efile	e GF	RAPHIC	print - DO NOT PROCESS	As Filed Data -			DL	N: 93	493343002089
	00	20	Return of Or	ganization E	xempt Fron	n Income	Tax		OMB No 1545-0047
Form	92	J U		-	-				2010
<u>م</u>			Under section 501(c), 527, or	4947(a)(1) of the In cial security numbers				ns)	2018
Department of the				ov/Form990 for in					Open to Public
Treasu Interna		enue Service		<u>00770111990</u> 101 III	structions and the	latest morn			Inspection
			ा alendar year, or tax year begi	nning 07-01-2018	, and ending 06-3	0-2019			
		applicable	C Name of organization SeedMoney				D Employer	ıdentıf	ication number
Address change Name change Initial return Final return/terminated		-	SeedMoney				56-23892	30	
		-	Doing business as						
Amended return			Number and street (or P O box if r 3 Powderhorn Drive	mail is not delivered to s	treet address) Room/su	uite	E Telephone		
	olicati	on pending	City or town, state or province, cou	intru and ZID or foreign	postal cada		(207) 956-0606		
			Scarborough, ME 04074		postar code		G Gross rece	ints \$ 2	89 204
			F Name and address of princip	al officer		H(a) Is the	a group retu	-	
			Roger Doiron 3 Powderhorn Drive				dinates?	II IO	🗆 Yes 🗹 No
			Scarborough, ME 04074				subordinates	;	Yes No
I Tax	-exe	mpt status	✓ 501(c)(3) 501(c)()	l (Insert no) 🗌 494	7(a)(1) or 🛛 527	- incluc If "No	ea ," attach a lisi	: (see	
J W	ebsit	te:► see	edmoney org				exemption n	•	,
K Forn	n of o	rganization	🗹 Corporation 🛛 Trust 🗌 Ass	ociation 🔲 Other 🕨		L Year of form	ation 2003	State	of legal domicile ME
Pa	rt I	Sum	mary						
			scribe the organization's mission	or most significant ad	tivities				
			ey helps disadvantaged and vulne ind wholesome forms of recreatio						
e S			small, nonprofit causes intereste						
anc		banks, scl	hools, homeless shelters, and cor	nmunity gardens to r	ame but a few				
Governance									
105									
	2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net asset 3 Number of voting members of the governing body (Part VI, line 1a)							ets 3	5
Activities &			of independent voting members of		•			4	4
M			mber of individuals employed in c		•			5	0
Act			mber of volunteers (estimate if ne					6	300
	7a	Total unr	related business revenue from Pa	rt VIII, column (C), lır	e 12			7a	0
	b	Net unre	lated business taxable income fro	m Form 990-T, line 3	34			7b	0
						Pri	or Year		Current Year
đ			tions and grants (Part VIII, line 1h	,			49,02	9	289,150
enneveR		-	service revenue (Part VIII, line 2g					0	0
Ϋ́Υ			ent income (Part VIII, column (A),					0	54
			venue (Part VIII, column (A), lines				49,02	0	0 289,204
			enue—add lines 8 through 11 (m nd similar amounts paid (Part IX,				239,60		192,358
			paid to or for members (Part IX, o					0	0
s			other compensation, employee b				36,98	-	73,796
Exp enses			onal fundraising fees (Part IX, colu					0	0
рe			raising expenses (Part IX, column (D)					+	
Щ			penses (Part IX, column (A), lines				5,66	4	14,803
	18	Total exp	enses Add lines 13-17 (must eq	ual Part IX, column (A), line 25)		282,24	5	280,957
	19	Revenue	less expenses Subtract line 18 from line 12				-233,21	6	8,247
Net Assets or Fund Balances						Beginning	of Current Yea	r	End of Year
sets alan	20	Total acc	ets (Part X, line 16)				64,43		102,677
AB			olities (Part X, line 26)					0	30,000
Fue			ts or fund balances Subtract line				64,43	-	72,677
Pa			ature Block				,		,
			erjury, I declare that I have exar of, it is true, correct, and complet						
any k			a, icis cide, correct, and complet	C Declaration of prep	are (other than off	cer y is Daseu 0	n an muumdt		mich preparer flas
							9-12-06		
Sign		Signat	ure of officer			 Dat	9-12-06 e		
Here		Roger	Doıron President						
			or print name and title						
		F	Print/Type preparer's name	Preparer's signature		Date Che	eck 🛛 if 🏻 PTI	N	
Paic		Ļ	- , .			self	-employed		
Pre		ei	Firm's name 🕨			Firr	n's EIN 🕨		
Use	On	nly ∣∓	Firm's address 🕨			Pho	one no		

May the IRS discuss this return with the preparer shown above? (see instructions) $\ $.	•	•	•	•	•	•	•	•	🗌 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.				Cat	No	11	282)	<i>'</i>	Form 990 (2018)

Form	990 (2018)					Page 2
Pa	statement	of Program Service	e Accomplis	hments		
	Check If Sche	dule O contains a respo	nse or note to a	any line in this Part III		🗆
1	Briefly describe the o	organization's mission				
of re start	creation We do this by	y partnering with and pr d garden project in their	oviding financia	al and technical suppo	cess to healthy foods, vibrant of rt to a wide variety of small, n ood banks, schools, homeless	
2	-	undertake any significai		5 ,	which were not listed on	. 🗌 Yes 🗹 No
		or 990-EZ?				. Lites Mino
3	•	ese new services on Sch cease conducting, or ma		changes in how it con	lucto any program	
3	-	2,	-	changes in now it cond	lucis, any program	. 🗌 Yes 🗹 No
		ese changes on Schedule				. Lites Lino
4	,	2				
4	Section 501(c)(3) ar		ns are ['] required	to report the amount	e largest program services, as of grants and allocations to ot	
4a	(Code) (Expenses \$	23,965	including grants of \$) (Revenue \$	23,965)
	See Additional Data					
4b	(Code) (Expenses \$	215,683	including grants of \$) (Revenue \$	215,683)
	See Additional Data					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program servi	ces (Describe in Schedu	le O)			
	(Expenses \$	0 inclu	iding grants of	\$	0) (Revenue \$	0)
4e	Total program serv	vice expenses 🕨	239,6	48		
						Form 990 (2018)

Form 990 (2018)

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	200		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

Form 990 (2018)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M \therefore	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• •		
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
-				ł

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

1c |

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2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	C		
b	If at least one is reported on line 2a, did the organization file all required federal employ Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (se			26	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	No		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	in Sci	hedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signa financial account in a foreign country (such as a bank account, securities account, or oth		4a	No	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	ncial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the	he tax	year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax	shelte	r transaction?	5b	No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,00 solicit any contributions that were not tax deductible as charitable contributions?		d dıd the organızatıon	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that su not tax deductible?	uch co • • •	ntributions or gifts were	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 a provided to the payor?		tly for goods and services	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provi	ded?		7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property form 8282?			7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year $\ .$	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a perso	onal b	enefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal	7f			
g	If the organization received a contribution of qualified intellectual property, did the organ required?	n file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, divide 1098-C^2	-	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess busine the year?	ss hol	dings at any time during	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related	d perso	on ²	9b	
	Section 501(c)(7) organizations. Enter	-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	
11	Section 501(c)(12) organizations. Enter			1	
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	90 ın l	ieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
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 Sc	2 0	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	 13b			
с	Enter the amount of reserves on hand	13c		1	
	Did the organization receive any payments for indoor tanning services during the tax yea			14a	No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation			14h	

15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess		
	parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
	If "Yes" complete Form 1720. Schedule O	16	No

Page **5**

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Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	o" respo	onse to .	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		
		IVa		No
Ь	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?	10a		No
			Yes	No
L1a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	No
L1a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
L1a b L2a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b 11a	Yes	
L1a b L2a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes	
L1a b L2a b c	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	
L1a b L2a b c L3	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c	Yes	No
L1a b L2a b c L3 L4	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes	No
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes	No
11a b 12a b c 13 14 15 a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes	No
L1a b L2a b c L3 L4 L5 a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a	Yes	No No No
11a b 22a b c 13 4 5 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a	Yes	No No No
111a b 122a b c 113 114 115 a b 116a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No
L1a b L2a c L3 L4 L5 a b L6a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No No
L1a b L2a c L3 L4 L5 a b L6a b Se	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No No
11a b 12a b 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No No

🗹 Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records Roger Doiron 3 Powderhorn Drive Scarborough, ME 04074 (207) 956-0606 20

Page	6

orm	990	(2018)	
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8a	8b,	or	1
ou,	00,	0,	-

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

		<u></u>				acca a				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo	ox, ι n of	t chu unles ficer rust	ss per: and a	son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jan Maes Board Member	2			x				0	0	0
(2) Laura Willett Board Member	2			×				0	0	0
(3) Eric Helmuth Board Member	2			x				0	0	0
(4) Kyle Neugebauer Board Member	2			x				0	0	0
(5) Roger Doıron Foundıng Dırector	50			×	×	x		72,000	0	0
										Form 990 (2018)

Pa	t VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Comper	isate	d Employees (cont	inued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o ıs b	one bo	ox, ι n of or/t	t cho unles ficer rust	and a ee)	ion	(D) Reportabl compensat from the organization 2/1099-MIS	ion (W-	(E) Reportable compensation from related organizations (\ 2/1099-MISC	N-	(F) Estima amount o compens from t organizati	ated f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptoyee	Former					relati	ed
с 1	Sub-Total	art VII, Section	Α	· ·		<u> </u>	• •							
2	Total (add lines 1b and 1c) . .<				• • • •	how		roci	72,00			0		0
2	of reportable compensation from the			e iiste	eu a	DOVE	2) 10	Tect	erved more tha	ан ртс	10,000			
													Yes	No
3	Did the organization list any former of line 1a? If "Yes," complete Schedule J			ee, ke	eye	mple •	oyee, d	or hig •	ghest compen:	sated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations										the			
_	Individual		• •	•	•	•	• •		•••	• •		4		No
5	Did any person listed on line 1a receiv services rendered to the organization?								-			5		No
	ection B. Independent Contract													
1	Complete this table for your five higher from the organization Report comper											npens	sation	
	Name a	(A) nd business addre	\$55							Descr	(B) aption of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 990 (2018)

Part VIII Statement of Revenue

	Check if Schedule O) contains a res	ponse or note to an	y line in this Part VIII			🗆
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns		0		revenue		512 - 514
ts Its							
ran our	b Membership dues .						
υ μ	c Fundraising events .	. 10	0				
ifts ar /	d Related organizations	10	0				
D in	e Government grants (contri	ibutions) 1e	0				
ributions, Gifts, Grants Other Similar Amounts	f All other contributions, gift and similar amounts not in above		289,150				
	g Noncash contributions	included)				
Cont	h Total. Add lines 1a-1f		►	200.150			
			Busines	289,150			
Program Service Revenue	2a		Dusines	3 0000			
2 23							
ۍ ع	b ———						
NC	c						
3	d						
E	e ———						_
20C	f All other program servic	ce revenue	L				
Ĕ	9 Total. Add lines 2a-2f .		•	0			
	3 Investment income (inclu	uding dividends	, interest, and other				
	sımılar amounts) .			►5			
	4 Income from investment			[0 0		
	5 Royalties			▶	0 () (0
		(ı) Real	(II) Personal	_			
	6a Gross rents						
	b Less rental expenses			-			
			_				
	 c Rental income or (loss) 		0	0			
	d Net rental income or (lo	055)	· · · >				
		(I) Securities	(II) Other				
	7a Gross amount	(.) = ==================================	(,	-			
	from sales of assets other						
	than inventory						
	b Less cost or						
	other basis and sales expenses						
	C Gain or (loss)		0	0			
	d Net gain or (loss) .		•				
	8a Gross income from fund	-					
Ine	(not including \$ contributions reported o	0 of					
-e-	See Part IV, line 18		a				
Other Revenue	b Less direct expenses		Ь				
er	c Net income or (loss) from	m fundraising	events 🕨				
E	9a Gross income from gam						
Ŭ	See Part IV, line 19 .		 a				
	b Less direct expenses		b	-			
	c Net income or (loss) from						
	10aGross sales of inventory						
	returns and allowances	• •					
			a	_			
	b Less cost of goods sold		b				
	c Net income or (loss) from			·			
	Miscellaneous Rev	venue	Business Code	_			
	114						
				_	_		
	b						
	с						
	d All other revenue						
	e Total. Add lines 11a-11	ld			0		
	12 Total revenue. See Ins	structions			0		
	== rotal revenue, see Ins		· · · · •	289,20	4 54	ц с	0 0

Form **990** (2018)

Check here
 If following SOP 98-2 (ASC 958-720)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Ine in this Part IX . (A) Total expenses	(B) Program service	(C) Management and	(D)
-	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	186,988	expenses 186,988	general expenses	
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, line 15 and 16	5,370	5,370		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	72,000	36,000	18,000	18,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 ()) (k) and 403(b) employer contributions)				
9	Other employee benefits	1,796	1,796		
10	Payroll taxes				
11	Fees for services (non-employees)				
i	a Management				
I	b Legal				
	c Accounting	38		38	
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
1	f Investment management fees				
ļ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	8,914	3,643	4,647	624
14	Information technology	5,517	5,517		
15	Royalties				
16	Occupancy				
17	Travel	334	334		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a				
	b				
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	280,957	239,648	22,685	18,624
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX .			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		64,430	1	102,677
	2	Savings and temporary cash investments	[2	
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net	[4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5		
ts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net		6		
ssets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges	H		9	
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line		12		
	13	Investments—program-related See Part IV, line		13		
	14	Intangible assets	-		14	
	15	Other assets See Part IV, line 11	-		15	
	16	Total assets.Add lines 1 through 15 (must equ		64,430	16	102,677
	17	Accounts payable and accrued expenses		,	17	30,000
	18	Grants payable	••••		18	
	19			19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete F			21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officers, directors, trustees,			
ā		persons Complete Part II of Schedule L	s, and alsquamed		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	· · ·		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25		0	26	30,000
s		Organizations that follow SFAS 117 (ASC 9				
Fund Balances	27	complete lines 27 through 29, and lines 33 Unrestricted net assets		64,430	27	72,677
Ba	28	Temporarily restricted net assets		0	28	0
pu	29	Permanently restricted net assets	0	29	0	
Ful		Organizations that do not follow SFAS 117				
or	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or eq	uipment fund		31	
As	32	Retained earnings, endowment, accumulated ind	come, or other funds		32	
Net	33	Total net assets or fund balances	[64,430	33	72,677
ž	34	Total liabilities and net assets/fund balances .	[64,430	34	102,677

Form 990	(2018)
Part XI		Red

Pa	t XI Reconcilliation of Net Assets				<u> </u>	
	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			289,204	
2	Total expenses (must equal Part IX, column (A), line 25)	2		280,957		
3	B Revenue less expenses Subtract line 2 from line 1 . <				8,247	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4	64,4			
5	Net unrealized gains (losses) on investments	5			0	
6	Donated services and use of facilities	6			0	
7	Investment expenses	7			0	
8	Prior period adjustments	8			0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			72,677	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash 🗹 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	n a				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate t consolidated basis, or both	basis,				
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheo	lule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed	Зb			

Form **990** (2018)

Additional Data

 Software ID:
 18007995

 Software Version:
 v1.00

 EIN:
 56-2389230

 Name:
 SeedMoney

Form 990 (2018)

Form 990, Part III, Line 4a:

Education and outreach Through our website, emails, social networking platforms, online videos, conferences, and media outreach, we were able to reach several thousands of people about the health and social benefits of food gardens. Key achievements our facebook page had over 60,000 fans and our YouTube channel had over 1.7 million views.



Grants and crowdfunding program In 2018-19, we helped over 250 partner projects raise funds for their work through our crowdfunding tools, training and small challenge grants By doing so, we helped them grow bigger, more productive gardens that were better able to help people in need in their communities to enjoy betterfood, better opportunities for learning and recreation and a greener, better guality of life. We estimate that these garden projects reached 75,000 people, helping them to grow 125 tons of food

on and submit our declaration until now. I sincerely apologize for our lateness and can assure you that it won't happen again.

TY 2018 Reasonable Cause Explanation

Name:	SeedMoney
EIN:	56-2389230
Software ID:	18007995
Software Version:	v1.00
Explanation:	We apologize for the late filing, the first time this has happened in our 16 year history. We are a small, one-staff member nonprofit that has undergone many changes in the last 3 years including a change of our legal name in 2016 and a change in our fiscal year last year going from a 12/31 fiscal year end to 6/30. After having an May 15th filing deadline for so many years and filing a "short year" return last year with an automatic extension, we simply lost track of our new filing deadline, i.e. 11/15. By the time we realized our mistake, we had the missed the deadline for requesting an automatic extension for this filing. It also just so happens that 11/15 is the start date of our most important activity of the year each year which runs until 12/15. So, even after understanding our error, we were not in a position to work

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493343002089	
SC	HED	ULE A		Public (Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047	
	m 99		Con		rganization is a sect				2018	
9901	EZ)				4947(a)(1) nonexe ► Attach to Form 9				2010	
Depar	iment of	f the Treasury		► Go to	www.irs.gov/Form				Open to Public Inspection	
		nie Service he organiza	tion					Employer identific		
SeedN	loney							56-2389230		
	rt I				us (All organization					
The c	organız	ation is not a	a private four	ndation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)			
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec i	tion 170(b)(1)	(A)(i).		
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))			
3		A hospital o	or a cooperat	ive hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).		
4		A medical r name, city,		nızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5			ation operate (iv). (Comple		t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170	
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).		
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)								
8		A communi	ty trust desc	ribed in sectior	n 170(b)(1)(A)(vi)	(Complete Part I	I)			
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.								
10		An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organiza	ation organize	ed and operated	d exclusively to test for	r public safety S	ee section 509	(a)(4).		
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or see	ction 509(a)(2). See section 509 (a		
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo					
b		manageme	nt of the sup		ervised or controlled in ation vested in the san and C.					
С					supporting organization ions) You must com				ated with, its	
d		Type III n functionally	on-function	ally integrate The organizatio	d. A supporting organi n generally must satisf t IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported organ		
е					ved a written determin		RS that it is a ⊤y	уре I, Туре II, Туре II	I functionally	
f	Enter		,,	ion-functionally l organizations	integrated supporting	organization				
g				2	pported organization(s)				
) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document? (see instructions) (see instructions)								
						Yes	No			
Tete										
Tota	1							I	<u> </u>	

	, ,						, age _
Р	art II Support Schedule for ((b)(1)(A)(ix) (Complete only if you ch	ecked the box o	on line 5, 7, 8, o	r 9 of Part I or	if the organization	on failed to qual	-
	III. If the organization fa						
S	ection A. Public Support	1	1		1	1	
	Calendar year (or fiscal year beginning in) Þ	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I		•		1	
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
_	(or fiscal year beginning in) 🕨	(4)2021	(2)2020	(0)2020	(4)2027	(0)2010	(1)1010
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11							
1 2	10 Gross receipts from related activities,	tc (see instruction				12	
	First five years. If the Form 990 is for			und fourth or fifth			
13	-	-					_
	check this box and stop here			• • • • • • • •	<u></u>	· · · · · · P L	
	ection C. Computation of Public Public support percentage for 2018 (lir		-				
						14	
	Public support percentage for 2017 Sc					15	
16 a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	or more, check this	box
	and stop here. The organization quali						
b	•••				and line 15 is 33 :	1/3% or more, che	_
	box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organizatio in Part VI how the organization meets						
	-			e organization			▶□
L	organization 10%-facts-and-circumstances tes	t-2017 If the o	rganization did no	t check a box on l	ine 13 162 165	or 17a and line	
D	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organizatio						
	supported organization						
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this bo	x and see	
	Instructions						
					Schedu	le A (Form 990 o	or 990-F7) 2018

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

151.413

1,933

153,346

(a) 2014

153,346

ol

153,346

(a) 2014

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

(c) 2016

352.638

2,020

354,658

(c) 2016

354,658

62

62

354,720

(d) 2017

345.357

345,357

(d) 2017

345,357

42

42

345,399

(e) 2018

289,150

289,150

(e) 2018

289,150

54

54

289,204

(b) 2015

310,566

620

311,186

(b) 2015

311,186

69

69

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

- Gifts, grants, contributions, and 1 membership fees received (Do not include any "unusual grants ")
- 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
- 3 Gross receipts from activities that are not an unrelated trade or business under section 513
- Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- The value of services or facilities 5 furnished by a governmental unit to the organization without charge
- 6 Total. Add lines 1 through 5
- 7a Amounts included on lines 1, 2, and 3 received from disgualified persons
- b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
- c Add lines 7a and 7b
- Public support. (Subtract line 7c from line 6)

Section B. Total Support

- Calendar year
- (or fiscal year beginning in) ► 9 Amounts from line 6
- Gross income from interest, 10a
- dividends, payments received on securities loans, rents, royalties and income from similar sources
- Unrelated business taxable income b (less section 511 taxes) from businesses acquired after June 30, 1975
- Add lines 10a and 10b С
- 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
- Other income Do not include gain 12 or loss from the sale of capital assets (Explain in Part VI)
- Total support. (Add lines 9, 10c, 13 11, and 12)

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization					
	check this box and stop here		•			
Se	ection C. Computation of Public Support Percentage					
15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	99	9 984 %		
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99	9 980 %		

311,255

Public support percentage from 2017 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17 17 18

Investment income percentage from 2017 Schedule A, Part III, line 17 18

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ▶ ✓

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests-2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is ▶□ not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 1,449,124

1,453,697

1,453,697

1,453,697

227

227

1,453,924

0 016 %

0 020 %

▶ 🗆

(f) Total

4,573

(f) Total

Schedule A	(Form	990	or 990-EZ)	2018

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 A. All Supporting Organizations

No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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 Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (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, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) 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 Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 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 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a 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 the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Yes

Schedule A (Form 990 or 990-EZ) 2018

Pa	Part IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
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			
b	A family member of a person described in (a) above?	11b			
с	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	11 c			
_	sting D. Turs I. Consecting Associations				

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a 🦳 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization 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 instructions)

2 Activities Test Answer (a) and (b) below.

1

a	d substantially all of the organization's activities during the tax year directly further the exempt purposes of the ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported rganizations and explain how these activities directly furthered their exempt purposes, how the organization was sponsive to those supported organizations, and how the organization determined that these activities constituted		
	substantially all of its activities	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's		
	involvement	2b	
	Depend of Supported Organizations, Answer (a) and (b) holes		

- **3** Parent of Supported Organizations **Answer (a) and (b) below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI**, the role played by the organization in this regard

Зa

Зb

Yes

No

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2018

Page 6

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Section D - Distributions			Current Year	
 Amounts paid to supported organizations to accomplish 	exempt purposes			
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in		
3 Administrative expenses paid to accomplish exempt put	rposes of supported organizati	ons		
4 Amounts paid to acquire exempt-use assets				
5 Qualified set-aside amounts (prior IRS approval require	ed)			
6 Other distributions (describe in Part VI) See instruction	ons			
7 Total annual distributions. Add lines 1 through 6				
 8 Distributions to attentive supported organizations to whether details in Part VI) See instructions 	nich the organization is respon	sive (provide		
9 Distributable amount for 2018 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
Distributable amount for 2018 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions				
3 Excess distributions carryover, if any, to 2018				
a From 2013				
b From 2014. . <th< td=""><td></td><td></td><td></td></th<>				
d From 2016				
e From 2017.				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2018 distributable amount				
 Carryover from 2013 not applied (see instructions) 				
j Remainder Subtract lines 3g, 3h, and 3i from 3f				
4 Distributions for 2018 from Section D, line 7				
\$				
a Applied to underdistributions of prior years				
b Applied to 2018 distributable amount				
c Remainder Subtract lines 4a and 4b from 4				
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions				
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions				
7 Excess distributions carryover to 2019. Add lines 31 and 4c				
8 Breakdown of line 7				
a Excess from 2014				
b Excess from 2015				
<u>c</u> Excess from 2016 d Excess from 2017				
d Excess from 2017				
	I	í	í	

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 56-2389230

Name: SeedMoney

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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

Facts And Circumstances Test

efile GRAPHIC prin	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493343002089				
(Form 990 or 990- EZ) Complete to provide info Form 990 or 990-E ► Att		vide information for r 990-EZ or to prov Attach to Forn	on to Form 990 or 990-EZ responses to specific questions on ide any additional information. n 990 or 990-EZ. 90 for the latest information.	OMB No 1545-0047 2018 Open to Public Inspection	
Namel & the ofganization Employe SeedMoney 56-23892			r identification number 30		

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The draft 990 form was presented to members of the governing body electronically for review before being submitted

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	We make our annual report (which includes our financial report) available to the public via our website and via guidestar org

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 1	As of 2018, our board decided to change both our fiscal year end (12/31> 6/30) and our accounting method (cash> accrual)