For	990	-1	Return of Organization Exempt Fro	m Incom	е Та	x	OMB No 1545-00	047
1.011			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coo			(anoitet	<u> 2016</u>	
	artment of the Tre		▶ Do not enter social security numbers on this form as it n ▶ Information about Form 990 and its instructions is at we	•	- 1 -	H / I O	Open to Publi Inspection	С
A				/30/2017	75077	12(_X_	mspection	
В	Check if apple		C Name of organization SEED_SPOT	,, , , , , , , , , , , , , , , , , , , ,	D	Employer	identification numb	er
X	Address chan	ige (Doing business as		45	-409	8436	
	Name change		Number and street (or P O, box if mail is not delivered to street address)	Room/suite	E	Telephone	number	
	Initial return		502 S 2ND STREET S	UITE 1	(6	02)4	56-9944	
	Final return/termin	nated	City or town, state or prownce, country, and ZIP or foreign postal code					
	Amended retu		PHOENIX, AZ 85004	····			upts \$ 1 , 27 3 , 7	_
Ш	Application pendi		F Name and address of principal officer COURTNEY KLEIN		• •		or subordinates? Yes	=
			502 S 2ND STREET PHOENIX, AZ 85004	- /\ /=			es included?Yes_	No
-	Tax-exempt star		X 501(c)(3)	J 5 27)		, attach a its exemption	st (see Instructions)	
_	orm of organiz		party party	of formation 20		$\overline{}$	e of legal domicile	AZ
		mma		or formation 20		III Oldi	e or regar dominanc	
			be the organization's mission or most significant activities	***************************************				
Я	1 '		<u> </u>	PRENEURS	WHO	ARE	CREATING	
Governance			ONS TO SOCIAL PROBLEMS					
/6/	2 Check	this bo	ox > If the organization discontinued its operations or disposed of more	than 25% of its no	et asset	s		
ő	3 Number	er of vo	oling members of the governing body (Part VI, line 1a).			3		11
∞ ĕ	4 Numb	er of in	dependent voting members of the governing body (Part VI, line 1b)			4		10
Ę	1		of individuals employed in calendar year 2016 (Part V, line 2a)			5	····	12
Activities &	1		of volunteers (estimate if necessary)	-		6		75
Ř	1		ad business revenue from Part VIII, column (C), line 12.	•	• •	7a		<u>0.</u>
_	b Net un	related	business taxable income from Form 990-T, ma340EIVEU	Prior Ye		7b	Current Voca	0.
	8 Contril	hi dione	and grants (Part VIII, line 1h)		1,12	6	1,049,5	
Φ			rand grants (Part VIII, line 1h) rice revenue (Part VIII, line 2g)		$\frac{1}{8}, \frac{1}{24}$		216,8	
eun			come (Part VIII, column (A), lines 3, 4 and 7d)		38			59.
Revenue	11 Other	revenu	e (Part VIII, column (A), lines 5, 6d, 8c 9c, 10 men EN, UT		3,06		7,3	
-	12 Total r	evenue	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,82		1,273,7	
	1		imilar amounts paid (Part IX, column (A), lines 1-3)		2,57		26,5	
	14 Benefr	ts paid	to or for members (Part IX, column (A), line 4)					
m	15 Salarie	s, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	56	2,05	9.	678,5	<u> 26.</u>
sesued	16a Profes	sional	fundraising fees (Part IX, column (A), line 11e)					
ğ	b Total f	undrais	sing expenses (Part IX, column (D), line 25) ► 127, 655.					
ă	l .		es (Part IX, column (A), lines 11a-11d, 11f-24e) .		7,98		471,60	
			ss Add lines 13-17 (must equal Part IX, column (A), line 25)		2,62		1,176,6	
	·	ue less	expenses Subtract line 18 from line 12		0,20		97,1	<u>48.</u>
Net Assets or Fund Balances	00 7-1-1		D-4V 1 - 40V	Beginning of Cu			End of Year	<u> </u>
Sset	20 Total a		Part X, line 16)		5,81 5,25		251,49 16,1	
2 E	21 Total II		s (Part X, line 26)		0,55		235,3	
	22 Netas art II Sig			1 23	0,55	9.1	233,3	04.
_			/, I declare that I have examined this return including accompanying schedules and	statements, and to	the best	of my know	wledge and belief, it is	
	•		le Declaration of pregarer (other than officer) is based on all information of which p			•	•	
	•		(puting He			MRU	+ 16. 2018	7
Si	gn Sig	gnature	oNotficer	(Date			
Н	ere ▶ <u>C</u>	OUR!	INEY KLEIN, CEO					
	Ту		int name and title					
Pa	aid		Type preparer's name Preparer's eigneture	Date			If PTIN	
Pr			abeth N Mason / / / /	43/27/20			ed P008494:	36
Us			s name High Rock Accounting PLLC				-4821901	
			saddress 1200 W University Dr Ste 107		Phone n			
			e, AZ 85281		(602	<u>) 456-</u>		
мау	THE IKS disc	uss the	s return with the preparer shown above? (see instructions)	 	<u> </u>	· · ·	X Yes	No
For	Paperwork F	Reduct	tion Act Notice, see the separate instructions.			 -	Form 990	(2016)
UYA							romi 930	(2010)

Statement of Program Service Accomplishments Check if Stedule Contains a response on role to any sine in this Part III □ 1 Orelly describe the organizator's insistor TO EDUCATE, ACCELERATE AND INVEST IN ENTREPRENEURS WHO ARE CREATING SOLUTIONS TO SOCIAL PROBLEMS 2 Old the organization undertake any significant program services during the year which were not listed on the poor Form 900 or 990-E2? □ Yes S No III 'Yes, 'describe these review services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes S No III 'Yes,' describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(5(0)) and 501(6(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and review, if any, for each program service (organization) and allocations to others, the total expenses, and exercise, if any, for each program service report the amount of grants and allocations to others, the total expenses, and exercise, if any, for each program service report the amount of grants and allocations to others, the total expenses, and exercise, if any, for each program service report the amount of grants and allocations to others, the total expenses, and exercise, if any, for each program service (Page AM AM 2 2 EVENTING PROGRAM) and D 2 EVENTING PROGRAM and D 2 EVENTING PROGRAM SEPS PROG	Form	990 (2016) SEED SPOT 45-4098436 Page
TO EDUCATE, ACCELERATE AND INVEST IN ENTREPRENEURS WHO ARE CREATING SOLUTIONS TO SOCIAL PROBLEMS 2 Dot the organization undertake any significant program services during the year which were not listed on the propriation specifically program services on Schedule O 3 Dot the organization cease conflucting, or make significant changes in how 4 conducts, any program services are required to report the services? If Yes, 1 discribe these changes on Schedule O 4 Describe the granizations program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the lotal expenses, and revenue, 1 any, for each program service sport as amount of grants and allocations to others. 4 (Code		t III Statement of Program Service Accomplishments
Pres	1	Briefly describe the organization's mission TO EDUCATE, ACCELERATE AND INVEST IN ENTREPRENEURS WHO ARE CREATING
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2	prior Form 990 or 990-EZ?
4 Code	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
LAUNCHED SEED SPOT DC - 1 FULL TIME PROGRAM & 3 BOOT CAMPS; HIGH SCHOOL PROGRAM EXPANDED TO 18 SCHOOL POGRAMS IN CURRENT YEAR. 4b (Code) (Expenses \$	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
4c (Code) (Expenses \$including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$including grants of \$) (Revenue \$) 4e Total program service expenses \$	4a	LAUNCHED SEED SPOT DC - 1 FULL TIME PROGRAM AND 2 EVENING PROGAM; SEED SPOT PHOENIX HELD 1 EVENING PROGRAM & 3 BOOT CAMPS; HIGH SCHOOL
4c (Code) (Expenses \$including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$including grants of \$) (Revenue \$) 4e Total program service expenses \$		
4c (Code) (Expenses \$including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$including grants of \$) (Revenue \$) 4e Total program service expenses \$		
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \$ 953,107.	4b	(Code) (Expenses \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \$ 953,107.		
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \$ 953,107.		
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 953,107.	4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 953,107.		
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 953,107.		
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 953,107.		
		(Expenses \$ including grants of \$) (Revenue \$)
	4e JYA	Total program service expenses ▶ 953,107

1 1

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			•
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,] .		
	assessments, or similar amounts as defined in 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	<u> </u>		
o	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,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
·	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	ļ		
	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	
þ	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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		<u>x</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	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			.
4.5	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17_		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	000	X
UYA		Forr	n 990	(2016)

Part IV Checklist of Required Schedules (continued)

				Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. [20a		X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	. [20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	[21	<u> </u>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	- 1		İ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	į.	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	- 1	ľ		
	employees? If "Yes," complete Schedule J	ļ	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	İ			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ł		ł	
	through 24d and complete Schedule K If "No," go to line 25a		24a	-	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Ļ	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	- 1		
	to defease any tax-exempt bonds?	-	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-	24d		—
25 a		ł	l	}	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	-	25a		X
b	Is this organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	į	ļ		ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	}			
	If "Yes," complete Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ł			
	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,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			- 1	v
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	ļ.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		Ì		ľ
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	,	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	· · ·	20a		
b	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)	ŀ	200		
·	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	$\neg \neg$	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ŀ			_ -
•	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,	Ī			
-	Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,				
	Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Ī			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33	[X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1	l	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	[35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .	Į	35b		X
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable		ſ		
	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			I	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	Ì	İ	
	Part VI		37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			j	ı
	19? Note. All Form 990 filers are required to complete Schedule O		38	لي	X
LIVA			Carr	. uan	(0046)

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	_•				
					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a	17			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b	_0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		}			
	reportable gaming (gambling) winnings to prize winners?			1c	X	L
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	ł	- 1		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		- 1	2b	X	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	ŀ	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		- 1	_3b_		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori		- {	- 1	i	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			4.		x
L	account)?		.	<u>4a</u>		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nte	-	- [
	(FBAR)	ino	ł	ł		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	•	Ť	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		.	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 1			
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		[
	gifts were not tax deductible? .			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				<u>. </u>	
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	11		_7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		}	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 889	O or roquirod?		7f		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	•	.	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		- 1	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?		İ	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		[9b		
0	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		j		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ы				
11	Section 501(c)(12) organizations. Enter					1
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources))	J	ļ		
_	against amounts due or received from them)	116	_			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104))	}	12a		—–,
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1
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? Note: See the instructions for additional information the organization must report on Schodulo O.		•	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O		j	j		
J	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	130	一寸	}]
4 a	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 O	-	Ì	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 11 1 a Enter the number of voting members of the governing body at the end of the tax year . 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 10 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 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? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10 a 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 X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a X 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c 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? 15a X a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **>AZ** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website X 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 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records > (602)456-9944 CORINN PERRY 502 S 2ND STREET Ste. SUITE 1 PHOENIX, AZ 85004

		•			•					
Form	990 ((2016) :	SE	E	D	S	P	PΓ	j

45-4098436 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definintion 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		ted o	rgar	nıza	tion	com	pen	sated any curr	ent officer, direc	tor, or trustee
				(0					-	
(A)	(B)]		Posi	tion			(D)	(E)	(F)
Name and Title	Average	(do n	ot ch	ieck i	more	than o	ne	Reportable	Reportable compensation from	Estimated
	hours per		unles	s pe	rson	ıs both	an	compensation		amount of
	week (list any	οπισε		d a d	recto	or/truste	ee)	from the	related organizations	other
	hours for related	익호	ä	Ş	줎	S 9 % 3		organization	(W-2/1099-MISC)	compensation from the
	organizations	dre M	Ě	Officer	y ei	Highest co	Former	(W-2/1099-MISC)	(** 2 *****)	organization
	below dotted	cg =) S	ļ .	힣	yee Ω	7	(** 2 1000 111100)	'	and related
	line)	trus	5		Key employee	ğ				organizations
	}	Individual trustee or director	Institutional trustee		"	ens		i i	!	
			e			Highest compensated employee				
(1) (0) (1) (1)	40.00			ļ						
(1) COURTNEY KLEIN	40.00							150 000		
CEO	02.00	X	⊢	X	_	X	-	150,000.		
(2) STACEY HARRIS	03.00									
BOARD PRESIDENT	02.00	X	ļ	X		 -		 		
(3) RUSSELL GOLDSTEIN	03.00	l		_					1	
BOARD VICE CHAIR	 	X	<u> </u>	X	-		_			<u> </u>
(4) ERIN O'SHEA	03.00		1			1		ì		
TREASURER		X		X	_					
(5) BRONWYN BAILEY	03.00	ļ]	ļ]	J .		
SECRETARY	<u> </u>	X	L	X	L.					
(6) ART JONES	03.00									
	.l	X		L.	_					
(7) JESS BISSEY	03.00		1	i						
		X					}			
(8) KORAN HARDIMON	03.00		Г							
		X								
(9) MICHAEL ELLENBY	03.00									
	T	X								
(10) PATRICK ARMSTRONG	03.00	1		Г				,		
. ,	1	x			ł					
(11) SUSAN PENFIELD	03.00	<u> </u>				 			- ·	
1/ www. a mile tome	33.00	x				l				
(12)	 	- ^-	Η-	\vdash	 -	\vdash	-	<u> </u>		
	 	1	}	}			ļ]		
(13)	1	 -	 	\vdash	 		-		· 	
	T	1						J		
(14)			T	\vdash						
	 	1]			
	 ,		<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	Щ.		<u> </u>	L	<u> </u>

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ploy	yee:	s, a	nd Hi	ighe	est Compensa	ted Employees	(continued)
			-	(0	>)					
(A)	(B)			Posi				(D)	(E)	(F)
Name and title	Average hours per	Ι'				than o		Reportable compensation	Reportable compensations from	Estimated amount of
	week (list any			•		ıs both or/trust		from	related	other
	hours for	—	_	_	1		-	the	organizations	compensation
	related organizations	Individual or director	strtu	Officer	Key employee	mplo	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ctor	Į į		mplo	st co	*	(**21095-WIGC)		and related
	line)	Individual trustee or director	Institutional trustee		yee	mpe				organizations
		8	stee			Highest compensated employee	l			
	<u> </u>					8	<u> </u>	ļ		
(15)	i							:		
(16)	ļ		\vdash	┢			╁		_	
(10)										
(17)										
(18)										
(10)	ļ			_	_		├		-	
(19)	 	-								
(20)		-		╁	-	 	\vdash			
(40)										
(21)	<u> </u>									
		<u> </u>					<u> </u>			
(22)										
(22)			<u> </u>	-			┢			
(23)	 	-								
(24)					 		<u> </u>			
	-	1								
(25)										
	<u> </u>						Ļ			
1b Sub-total c Total from continuation sheets to P	ort VII Coo	tion .		•				150,000.		
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	art VII, Sec	tion /	٠,					150,000.		
2 Total number of individuals (including	but not limit	ted to	the	se	liste	ed abo			more than \$100).000 of
reportable compensation from the orga							,		•	
										Yes No
3 Did the organization list any former office						-		e, or highest c	ompensated	
employee on line 1a? If "Yes," comple									f Ab	3 X
4 For any individual listed on line 1a, is the organization and related organizations g										
individual	reater triair	Ψ100	,000	•	"	103,	CO	implete defied	die o ioi sucii	. 4 X
5 Did any person listed on line 1a receive	or accrue c	ompe	nsa	tion	fro	m an	y ur	nrelated organi	zation or individ	
for services rendered to the organization										5 X
Section B. Independent Contractors									-	
Complete this table for your five highest compensation from the organization. Re										
tax year	port compe	nsau	יו ווכ	טו נו	ne c	alenc	Jai y	year ending wi	ui oi withiii the t	rganizations
(A)					••-			(B)		(C)
Name and business address							+-	Description of	services	Compensation
							\vdash			
										
2 Total number of independent contractors							se li	isted above) w	no	"
received more than \$100,000 of comper	isation non	i tile (υga	ai iiZ	allO					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (A) (C) Unrelated Revenue excluded Total revenue Related or exempt from tax under sections 512-514 function revenue business revenue Grants Amounts 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 10 Giffs, and Other Similar 1d d Related organizations 68,000. 1e Contributions, e Government grants (contributions) f All other contributions, gifts, grants, 981,527 1f and similar amounts not included above 16,000 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 1,049,527 **Business Code** Program Service Revenue 118,150. 900099 118,150 2a HIGH SCHOOL PROGRAM b FULL TIME PROGRAM FEE 900099 54,834. 54,834 26,555 c EVENING PROGRAM FEE 900099 26,555. 6,916. 6,916 900099 d BOOT CAMP 900099 10,413. 10,413 e OTHER PROGRAM INCOME f All other program service revenue 216,868 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) . . . Income from investment of tax-exempt bond proceeds -5 Royalties (ı) Real (II) Personal 7,325 6a Gross rents b Less rental expenses 7,325 c Rental income or (loss) 7,325. 7,325 d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (II) Other 58. assets other than inventory b Less cost or other basis and sales expenses 58 c Gain or (loss) 58. 58 d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$_ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales inventory Miscellaneous Revenue **Business Code** 11 a þ d. All other revenue e Total. Add lines 11a-11d 224,193 ,273,779. 59. Total revenue. See instructions

Form 990 (2016) SEED SPOT Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to an		<u></u>	(5)	X
	ot include amounts reported on lines 6b, 7b, 8b, 9b, 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			1	
	and domestic governments See Part IV, line 21	26,500.	26,500.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,				
	lines 15 and 16	ļ.,			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees,	150 000	112 500	7 500	20.000
_	and key employees .	150,000.	112,500.	7,500.	30,000.
6	Compensation not included above, to disqualified persons				
	(as defined under section 4958(f)(1)) and persons				
7	described in section 4958(c)(3)(B)	460,063.	359,565.	23,591.	76,907.
8	Other salaries and wages Pension plan accruals and contributions (include section	400,003.	339,363.	23,391.	10,301.
٠	401(k) and 403(b) employer contributions)				
9	Other employee benefits .	23,942.	18,494.	1,221.	4,227.
10	Payroll taxes .	44,521.	34,393.	2,267.	7,861.
11	Fees for services (non-employees)	11/0221	32/3301		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Management .		İ		
	Legal	5,817.	3,217.	2,600.	
	Accounting	26,740.		26,740.	
	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)	80,667.	80,465.		202.
12	Advertising and promotion	38,642.	32,757.	2,259.	3,626.
13	Office expenses	11,521.	9,443.	1,297.	781.
14	Information technology	22,560.	13,202.	9,358.	
15	Royalties				
16	Occupancy	78,651.	76,292.	786.	1,573.
17	Travel	35,487.	33,976.	1,068.	443.
18	Payments of travel or entertainment expenses for any				
40	federal, state, or local public officials	F2 F22	50.030	1 000	605
19	Conferences, conventions, and meetings .	53,523.	50,838.	1,990.	695.
20 21	Interest	42.		42.	
22	Payments to affiliates	10 441	7,831.	2 610	
23	Depreciation, depletion, and amortization Insurance	10,441. 8,879.	1,812.	2,610. 7,067.	
24	Other expenses Itemize expenses not covered above	0,019.	1,012.	7,007.	
	(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	EVENT EXPENSES	38,540.	38,540.		
	PARKING	21,917.	20,821.	658.	438.
c		14,000.	14,000.		
d					
е	All other expenses	24,178.	18,460.	4,816.	902.
25	Total functional expenses Add lines 1 through 24e	1,176,631.	953,106.	95,870.	127,655.
26	Joint costs. Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check				
	here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash — non-interest-bearing	140,584.	1	159,368
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net .		4	62,273
5	Loans and other receivables from current and former officers, directors, trustees, key employees,			
	and highest compensated employees Complete Part II of Schedule L		5	
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		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	8,171
10 a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a 16,943.			
1	Less accumulated depreciation 10b 8,168.	12,164.	10c	8,775
11	Investments — publicly traded securities		11	
12	Investments — other securities See Part IV, line 11		12	
13	Investments — program-related See Part IV, line 11		13	
14	Intangible assets	3,064.	14	12,908
15	Other assets See Part IV, line 11 .		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	155,812.	16	251,495
17	Accounts payable and accrued expenses		17	13,788
18	Grants payable		18	
19	Deferred revenue .		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Loans and other payables to current and former officers, directors, trustees, key employees,			
:	highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
	not included on lines 17-24) Complete Part X of Schedule D	15,253.	25	2,323
26	Total liabilities. Add lines 17 through 25	15,253.	26	16,111
{	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27			
	through 29, and lines 33 and 34.	140 550		005 505
27	Unrestricted net assets	140,559.	27	237,707
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33 34	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete			
i	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		31	
32	Retained earnings, endowment, accumulated income, or other funds	140 550	32	035 565
33	Total net assets or fund balances	140,559.	33	237,707
34	Total liabilities and net assets/fund balances	155,812.	34	253,818

orm 99	90 (2016) SEED SPOT		45-409	843	6 Pa	ge 12
Part	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	1	, 27	<u>3,7</u>	<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,17	<u>6,6</u>	31.
3	Revenue less expenses Subtract line 2 from line 1	3		9	<u>7,1</u>	48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14	0,5	<u>59.</u>
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		23	<u>7,7</u>	07.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			\Box
					Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Cash/Acc	ur	<u>al Hybr</u>	ĺ.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (C				
2 a	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 s	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	, consolidated	1	120	
	basis, or both					ļ
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			1		l

3a

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

the Single Audit Act and OMB Circular A-133?

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

Inspection

Employer identification number Name of the organization 45-4098436 SEED SPOT Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(Å)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B b Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C c Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supportedorganization (II) EIN (v)Amount of monetary (III) Type of organization (vi) Amount of (iv) is the organization (described on lines 1-10 support (see listed in your governing other support (see document? above (see instructions)) instructions) instructions) No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2016 SEED SPOT 45-4098436 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, membership fees received (Do not 306,422.440,861.483,272.781,126.1,049,527.3,061,208. include any "unusual grants") 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 306, 422.440, 861.483, 272.781, 126.1, 049, 527. 3, 061, 208. Total. Add lines 1 through 3 5 The portion of total contributions by person (other than governmental unit Οľ publicly supported organization) included on line 1 that exceeds 2% of the amount 856,208. shown on line 11, column (f) Public support Subtract line 5 from line 4 2,205,000. Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total (a) 2012 306,422.440,861.483,272.781,126.1,049,527. 7 Amounts from line 4 3,061,208. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2 10 1 1,312. sources 1,294 5. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 3<u>,062,520.</u> Gross receipts from related activities, etc. (see instructions) 12 224,193. 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) 13 organization, check this box and stop here ightharpoonsSection C. Computation of Public Support Percentage % Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2015 Schedule A, Part II, line 14. 15 % 15 16 a 33 1/3 % support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

supported organization

Part	Support Schedule for Organiz	ations Desc	ribed in Sect	ion 509(a)(2)	1.6	/_/_
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	inization faile	d to quality un	ger Part II
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	<u> </u>	/
	on A. Public Support		410040	4) 0044	(4) 0045	(-) 2040//	(f) Total
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016//	(f) Total
1	Giffs, grants, contributions, and membership fees			•			
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise				 	 // 	
2	sold or services performed, or facilities					1//	
	furnished in any activity that is related to the				ļ		
_	organization's tax-exempt purpose				 		
3	Gross receipts from activities that are not an .]/	
_	unrelated trade or business under section 513			<u> </u>		ľ — — 	
4	Tax revenues levied for the					j j	
	organization's benefit and either paid					1	
_	to or expended on its behalf				/ /	 	
5	The value of services or facilities				/ /		
	furnished by a governmental unit to the				V		
_	organization without charge		<u> </u>		 /		
6	Total. Add lines 1 through 5		<u></u>	 /	1-/	 	
7a	Amounts included on lines 1, 2, and 3				/	[
	received from disqualified persons	 		 	4	<u> </u>	
b	Amounts included on lines 2 and 3				ĺ	[
	received from other than disqualified persons that exceed the greater of \$5,000						
	-				Î	[
_	or 1% of the amount on line 13 for the year			/ /	 		
C	Add lines 7a and 7b			/_/	 		
8	Public support (Subtract line 7c from		. /				
Cooti	Ine 6)	<u></u>		-/	L	<u> </u>	
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2012	(b) 201/3	/ (c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(a) 2012	(0) 20,13	(6) 2014	(4) 2015	(e) 2016	(1) 10tai
10a	Gross income from interest, dividends,		/ /			 	
IVa	payments received on securities loans, rents,		/ /]	
	royalties and income from similar sources						
b	Unrelated business taxable income (less		/-/	<u> </u>	 	 	
U	section 511 taxes) from businesses						
	acquired after June 30, 1975	/	,'		Ì	1	
c	Add lines 10a and 10b	 /-			 	 	
11	Net income from unrelated business	 /-		 -	 	 	
• •	activities not included in line 10b, whether	/]	
	or not the business is regularly carried on	/			1	1	
12	Other income Do not include gain or				 	 	
	loss from the sale of capital assets	/ /		1	1		
	(Explain in Part VI)					1	
13	Total support. (Add lines 9, 10c, 11,	/			 	 	
	and 12)	' /				1	
14	First five years. If the Form 990 is for the	e organization	s first_second	third fourth	or fifth tax vea	r as a section 5	01(c)(3)
• •	organization, check this box and stop , he	- /	5 mot, 5555ma	, ama, loarar,	or martax yea	. 40 4 00011011 0	o 1(o)(o) ▶ □
Secti	on C. Computation of Public Suppo		ie				
15	Public support percentage for 2016 (line			a 13 column	<u>(f))</u>	15	%
16	Public support percentage from 2015				(1))	16	
	on D. Computation of Investment In						
17	Investment income percentage for 2016			by line 13 co	lumn (fi)	17	%
18	Investment income percentage from 20				(1//	18	
19a	33 1/3 % support test-2016. If the organ				and line 15 is:		
	line 17 is not more than 331/3%, check this						
b	33 1/3 % support test-2015. If the organi						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

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.)

Section	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	,		1
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			لــــا
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_		<u> </u>
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			لــــا
	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		
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			<u> </u>
	organization made the determination.	3b		l
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			<u> </u>
-	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)	 5а		
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		
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			1
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in</i>			
	Part VI.			اـــا
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			 -
•	(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		
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			
Ja	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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		├
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30_		
C	· · · · · · · · · · · · · · · · · · ·	00		اـــا
100	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10-		لــــا
L		10a	-	—
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		

Schedu	16 A (FOITH 950 OF 950-EZ) 2010 SEED SPOT	<u> </u>	50.	ago o
Part	Supporting Organizations (continued)		T	
	and the falls of t		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	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		اـــــا
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	_	
	on B. Type I Supporting Organizations	1110	<u> </u>	
			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			1
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	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,	Ì		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	on of type in eappersing enganisations		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			لـنــا
	the supported organization(s)	1_	L	L
Secti	on D. All Type III Supporting Organizations		<u> </u>	
		<u> </u>	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	l		ł
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u>-</u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	l		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		, 2 ,	. [
	significant voice in the organization's investment policies and in directing the use of the organization's	Ï		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
Cooti		3		
	on E. Type III Functionally-Integrated Supporting Organizations		-41	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test Complete line 2 below	istru	Juons	•/
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ii	nstruc	tions)
-		,		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ŀ
	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		لـــا
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za,		
~	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<u></u>	
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	l ah		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
See instructions. All other Type III non-functionally integrated supporting of	rgar	nizations must complete S	Sections A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		<u> </u>
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7_		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		_	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 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		
Section 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 emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	ly-ın	tegrated Type III support	ing organization (see

	e A (Form 990 or 990-EZ) 2016 SEED SPOT			5-4098436 Page 7	
Part		3) Supporting Organ	nizations (continued		
Secti	on D - Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish	exempt purposes			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted		
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions				
7					
8					
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instr				
3	Excess distributions carryover, if any, to 2016				
а	1				
b					
С	From 2013		,		
d	From 2014 .				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
i	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2016 from Section U, line 7 \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2016 distributable amount			·	
	Remainder Subtract lines 4a and 4b from 4	 			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions				
7	Excess distributions carryover to 2017 Add lines 3j and 4c				
8	Breakdown of line 7			,	
a			t t		
b	Excess from 2013		1 0		
C	Excess from 2014				
d	Excess from 2015		····		
е	Excess from 2016				
LIVA		•		<u> </u>	

45-4098436 Page 8

SCHEDULE D (Form 990)

Supplemental Financial Statements
►Complete If the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer Identification number

OMB No 1545-0047 Open to Public

Department of the Treasury

Internal Revenue Service Name of the organization

	SPOT		45-4098436
Part	Organizations Maintaining Donor Adv Complete if the organization answered "		inds or Accounts.
	Complete if the organization answered		(b) Funds and other accounts
	Total a melian stand of cons	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		15
5	Did the organization inform all donors and donor advisors in		
_	property, subject to the organization's exclusive legal control		. L] Yes L No
6	Did the organization inform all grantees, donors, and donor	• •	·
	purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose conferring impe	
3 · A	private benefit?		Yes No
art		N II F 000 B - + N/ l 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the organiza	ation (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of h	nistorically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	f a conservation easement on the last day
	of the tax year		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic s	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquire	d after 8/17/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the	
	organization during the tax year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of vic	olations,
	and enforcement of the conservation easements it holds?		. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservati	on easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(f	h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		. Yes No
9	In Part XIII, describe how the organization reports conserva	ition easements in its revenue and expense :	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	·	•
	conservation easements		·
art	II Organizations Maintaining Collection	s of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFAS 116 (A		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public e	•	
	the text of the footnote to its financial statements that descri		into the public to those, provided, in vital vital
b	If the organization elected, as permitted under SFAS 116 (A		and halance sheet works of art
-	historical treasures, or other similar assets held for public e	, ,	· ·
	•	Ambition, education, or research in fulfileran	ice 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 tr		gain, provide the following amounts
	required to be reported under SFAS 116 (ASC 958) relating	g to these items	_
a	Revenue included on Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		▶ \$

	. Dir codi covo				.=	
Sched	ule D (Form 990) 2016 SEED SPOT					98436 Page 2
Par	t III Organizations Maintaining					
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a s	significant use of its colle	ection items
	(check all that apply)					
а	Public exhibition		d 📙 Loai	n or exchange progr	ams	
b	Scholarly research		e Oth	er		·
С	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explain	how they further the	e organization's exe	mpt purpose in Part XIII	
5	During the year, did the organization solicit	or receive donations o	of art, historical treas	sures, or other simila	ar assets to be sold to ra	ise funds
	rather than to be maintained as part of the o		n? .	<u> </u>	<u>:</u>	Yes No
Par	IV Escrow and Custodial Arra					_
	Complete if the organization 990, Part X, line 21	answered "Yes"	on Form 990,	Part IV, line 9, o	or reported an amo	ount on Form
1a	Is the organization an agent, trustee, custod	lian or other intermed	ary for contributions	or other assets not	included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	I and complete the fol	lowing table	_		
					Amou	ınt
С	Beginning balance		•		1c	
d	Additions during the year			<u> </u>	1d	
e	Distributions during the year			[1e	 -
f	Ending balance .	•	•	. [1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account liab	olity?	. Yes X No
<u>b</u>	If "Yes," explain the arrangement in Part XII	Check here if the ex	cplanation has been	provided in Part XII	<u> </u>	
Par						
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 10		
	•	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1a	Beginning of year balance .					<u> </u>
b	Contributions				<u> </u>	<u> </u>
С	Net investment earnings, gains, and					
	losses					ļ
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					ļ
g	End of year balance			<u> </u>		
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as		
а	Board designated or quasi-endowment	-	_%			
b	Permanent endowment >%	ó				
C	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c shi	ould equal 100%				
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are held ar	nd administered for t	he	
	organization by					Yes No
	(i) unrelated organizations				•	3a(i)
	(ii) related organizations					3a(ii)
þ	If "Yes" on 3a(ii), are the related organization	ns listed as required o	on Schedule R?	•		3b
4	Describe in Part XIII the intended uses of th		wment funds			
Par	t VI Land, Buildings, and Equi		F	D - 4 N 4 1 - 4 4		D- 1 V 1 12
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 11a	a See Form 990, I	Part X, line 10.

_	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment	16,943.		8,168.	8,775.
_ е	Other				

Part VII	Complete if the organization answ		990 Part IV lin	e 11b. See Form	990 Part X line 12
	(a) Description of security or category	Cica ico ciri ciri	(b) Book value		thod of valuation
	(including name of security)			Cost or er	nd-of-year market value
(1) Financia	al derivatives				
(2) Closely-	held equity interests				
(3) Other _					
(A)					····
(B)	<u> </u>	····			
(C)					
(D)	·	-		 	
(E)			 _	 	
(F)					·
(G)				 	
(H)	ımn (b) must equal Form 990, Part X, col (B) lır	ne 12) •		 	
Part VIII					
T dit viii	Complete if the organization answ		990. Part IV. lin	e 11c See Form	990. Part X. line 13
	(a) Description of investment		(b) Book value		thod of valuation
			``	Cost or er	nd-of-year market value
(1)		-			
(2)					
(3)					
(4)					
(5)			· · · · · · · · · · · · · · · · · · ·		·
(6)					
<u>(7)</u>					
(8)				ļ	
(9)	# 15 000 D 14 16 10 10 10 10 10 10 10 10 10 10 10 10 10	-1212			
	Imn (b) must equal Form 990, Part X, col (B) lir	ne 13.) ▶		1	
Part IX	Other Assets. Complete if the organization answ	orod "Voo" on Earm	000 Part IV IIa	a 11d Saa Farm	000 Bort V line 15
		Description	990, Fait 1V, IIII	e nu Seeronn	(b) Book value
<u> </u>	(a)	Description	·	***	(b) Book value
<u>(1)</u> <u>(2)</u>		· · · · · · · · · · · · · · · · · · ·		· -	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>					
	ımn (b) must equal Form 990, Part X, col. (B) lır	ne 15)		<u> </u>	<u></u>
Part X	Other Liabilities. Complete if the organization answ line 25	ered "Yes" on Form	990, Part IV, lin	e 11e or 11f See	Form 990, Part X,
		(h) Pook value			
1. (1) Feder	(a) Description of liability ral income taxes	(b) Book value	 -		
	ROLL TAX PAYABLE		 		
	CONTRIBUTION PAYABLE	8.	92.		
	LTH INSURANCE PAYABLE	1,4			
(5)			 -		
(6)					
(7)					
(8)					i
(9)					i
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) lir	ne 25)▶ 2,3	23.		

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

Par	Reconciliation of Revenue per Audited Financial St Complete if the organization answered "Yes" to Form 9		per Return.
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		
a	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants .	2c	
d	Other (Describe in Part XIII)	2d	
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	[[
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII) .	. 4b	
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
Part	Complete if the organization answered "Yes" to Form 9		es per Return.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1. 1	(1888)
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d .	•	2e
3	Subtract line 2e from line 1	1 . 1	. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		-
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	5 I	4c
5 Part	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 XIII Supplemental Information.	?/	
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 2d and 4b, Also complete this part to provide		, , , , , , , , , , , , , , , , , , ,
			······································
			

Schedule D (Form 990) 2016 SEED SPOT	45-4098436 Fage 3
Part XIII Supplemental Information (continued)	
ı	
	
	·

SCHEDULE 1 (Form 990)

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public OMB No 1545-0047

Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Employer identification number **ջ** □ 45-4098436 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Name of the organization Internal Revenue Service SEED SPOT Part I

1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1000			no achieve on	do localismos a	2000	
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash (e) Amount of non-	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
(1) stARTem	:						
2117 E MINTON DRIVE TEMPE, AZ 85258		N/A	5,000.				PROGRAM DEVELOPMENT
(2) ALL WALKS PROJECT							
1265 NORTH ALLEN MESA, AZ 85203	:	N/A	5,000.				PROGRAM DEVELOPMENT
(3) THE REWRITE PROJECT							
2722 N 88TH AVENUE PHOENIX, AZ 85037		N/A	5,000.				PROGRAM DEVELOPMENT
(4)							
(5)							
(9)							
							-
(2)							
(8)							
(6)							
(10)		1					
(11)				_			
i				,		!	
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	rganizations liste	d in the line 1 tak	ole	•		0
3 Enter total number of other organizations listed in the line 1	listed in the line	1 table				:	8

Schedule I (Form 990) (2016)

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

Schedule I (Form 990) (2016) SEED SPOT

Schedule I (Form 990) (2016) (f) Description of noncash assistance Ø GRANT AWARD RECEIPIENTS ARE SELECTED THROUGH CRITERIA DECIDED UPON BY Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Complete if the organization answered "Yes" on Form 990, Part IV, line 22 COMMITTEE OF THE SEED SPOT TEAM AND OUR FUNDERS. SEED SPOT ON THE AWARDS AT THE EVENT, GRANT RECIPIENTS MUST AGREE TO HOSTS 2 YEARLY DEMO DAYS, AND THE ATTENDING AUDIENCE VOTE AND MEET SPECIFIC BENCHMARK REQUIREMENTS PRIOR TO THE (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance DISPURSEMENT OF GRANT AWARDS (c) Amount of cash grant Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance PART 1 LINE 1-3 Part IV Part III N က 4 2 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2016
Open to Public Inspection

Employer identification number Name of the organization 45-4098436 SEED SPOT Form 990, Part VI, Section B, Line 11b THE CEO OF THE ORGANIZATION DISTRIBUTES A PDF COPY OF THE 990 RETURN TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO BEING FILED. Form 990, Part VI, Section B, Line 12 c AT EACH BOARD MEETING, IF THERE IS A DISCUSSION OF SELECTING OR ENGAGING A VENDOR OR SERVICE PROVIDER, ALL IN ATTENDANCE ARE ASKED TO RECUSE THEMSELVES FROM THIS DISCUSSION IF THERE COULD BE A PERCEIVED CONFLICT. ANNUALLY, THE ORGANIZATION REVIEWS AND DISCUSSES THE CONFLICT OF INTEREST POLICY AND REOUESTS THAT EACH BOARD MEMBER LIST AND ACKNOWLEDGE ANY KNOWN CONFLICTS. Form 990, Part VI, Section B, Line 15 a & b THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION FOR THE FOR THE CEO BY COMPARING HER COMPENSATION TO THE COMPENSATION OF INDIVIDUAL IN COMPARABLE ORGANIZATIONS USING FORM 990, COMPENSATION STUDIES AND OTHER AVAILABLE DATA. THE BOARD THEN APPROVES ANY CHANGES IN COMPENSATION BASED ON THIS INFORMATION. THE BOARD OF DIRECTORS ALSO REVIEW ANY OTHER OFFICERS AND EMPLOYEES COMPENSATION USING THE SAME METHOD COMPARING THEIR COMPENSATION TO THAT OF THOSE IN LIKE POSITIONS. IN COMPARABLE ORGANIZATIONS USING FORM 990, COMPENSATION STUDIES AND OTHER AVAILABLE DATA. THE BOARD THEN APPROVES ANY CHANGES IN COMPENSATION BASED ON THIS INFORMATION. THE ORGANIZATION HAS NO EMPLOYEES MEETING THE DEFINITION OF KEY EMPLOYEE. Form 990, Part VI, Section C, Line 19 THE ORGANIZATION WILL PROVIDE IN A TIMELY MANNER, COPIES OF ALL GOVERNING DOCUMENTS INCLUDING ITS CONFLICT OF

Schedule O	(Fom	1 990 or 99	0-EZ) (2016)	Page 2
Name of the	e orga	nızatıon		Employer identification number
SEED :				45-4098436
Part '			19	
NONE				
Part	IX	Line	11g	
			xpenses - \$7607.00 Program service expenses - \$7588.00 Mgmt and general expenses - \$0.00	Fundraising expenses - \$19.00
Part	IX	Line	11g	
			nses - \$73060.00 Program service expenses - \$72877.00 Mgmt and general expenses - \$0.00	Pundraising expenses - \$183.00
Part :				
			1 expenses - \$4945.00 Program service expenses - \$4945.00 Mgmt and general expenses - \$0	0.00 Pundraising expenses - \$0.00
Part :				
			enses - \$5055.00 Program service expenses - \$3791.00 Mgmt and general expenses - \$1011.0	00 Fundraising expenses - \$253.00
Part :				1-1-1-
Part			es - \$1212 00 Program service expenses - \$0 00 Mgmt and general expenses - \$1212.00 Punc	raising expenses - 50.00
				EO OO Turdusising superges 663 00
Part :			1 expenses - \$1250.00 Program service expenses - \$937.00 Mgmt and general expenses - \$25	50.00 Fundralising expenses - 503.00
			ses - \$1252.00 Program service expenses - \$939.00 Mgmt and general expenses - \$250.00 Pr	indraising expenses - \$63.00
Part :				- Angles
			ses - \$10464.00 Program service expenses - \$7848.00 Mgmt and general expenses - \$2093 00	Fundraising expenses - \$523.00
				
			,	
				•
				
				