## **\*FORM 990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

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

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

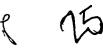
▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

ĀĪ	For the 2016 calendar year, or tax year beginning		, 2016, and ending			, 20				
В	Check if a	pplicable	C Name of organization ?		D Emp	loyer id	lentification number ?			
	Address o	change	SEEED INC				264436303			
	Name cha	ange Number and street (or P O. box, if mail is not delivered to street address) ? Room/suite E T			E Telephone number					
	Initial retu	return 1617 DANDRIDGE AVE				8657665185				
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code					Group Exemption				
=	Amended return					Number ▶ ?				
							Check ► ☐ if the organization is no			
	Vebsite	•	/ SEEDKNOX.COM							
				(a)(1) or □527			ach Schedule B ? 0-EZ, or 990-PF).			
				(a)(1) or ∟1527  _ Other	(i Oilli s	30, 33	0-LZ, 01 930-FT).			
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,0		tal assets					
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	oo or more, or ii to	iai asseis	<b>.</b>				
	art I		e, Expenses, and Changes in Net Assets or Fund B	olonoso (occ th		\$ -*:	for Dord IV			
	arti									
	T 4		the organization used Schedule O to respond to any que							
?	1		ons, gifts, grants, and similar amounts received			1	90856 12			
?	2		ervice revenue including government fees and contracts .			2				
?	3		ip dues and assessments			3				
?	4	Investment				4				
	5a		unt from sale of assets other than inventory or other basis and sales expenses	5a   5b						
	b									
	C	( · · · · · · · · · · · · · · · · · · ·								
	6	Gaming and fundraising events								
۵	а	a Gross income from gaming (attach Schedule G if greater than \$15,000)								
Revenue										
Š	b	Gross inco	ons							
æ	1	from fundr								
			h gross income and contributions exceeds \$15,000)	6b		]				
20	C		t expenses from gaming and fundraising events	6c						
8	d		e or (loss) from gaming and fundraising events (add lines	6a and 6b and s	ubtract					
		line 6c) .				6d				
SCANNED	7a		s of inventory, less returns and allowances	7a						
É	b		of goods sold	7b						
Ö	С		t or (loss) from sales of inventory (Subtract line 7b from line			7c				
$\overline{}$	8		nue (describe in Schedule O)			8				
00	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		7. ▶	9	90856 12			
	10	Grants and	sımılar amounts paid (lıst ın Schedule O)		201	10	37810 83			
<b>8</b>	11	Benefits pa	and to or for members			11	2832 98			
er s	12	Salaries, of		12						
Sc.	13	Profession	aries and other payments to independent contractors	OCT: 0.6.2017	ال 10% لامسية	13	37798 24			
2017 Expense	14	Occupancy	v, rent, utilities, and maintenance	OGDEN, U	7.	14	17612.17			
ũ	15	Printing, pu	ublications, postage, and shipping		البسي	15	1626 41			
	16		nses (describe ın Schedule O)			16	1700 35			
	17	Total expe	nses. Add lines 10 through 16		▶	17	99380 98			
<u></u>	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)			18	-8524 85			
šě	19		or fund balances at beginning of year (from line 27, colun	nn (A)) (must agre	e with					
Ass			C	• • • • • •		19	7736 76			
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O).			20				
ž	21		or fund balances at end of year. Combine lines 18 through 2			21	7600.07			
	<del></del>	400010	Talle I and to the one of your combine miles to through z	<del> </del>	• • •		7000.07			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

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Part II	Balance Sheets (see the instructions		<u> </u>			
	Check if the organization used Schedu	le O to respond to a	ny question in this	Part_II	. , .	🗆
				(A) Beginning of year		End of year
<b>22</b> Ca	sh, savings, and investments		<i>.</i> [	15782.61	22	2257 75
	nd and buildings				23	
	ner assets (describe in Schedule O)			342.32	24	5342 32
	tal assets				25	
	tal liabilities (describe in Schedule O) .			<del></del>	26	
	t assets or fund balances (line 27 of colum		<u>}-</u>	16124.93	<del></del>	7600 0
Part III	Statement of Program Service Accor					70000
Circ III	Check if the organization used Schedu				E	xpenses
/hat is th	e organization's primary exempt purpose?	ie O to respond to a	ny question in this	Part III	(Required	d for section
						and 501(c)(4)
s measur ersons b	the organization's program service accompred by expenses. In a clear and concise enefited, and other relevant information for clear the standard of the standa	manner, describe th each program title.	e services provided	, the number of	organizat others.)	tions, optional for
8 Provi	ided stipends to students who completed proc	gram as well as expen	ses to promote events			
? (Gran		nt includes foreign gr	ants, check here .	▶ 🗆	28a	26810 8:
9 VIST	A Program					
(Gran	nts \$ ) If this amour	nt includes foreign gr	ants, check here .	▶ □	29a	11000 00
30						
(Gran	nts \$ ) If this amour	nt includes foreign gr	ants, check here	• П	30a	
1 Othe	r program services (describe in Schedule O	)				
(Grar		nt includes foreign gr			31a	
	I program service expenses (add lines 28a				32	37810.8
art IV	List of Officers, Directors, Trustees, and K					<u>.</u>
	Check if the organization used Schedu	le O to respond to a			<u> </u>	<u> L</u>
	? (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	other	mated amount o compensation
anley Jo EO and F		35+				
mar Jack	son					
resident		2+				
terling He	enton	<del>                                     </del>	<u> </u>			
ichelle C		2+			<del> </del>	
easurer		3 5+				
irmar Wa	III	3 5+				
		-	<del> </del>			
		i	I		1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s in the	ne _	. r
		_	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   37a			<u> </u>
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			'
a	Initiation fees and capital contributions included on line 9	1		
b 40=	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►	, ,		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		ر
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			,
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶		<u> </u>	
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	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)? If "Yes," enter the name of the foreign country:	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
	and since the amount of tax exempt interest received or accrace during the tax year	_	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	- NO
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<i>'</i>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u	-	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	734		
	Form 990-EZ (see instructions)	45b		V

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						·	Yes	Νo
46	Did the organization engage, directly or i	indirectly, in political c	ampaign activities on	behalf of or in o	pposition	ا ا		
	to candidates for public office? If "Yes,"		<u>, Part I </u>	<u> </u>	· · ·	46		~
art								
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and comple	ete the ta	ables to	or lines	3
	50 and 51.			-!- D-# \/I				
	Check if the organization used Sc	nequie O to respond	to any question in t	nis Part VI .	· · · · ·	<del>· · · </del>	<u> </u>	<u> </u>
7	Did the organization engage in lobbying	activities or have a	section 501/h) electio	n in effect durin	a the tay	, , ,	Yes	No
•	year? If "Yes," complete Schedule C, Pa					`   47		_
3	Is the organization a school as described					48		シ
) a	Did the organization make any transfers					49a	-+	·
b	If "Yes," was the related organization a s					49b		·
)	Complete this table for the organization's						s. and	ke
	employees) who each received more tha	n \$100,000 of comper	nsation from the organ	nization. If there	ıs none, e	enter "N	one."	,
_		(b) Average	(c) Reportable	(d) Health benef	its,			
	(a) Name and title of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred		(e) Estimated other compa		
		devoted to position	(Forms W-2/1099-MISC)	compensation				
_							_	
		<u> </u>	<u> </u>				. <u>.</u>	
		_						
		_						
								_
		_		]	Ì			
_		L	L					
f	Total number of other employees paid or			<del></del>	_			
	Complete this table for the organization \$100,000 of compensation from the organization	o's five highest compe	ensated independent	contractors who	each re	eceived	more t	har
	\$100,000 or compensation from the orga	anization. Il triere is no	one, enter None.	<del></del>				
					(a) Ca	mpensatio	ก	
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(0) 00	inpensatio		
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(6) (6)			
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice				
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(6) 00			_
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(6) 60			
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(6) 60			
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(6) 66	TIPO I SALA		
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(6) 600			
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(6) 60	The state of the s		
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(6) 600			
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	ice	(6) 600	mponsula		
d	(a) Name and business address of each independent			ice .	(6) 600	mponsula		
		actors each receiving	over \$100,000					
	Total number of other independent contr	actors each receiving	over \$100,000	nızations must	attach a			
er p	Total number of other independent contribution the organization complete Sched completed Schedule A	actors each receiving ule A? Note: All se	over \$100,000 ection 501(c)(3) orga	nizations must	attach a	³ ☐ Yes		
er p	Total number of other independent contr Did the organization complete Sched completed Schedule A	actors each receiving ule A? Note: All se	over \$100,000 ection 501(c)(3) orga	nizations must	attach a	³ ☐ Yes		
er p	Total number of other independent contr Did the organization complete Sched completed Schedule A enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other tha	actors each receiving ule A? Note: All se	over \$100,000 ection 501(c)(3) orga	nizations must	attach a	³ ☐ Yes		
er p	Total number of other independent contribution to the organization complete Sched completed Schedule A	actors each receiving ule A? Note: All se	over \$100,000 ection 501(c)(3) orga	nizations must	attach a	à ☐ Yes		ıs

Type or print name and title Date Preparer's signature Print/Type preparer's name Check I if self-employed **Preparer Use Only** Firm's name Firm's EIN ▶ Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions Phone no ► ☐ Yes ☐ No

Paid

?

## SCHÈDULE 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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

SEEED INC			264436303				
Part I, Line 10 - Program Expenses:							
- CRP	1,586.97						
- Events	2,318.92						
- Food for students and volunteers	1,184.41						
- Student Stipend's	19,525.19						
- Transportation	1,863.31						
- Program Expense - Other	332 03						
- VISTA Program	11,000 00						
Total Program Expense:	\$37,810 83						
· <del></del>							