	,0003		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s		- 12		
_	required to file Form 8282?	•		7c		x
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?	-		8		ĺ
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ĺ
11	Section 501(c)(12) organizations. Enter					ĺ
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					İ
	against amounts due or received from them)	11b	 			ĺ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					├
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1				i
	the organization is licensed to issue qualified health plans	13b				İ
C	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation o	or]	7.5
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N		•		l	v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	e ⁻ /	16		X
	If "Yes," complete Form 4720, Schedule O					

34-1920318 Form 990 (2018) MUSTARD SEED DEVELOPMENT CENTER 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 in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
		ſ	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7.5
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	ļ—	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	ļ	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	/ing		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
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		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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?	16a		X
ь	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?	16b		
Sec	tion C. Disclosure	1.00		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed None			
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			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
13				
20	financial statements available to the public during the tax year			
20 M÷	State the name, address, and telephone number of the person who possesses the organization's books and records 1557 Vernon Odom Blvd			
		330-63	1_0	3 だい
_A	cron OH 44320	<u> </u>	<u> </u>	<u> </u>

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

Name and Title	(B) Average hours per week (list any hours for	bo off	(C) Positi (do not check m box, unless pers officer and a dire			ıs both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**21655.4166)	organization and related organizations
(1) Gwen Gibson										
	2.00									
Treasurer	0.00	X	_	X				0	. 0	0
(2) Denise Hicks	0.00									
The section Mark as	2.00	.					İ	o	o	0
Executive Member (3) Sandra Heard	0.00	X	├		\vdash	\vdash	\vdash	<u> </u>	<u> </u>	
(3) Sandra Heard	2.00									
Board Chair	0.00	x		x				o	0	_0
(4) Mintoree Stokes	0.00	^		^		 				
(4) MINCOICE SCORES	40.00									
Executive Director	0.00			x				o	0	0
(5)										
(6)										
(7)										
(8)										
• •										
(9)										
(10)										
(11)										

Part VII Section A. Office	ers, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)				_
(A) Name and title	(B) Average hours per week (list any	(d	o not (x, unle	Pos check ess pe	C) ition more rson i	than o s both r/truste	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	.	from th organiza and rela rganizat	tion ited	
		-											
					l					ļ			
													,
								:					
1b Sub-total c Total from continuation of Total (add lines 1b and 1		Sect	ion /	۹			▶ ▶						_
	s (including but not	limite	d to	thos	e lis	ted a	bov	re) who received more than	\$100,000 of				
3 Did the organization list an employee on line 1a? If "Y	y former officer, di	recto dule	r, or <i>J foi</i>	suc	h inc	lividu	ıal	loyee, or highest compensa			3	Yes N	
organization and related o individual	rganizations greate	r thar	1 \$15	50,00)0? <i>l</i>	f "Ye	s," (on and other compensation complete Schedule J for sure of the sure	ıch	_	4	7	<u>ζ</u>
for services rendered to th	e organization? If "										5	3	<u> </u>
Section B. Independent Contra 1 Complete this table for you	ur five highest comp	ensa	ated	inde	pend	lent o	cont	ractors that received more	than \$100,000 of				_
	ganization Report of (A) a and business address	omp	ensa	tion	for t	he ca	len	dar year ending with or with	hin the organization's tax you (B) plion of services	ear	Cor	(C)	_
	-								-				_
							-						_
							-						_
							_						_
2 Total number of independent received more than \$100,0								se listed above) who	0				

7	ırt v	Check if Schedule		a response or	note to any line in	this Part VIII		
	•	Ondon in College			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Girts, Grants	2a b c d	¥	1a-1f \$	20,150 52,522 Busn Code 531390 531390 531390 531390	72,672 188,574 49,395 12,465 10,085 1,345			512-514
Pro	g	Total. Add lines 2a–2f	venue	>	261,864			
	3 4 5 6a b		ax-exempt bond	•				
	ь	Gross amount from sales of assets other than inventory Less cost or other basis & sales exps Gain or (loss)	ies	(II) Other				
Other Revenue	b c 9a b	Gross income from fundraising et (not including \$ of contributions reported on line See Part IV, line 18 Less direct expenses Net income or (loss) from fut Gross income from gaming active See Part IV, line 19 Less direct expenses Net income or (loss) from gament o	a b ndraising eventures a b	s •				
	10a b	Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenu	b ales of inventory		1,720	1,720		
	c d e	All other revenue Total. Add lines 11a–11d		•	1,720			
	12	Total revenue. See instruct	ions	• •	336,256	263,584	0	0

Part IX . Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete a

	. Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, Bb, 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		İ		
	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				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	104,740	69,129	34,564	1,047
7 8	Pension plan accruals and contributions (include	104,740	09,123	34,304	2,04,
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,365	9,504	840	21
10	Payroll taxes	7,683	5,147	2,459	77
11	Fees for services (non-employees)	1, 5			
a					
b					
С	_ · ·	4,300		4,300	
d	Lobbying				
е	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)	475		475	
12	Advertising and promotion				
13	Office expenses	10,542	8,697	1,792	53
14	Information technology				
15	Royalties	01 170	17 147	2 011	212
16	Occupancy	21,170	17,147	3,811 1,563	212
17	Travel	1,563		1,363	
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,621	6,955	666	
23	Insurance	.,			• • • • • • • • • • • • • • • • • • • •
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				· · · · · · · · · · · · · · · · · · ·
а	Direct cost of prop sold	271,679	271,679		
b	Landlord conference	6,375	6,375		
С	Telephone	5,250	3,674	1,523	53
d	Education/training	4,824	3,232	1,544	48
	All other expenses	6,742	4,542	2,178	22
25	Total functional expenses Add lines 1 through 24e	463,329	406,081	55,715	1,533
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 [Institute of the content				

Form 990 (2018)

Part X . **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 27,344 4,790 1 1 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 3,900 3,900 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 2,900 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 195,313 307,7<u>2</u>7 8 8 Inventories for sale or use 2,813 2,813 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 300,231 other basis Complete Part VI of Schedule D 10a 205,585 213,206 94,646 10c 10b b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 437,855 532,436 16 16 Total assets Add lines 1 through 15 (must equal line 34) 144,065 207,007 17 Accounts payable and accrued expenses 17 18 18 Grants payable 80,000 64,500 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 27,500 15,250 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 4,375 , 675 25 of Schedule D 255,940 288,432 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 276,496 149,423 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 276,496 149,423 33 Total net assets or fund balances

> 437,855 Form 990 (2018)

532,436

Total liabilities and net assets/fund balances

Forr	n 990 (2018) MUSTARD SEED DEVELOPMENT CENTER 34-1920318	_		Pa	ge 12					
Pa	art XI . Reconciliation of Net Assets				_					
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1			256					
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 329</u>					
3	Revenue less expenses Subtract line 2 from line 1									
4										
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 in Schedule O)	9	-							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line									
	33, column (B))	10	1	49,	<u>423</u>					
Pa	art XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				Ш					
				Yes	No					
1	Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 🔲 Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in									
	Schedule O									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	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									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	1	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c							
	If the organization changed either its oversight process or selection process during the tax year, explain in									
	Schedule O									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1						
	the Single Audit Act and OMB Circular A-133?		3a		х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			Ī						
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 **2018**

> Open to Public Inspection

Name of the organization

Department of the Treasury

MICHADO CEED DEVELODMENT CENTED

Employer identification number

			MUSTARD SEED	DEAFTONEMI CE	MIEK		34-192	0310						
P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instructio	ns						
ſhe	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 12,	check only	one box	:)	1						
1	\Box	A church, co	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1)(A)(i).	N-T						
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))		-)						
3				ce organization described in se			iii).							
4	П	A medical res	search organization operate	d in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,						
		city, and state		-										
5	\prod	*		of a college or university owned	or operat	ed by a g	overnmental unit described in							
		-	b)(1)(A)(iv). (Complete Part											
6	\Box			overnmental unit described in s	ection 17	'0(b)(1)(A	۸)(v).							
7	X	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				170(b)(1)(A)(vi). (Complete Part	EII)									
9	H	•				ed in con	unction with a land-grant colle	ae						
•		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		•	ion that normally receives (I) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gro	oss						
				ppt functions—subject to certain										
			•	nd unrelated business taxable in	-									
		•	•	0, 1975 See section 509(a)(2)										
11	\vdash	•	•	exclusively to test for public safe	-									
12				exclusively for the benefit of, to rations described in section 50										
				nat describes the type of suppor										
	а			erated, supervised, or controlled			•							
				ver to regularly appoint or elect	-			9						
			- · · · · · · · · · · · · · · · · · · ·	omplete Part IV, Sections A a										
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having							
		control or	r management of the suppor	ting organization vested in the s	same pers	ons that	control or manage the support	ed						
		organizat	ion(s) You must complete	Part IV, Sections A and C.										
	С			upporting organization operated tructions) You must complete				ıth,						
	d			I. A supporting organization ope										
			• •	e organization generally must sa	-			ess						
	_	_ ·	,	nust complete Part IV, Section										
	е			eived a written determination front n-functionally integrated suppor			s a Type I, Type II, Type III							
	f		nber of supported organizati											
	g		• • •	e supported organization(s)										
() Name	e of supported	(ii) EIN	(iil) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of						
	org	janization		(described on lines 1–10	1	ır governing	support (see	other support (see						
				above (see instructions))		ment?	instructions)	instructions)						
		· · · · · · · · · · · · · · · · · · ·		 ,	Yes	No								
(A)														
(B)					 									
(6)														
(C)														
(D)														
(E)														
				· · · · · · · · · · · · · · · · · · ·										
ota	ıı													

Part ! . 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)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	929,630	534,864	189,589	48,810	72,672	1,775,565
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	929,630	534,864	189,589	48,810	72,672	1,775,565
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)						236,862
6	Public support. Subtract line 5 from line 4			<u> </u>			1,538,703
	tion B. Total Support	1 (-) 2044	(L) 0045	(=) 2046	(4) 2017	(2) 2018	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans,	929,630	534,864	189,589	48,810	72,672	1,775,565
	rents, royalties, and income from similar sources	2,278					2,278
9	Net income from unrelated business activities, whether or not the business is regularly carried on			605			605
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						1,778,448
12	Gross receipts from related activities, etc	(see instructions)				12	655,833
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	urth, or fifth tax year	r as a section 501((c)(3)	
	organization, check this box and stop her	e		-			▶ □
Sec	tion C. Computation of Public Su	upport Percent	age				
14	Public support percentage for 2018 (line 6	, column (f) divided	by line 11, colum	n (f))		14	86.52%
15	Public support percentage from 2017 Scho	edule A, Part II, line	: 14			15	90.46%
16a	33 1/3% support test—2018. If the organ	ization did not chec	k the box on line	13, and line 14 is 3	3 1/3% or more, ch	neck this	
	box and stop here. The organization qual	ifies as a publicly si	upported organiza	tion			▶ X
b	33 1/3% support test—2017. If the organ	ization did not chec	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	re, check	
	this box and stop here. The organization	qualifies as a public	ly supported orga	nızatıon			▶ 📋
17a	10%-facts-and-circumstances test—201	18. If the organization	on did not check a	box on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meet		·		•		
	Part VI how the organization meets the "fa	acts-and-circumstan	ices" test. The org	janization qualifies	as a publicly supp	orted	
	organization						▶ □
b	10%-facts-and-circumstances test—201	•		•	•	line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the "facts-and-	circumstances" te	st The organization	n qualifies as a pul	DIICIY	▶ □
40	supported organization	- برجا جام مام مام فمسا	m luma 40 40 - 40	. 4747.	al. thus have and	_	
18	Private foundation. If the organization did	a not cneck a box o	n une 13, 16a, 16t	o, 17a, or 17b, ched	ok this box and see	=	▶ □
	instructions						
						Cabadula A /Earm 00	0 000 EZ\ 2010

34-1920318 MUSTARD SEED DEVELOPMENT CENTER Schedule A (Form 990 or 990-EZ) 2018 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on ine 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 (e) 2018 Calendar year (or fiscal year beginning in) (b) 2015 (f) Total (a) 2014 (d) 2017 (c) 2016 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c/11, and 12) First five years. If the Form/990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2017 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 33 1/3% support tests—2018. 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 33 1/3% support tests-2017. 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Page 4

Part IV. **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	[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)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
•	(b) and (c) below	3a		Ì
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		~~~~	
•	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c]
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c]
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
•	answer (b) and (c) 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)	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		1
С	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? If "Yes," provide detail in Part VI.	6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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))? If "Yes," provide detail in Part VI .	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	1		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Ì
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	1 22		-
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
·va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		Ì
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
V	determine whether the organization had excess business holdings)	10ь]
		1		

Pai	t IV . Supporting Organizations (continued)			
			Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's 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 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 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	i	
Sect	ion C. Type II Supporting Organizations			
0001	on o. Type it oupporting 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 1	i	
Sect	ion D. All Type III Supporting Organizations			
9001	on B. All Type in outporting 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 1	Ì	
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		i
•	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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	3		
Sect	supported organizations played in this regard ion 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	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization satisfied the Activities rest <i>Complete line 2 below</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
C	The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	ione)		
·	The organization supported a governmental entity Describe in Fart Vi now you supported a government entity (see instruction	10113)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
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 those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) 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 (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь		

Schedu	ile A (Form 990 or 990-EZ) 2018 MUSTARD SEED DEVELOPMENT CE	INTE	R 34-1920	318 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>aniza</u>	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	ov 20,	1970 (explain in Part VI) S	ee
	instructions. All other Type III non-functionally integrated supporting organizations mu	st comp	plete Sections A through E	
Sect	ion 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			
	lection of gross income or for management, conservation, or			
	intenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	tructions for short tax year or assets held for part of year)	·		
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		· -
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see	e instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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			
em	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type II	I supporting organization (s	see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

34-1920318 MUSTARD SEED DEVELOPMENT CENTER Schedule A (Form 990 or 990-EZ) 2018 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3 and 4c Breakdown of line 7 a Excess from 2014

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015c Excess from 2016d Excess from 2017e Excess from 2018

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part Part VI 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MUSTARD SEED DEVELOPMENT CENTER 34-1920318 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X

Sche	edule D (Form 990) 2018 MUSTARD	SEED DEVEL	OPMENT	CENTER	34-	1920318	Page 2
Pa	art III . Organizations Maintaini	ng Collections o	f Art, Histo	orical Trea	sures, or Oth	er Similar Assets	(continued)
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other record	ds, check any	of the following	ng that are a sign	ificant use of its	
а	Public exhibition	d 🗍	Loan or excl	hange progran	ns		
þ	Scholarly research	e 🗌	Other	• . •			
C	Preservation for future generations						
4	Provide a description of the organization's	collections and expla	in how they fu	urther the orga	inization's exemp	t purpose in Part	
	XIII						
5	During the year, did the organization solic						
	assets to be sold to raise funds rather tha		part of the or	ganization's c	ollection?		Yes No
Pa	ert IV Escrow and Custodial A			000 D-41			
	Complete if the organizati					ported an amount	on Form
1a	Is the organization an agent, trustee, cust	odian or other interme	diary for conti	ributions or otl	her assets not		
	included on Form 990, Part X?						∐ Yes ∐ No
þ	If "Yes," explain the arrangement in Part X	(III and complete the fo	ollowing table				A
						1	Amount
	Beginning balance					1c 1d	
	Additions during the year Distributions during the year					1e	
e f	Ending balance					1f	
2a	Did the organization include an amount or	Form 990 Part X lin	e 21 for escr	ow or custodi:	al account liability	<u> </u>	Yes No
	If "Yes," explain the arrangement in Part X	· · · · · · · · · · · · · · · · · · ·	<u>-</u> '		•		
	ert V Endowment Funds.						
	Complete if the organizati	on answered "Yes	on Form	990, Part I	V, line 10		
		(a) Current year	(b) Prior	year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and						
	losses		ļ				
	Grants or scholarships					1	_
е	Other expenditures for facilities and						
	programs		<u> </u>				
	Administrative expenses End of year balance						
_	Provide the estimated percentage of the c	urrent year end balance	l	lumn (a)) held	1 25		
	Board designated or quasi-endowment	w %	se (iiile 19, co	numm (a)) neic	1 43		
	Permanent endowment ▶ 9						
	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%					
3a	Are there endowment funds not in the pos	session of the organiz	ation that are	held and adm	ninistered for the		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
þ	If "Yes" on line 3a(ii), are the related organ						3b
4	Describe in Part XIII the intended uses of		owment funds	s		· · · · · · · · · · · · · · · · · · ·	
ra	ert VI Land, Buildings, and Eq		." -	000 0-41	/ lima 44a Ca	- Carry 000 Dart	V l.m. 40
	Complete if the organizati Description of property						
	occurption of property	(a) Cost or other (investment		(b) Cost or other to (other)) Accumulated depreciation	(d) Book value
1a	Land				,397	·	52,397
	Buildings				,580	23,392	153,188
	Leasehold improvements				,		
	Equipment			50	,368	50,368	
	Other				,886	20,886	
otal	. Add lines 1a through 1e (Column (d) mus	t equal Form 990. Par	t X column (205.585

34-1920318 Schedule D (Form 990) 2018 MUSTARD SEED DEVELOPMENT CENTER Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation (b) Book value (a) Description of security or category Cost or end-of-year market value (including name of security) (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, col (B) line 12) ▶ Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (b) Book value (c) Method of valuation (a) Description of investment 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, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) ▶ Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 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 (b) Book value (a) Description of liability (1) Federal income taxes 1,675 Deposits (2) (3) (4) (5) (6) (7)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

1,675

(8)

Sche	dule D (Form 990) 2018 MUSTARD SEED DEVELOPMENT	CENTER_	34-1920318	Page 4					
Pa	rt XI . Reconciliation of Revenue per Audited Financial St	atements With	n 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	Amounts included on line 1 but not on Form 990, Part VIII, line 12								
а	Net unrealized gains (losses) on investments	_2a_							
b	Donated services and use of facilities	2b							
С	Recoveries of prior year grants	2c							
ď	Other (Describe in Part XIII)	2d							
е	Add lines 2a through 2d		2e_						
3	Subtract line 2e from line 1		3						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII)	4b		i					
С	Add lines 4a and 4b	4c							
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5							
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements Wit	th Expenses per Retu	rn.					
	Complete if the organization answered "Yes" on Form 9	90, Part IV, lin	e 12a						
1	Total expenses and losses per audited financial statements		1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25								
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
С	Other losses	2c							
d	Other (Describe in Part XIII)	2d							
е	Add lines 2a through 2d		2e						
3	Subtract line 2e from line 1	, .	3						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_						

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)
Part XIII Supplemental Information.

b Other (Describe in Part XIII)c Add lines 4a and 4b

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

Page 5

SCHEDULE O (Form 990'or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization

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

MUSTARD SEED DEVELOPMENT CENTER

34-1920318

Employer identification number

Form 990 - Organization's Mission or Most Significant Activities

Form 990 - Organization's Mission

Mustard Seed Development Center was founded to serve the financial education and training needs of disenfranchised adults in low to moderate income households. A major focus of the Center is assisting clients in obtaining and keeping home ownership status.

Form 990, Part III - Additional Information

Form 990, Part III, Line 4a - First Accomplishment

Eliminating factors in clients' financial lives that lead to increased and often unnecessary household expenditures, such as excessive interest payments made or payments made for various forms of financial penalties. Foreclosure Prevention Program: This program assists homeowners in maintaining their home after becoming delinquent on their home mortgage. Typically this is after a hardship. Options offered as part of the program include loan modification and cash assistance to bring the mortgage current as well as a number of other workout solutions that restructure mortgage payments to enhance affordability. The program also assists homeowners in cases where maintaining the current home is not viable with exit options that mitigate further damage to the homeowner's credit, such as facilitating short sales and using deed-in-liew of foreclosure. Home sales to qualified buyers and rentals to qualified renters who, based on income and other economic and related factors, would not be able to purchase a home or rent through the traditional market place due to the obstacles and challenges presented by the market place. Through the

Organization, these individuals have the opportunity, with our help, to become homeowners or renters, as we assist them in overcoming those obstacles and barriers.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the 990 is reviewed by the Executive Director prior to filing and by the Board after filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest policy is distributed to all board members and

employees. Known conflicts are brought to the attention of the Executive

Director who reports them to the Board as a whole.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents and Forms 990 are available to the public upon request.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Open To Public inspection

Name of the orga			_							ion nun	nper		
Part I	MUSTARD SEED DEVELOP Excess Benefit Transactions			501/	o)/4)	and 501(a)(20) a	34-1		18				
raitt	Complete if the organization answere								0b				
			nship between dis								(d)	Correc	ted?
1	(a) Name of disqualified person		organizati				(c) Description of tra	nsactio	n		Yes		No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
under s	he amount of tax incurred by the organiza section 4958 he amount of tax, if any, on line 2, above	_		·	rson	s during the year							
Part II	Loans to and/or From Intere Complete if the organization answere			art V,	line	38a or Form 990,	Part IV, line 26,	or ıf tl	he			-	
	organization reported an amount on F												
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	or fro	oan to om the		(f) Balance due	(g) In	default?		oproved pard or nittee?		ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
	ta Smith,	Operations	Manager	x			45.050		x	x			x
(1)	Working capital ee Stokes	T		^	┢	24,000	15,250		<u> </u>	┢	├		^
(2)	Advance	Executive	Director		x	2,900	2,900		х		x		x
\ <u>-</u> /	Advance				122	2,900	2,900		1	+	1		
(3)													
(4)				_									
(5)													
(6)													
(7)				+		<u>'</u>							
(8)				+					<u> </u>	 			
(9)				-			·		<u> </u>	<u> </u>	-		ļ <u>-</u>
10)													
Part III	Grants or Assistance Benefit Complete if the organization answered				27	<u>▶ \$</u>	18,150			L			
	(a) Name of interested person	(b) Relations	ship between inter	ested	Ι	mount of assistance (d) Type of assistance		(e)	Purpose	e of assi	stance	
(1)													
(2)													
(3)					<u> </u>								
(4)					_								
(5)					<u> </u>		·						
(6)					<u> </u>			_					
(7)		_			_			4—					
(8)		1			ı	ı		1					

(9)