Form 990

Return of Organization Exempt From Income Tax

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

2014
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15C Name of organization D Employer identification number Check if applicable: PLANT THE SEED Address change 45-3599292 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 615-509-4513 X Initial return 710 PORTER ROAD Final return City or town, state or province, country, and ZIP or foreign postal code NASHVILLE 202,290 TN 37206 G Gross receipts \$ Amended return Name and address of principal officer X No H(a) Is this a group return for subordinates' Application pending SUSANNAH FOTOPULOS, EXEC DIRECTOR Yes 710 PORTER ROAD H(b) Are all subordinates included? If "No," attach a list, (see instructions NASHVILLE TN 37206 X 501(c)(3) WWW.PLANTTHESEED.ORG Website: X Corporation 2011 Form of organization: M State of legal domicil Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) ಯ 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 3 50 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 10 434 200. 794 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 1,496 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,434 202,290 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 153,716 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 b Total fundraising expenses (Part IX, column (D), line 25) 4,272 32,149 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,272 185,865 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,162 16,425 19 Revenue less expenses. Subtract line 18 from line 12 Assets or End of Year Beginning of Current Year 42,571 24,746 20 Total assets (Part X, line 16) 1,400 21 Total liabilities (Part X, line 26) 0 41,171 24,746 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here SUSANNAH FOTOPULOS EXECUTIVE DIRECTOR Type or print name and title PTIN Print/Type preparer's name Check Paid MIKE DUNN, CPA self-employed P00038531 Preparer GROUP 45-0491842 BLANKENSHIP CPA PLLC Firm's EIN > Use Only 215 WARD CIRCLE 615-373-3771 BRENTWOOD, IN 37027-2304

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

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	D 45-3599292	Pag
	Service Accomplishments	
	ntains a response or note to any line in this Part III	<u> </u>
Briefly describe the organization's miss	lon:	
SEE SCHEDULE O		
	10 A 7 th Little and Fold on the	
	ificant program services during the year which were not listed on the	ne ☐ Yes 🏋
If "Yes," describe these new services of		
	or make algnificant changes in how it conducts, any program	Yes X
If "Yes," describe these changes on Sci	hadula A	
	rice accomplishments for each of its three largest program service	e se meseumed hy
	(4) organizations are required to report the amount of grants and a	
the total expenses, and revenue, if any,		average to control,
the total expenses, and revenue, it any,	, for each program solvice reported.	
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	nt IV Checklist of Required Schedules		Yes	N
	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	<u> </u>
	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	• • •		Γ
	candidates for public office? If "Yes," complete Schedule C, Part I	3	l	1
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	···		Г
		4		3
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	··· 	1	۲
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1	1	1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_	1	l
	Part III		}	L
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ı
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1	l	l
	"Yes," complete Schedule D, Part I	<u> 6</u>	L	L
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ı
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	Į,
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Γ
		8	i	l
	complete Schedule D, Part III	··· ├ -	 	t
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		ł	l
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		1	ł
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	├	╀
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			l
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	L
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1	1	l
	VII, VIII, IX, or X as applicable.		1	l
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	ı
	Constitute Colored to D. Dont 18	11a	l	l
	Old the organization report an amount for investments—other securities in Part X, fine 12 that is 5% or more	···	 	t
,		1	l	۱
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	┼─	t
;	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		ı	١
	of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	11c	 	Ļ
1	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1	Į.	1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	Ţ
,	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	Ī
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	115	1	١
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Ť
•		128		ı
	Schedule D, Parts XI and XII	-:44	╁	t
)	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1		I
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		┼	╀
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		₩	╀
•	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>	↓	4
)	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	ı
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	ł
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	··· [T
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	ı
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	t
		16	1	1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	' ⁰	+	t
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	۔۔ ا	1	ŀ
	Part IX, column (A), fines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	+	+
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	İ		
	If "Yes," complete Schedule G, Part III	19	ــــــــــــــــــــــــــــــــــــــ	Ţ
a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Ţ
•	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		I^-	ſ

	rt fV Checklist of Required Schedules (continued)		Yes	N
1	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>
	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		2
3	Did the organization answer "Yes" to Part Vil, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	l	i i	l
	employees? If "Yes," complete Schedule J	23		2
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
RG.	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1	1	1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		:
		24b	 	r
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		\vdash	t
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?			┞
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	╀
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- 1	•	1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		L
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		ł
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ı
	If "Yes," complete Schedule L, Part I	25b	1	L
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			Γ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			L
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	Į.
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	·····	1	T
				l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27	1	l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		 	╀
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1	l	ľ
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):		i	l
1	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		ļ	Ļ
•	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1	ŀ	
	Schedule L, Part IV	28b		L
:	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	ĺ	ľ	Ì
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Τ
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			T
	conservation contributions? If "Yes," complete Schedule M	30		١
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	·····	 	t
		31	ł	l
	Part I	 21 -	┼	t
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-	1	l
	complete Schedule N, Part II	32	-	╄
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	١
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<u></u>	↓	4
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		1	ı
	or IV, and Part V, line 1	34		L
B	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		L
•	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			Г
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ł	ı
	Section S01(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	T
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	····· - 	1	T
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	j	1	١
	Post VII	1	1	1
	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, tines 11b and		+-	+
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Pa		ements Regarding Other IRS Filings and Tax Compilance ck if Schedule O contains a response or note to any line in this Part V					
-			1	1		Yes	No
1a	Enter the numb	er reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1		Ì '	
b	Enter the numb	er of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		•	Í
C	Did the organiz	ation comply with backup withholding rules for reportable payments to vendors and					Į
		ing (gambling) winnings to prize winners?			1c		
2a	Enter the numb	per of employees reported on Form W-3, Transmittal of Wage and Tax		_	j		Ì
	Statements, file	d for the calendar year ending with or within the year covered by this return	28	3			l
b	If at least one i	s reported on line 2a, did the organization file all required federal employment tax retur	ns?		<u>2b</u>	X	┞——
		n of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			1	1	1
3a	Did the organiz	ation have unrelated business gross income of \$1,000 or more during the year?			3a	L	X
b		filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (ο		3b	<u> </u>	
4a		ring the calendar year, did the organization have an interest in, or a signature or other		îty			J
	•	al account in a foreign country (such as a bank account, securities account, or other fin					1
	account)?	, , , , , , , , , , , , , , , , , , , ,			49	<u> </u>	X
b		he name of the foreign country:					
	See instruction	s for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\cccur	nts			1
	(FBAR).				i	1	1
5a	•	zation a party to a prohibited tax shelter transaction at any time during the tax year?			S a		X
ь	_	party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		X
c	-	5a or 5b, did the organization file Form 8886-T?			5c		
6a		nization have annual gross receipts that are normally greater than \$100,000, and did th	 A				
•••		Sicit any contributions that were not tax deductible as charitable contributions?	•		6a	ŀ	X
h		o organization include with every solicitation an express statement that such contribution	ns or	· · · · · · · · · · · · · · · · · · ·			
		av daduchla?			6b	1	1
7	•	that may receive deductible contributions under section 170(c).					
_		ration receive a payment in excess of \$75 made partly as a contribution and partly for	noods			}	
a	=	rovided to the payor?	,,,,,,,		7a	l	X
h	•	e organization notify the donor of the value of the goods or services provided?			7b	1	T-
b		ration sell, exchange, or otherwise dispose of tangible personal property for which it was				1	
C	_				7c	ı	X
	required to file	te the number of Forms 8282 filed during the year	7d	1	1	1-	1-
đ	•	tation receive any funds, directly or indirectly, to pay premiums on a personal benefit c	*		7e	1	x
8	-			AT	77	 	X
1	_	ration, during the year, pay premiums, directly or indirectly, on a personal benefit contri-			79	一	
9		tion received a contribution of qualified intellectual property, did the organization file Fo				\vdash	t
h	•	tion received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			····· /"	 	┼─
8	•	rganizations maintaining donor advised funds. Did a donor advised fund maintaine	u by t	I RE	8]	
	• •	anization have excess business holdings at any time during the year?			····· }- <u>s</u> -	 	
9		rganizations maintaining donor advised funds.			9a	1	1
8	•				9b	 	
b	•	oring organization make a distribution to a donor, donor advisor, or related person?		· · · · · · · · · · · · · · · · · · ·		├─	┼─
10	•)(7) organizations. Enter:	1 40-	i	1	1	1
8		and capital contributions included on Part VIII, line 12	10a			ł	1
b	-	included on Form 990, Part VIII, line 12, for public use of club facilities	100	<u> </u>			1
11	•)(12) organizations. Enter:		i			
a		from members or shareholders	118			i	1
Þ		from other sources (Do not net amounts due or paid to other sources		1		ł	ł
4	•	ts due or received from them.)	11b]	ł
12a		a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form			12a	 	┼─
ь	-		12b	1	\dashv	1	1
13	•)(29) qualified nonprofit health insurance issuers.			1-2	-	+
8	•	tion licensed to issue qualified health plans in more than one state?			13a	+-	+
-		instructions for additional information the organization must report on Schedule O.			1	i	1
Ь		unt of reserves the organization is required to maintain by the states in which	1	1	-	1	1
		n is licensed to issue qualified health plans	13b			1	1
C		unt of reserves on hand	13c	<u> </u>		 	+=
148		zation receive any payments for indoor tanning services during the tax year?			149	-	X
<u> </u>	if "Yes," has it	filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 O		14 <u>b</u>	_ 00	<u></u>

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- <u>- </u>	Check if Schedule O contains a response or note to any line to this Part V	
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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche				ns.
Sec	Check if Schedule O contains a response or note to any line in this Part VI				<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18	3	- 1		
	If there are material differences in voting rights among members of the governing body, or	i i	ļ		
	if the governing body delegated broad authority to an executive committee or similar	1	1		
	committee, explain in Schedule O.	_ +	- 1		
b	Enter the number of voting members included in line 1a, above, who are independent	3	- 1		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		ļ		ĺ
	any other officer, director, trustee, or key employee?	L	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1	ł		1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		X
6	Did the organization have members or stockholders?	L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		ł		ŀ
	one or more members of the governing body?	L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	L	7b]		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	e following:			
a	The governing body?		8a	X.	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	Γ			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Cod	e.)		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	m?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	······ [
12a		1.	12a	X.	1
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cor	flicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
_	describe in Schedule O how this was done	1.	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?				
a	The organization's CEO, Executive Director, or top management official	1.	15a	X	l
b	Other officers or key employees of the organization	·····	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	····· [-			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a family and a subject to the second	1.	16a	j	x
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	·····			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	j			
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed TN				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s	antv)	• • • • •	• • • • • •	• • • • • •
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X 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 polic	v. and			
	financial statements available to the public during the tax year.	,, 4174			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	USANNAH FOTOPULOS, EXEC DIRECTOR 70 PORTER ROAD				
	ASHVILLE TN 37206	615-	509	3-4	513

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	(A) Name and title	(8) Average hours per week (list eny	bo	at, unti	Pos chack ess po	erson	than d is both ontrusi	an:	(D) Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount other compense from the	of sson	
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<u>d</u>	Total (add lines 1b and 1c)								35,208					
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5 —	for services rendered to the o	manization? If "	/es,	CON	rplet	e Sc	hedu	ile J	for such person	· · · · · · · · · · · · · · · · · · ·		5		X
Sect 1	ion B. Independent Contractor Complete this table for your fi		-	hote	inde		deni	conf	ractors that received more	than \$100 000 of				
<u>.</u>	compensation from the organi	ization. Report o	omp	ensa	tion	for t	he c	ilen	dar year ending with or wit	hin the organization's tax y	ear.	r	(C)	
	Name an	(A) d business address						╀	Descri	(B) pton of services		Co	(C) mperua	Sion
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-2	Total number of independent	contractors (inch	ndbu	tud c	not	timit	ed to	the	se listed above) who			 		
DAA	received more than \$100,000	of compensation	n fro	m th	e or	gani	zatio	<u>n</u>	·	0		L	. 00	0 (2014

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Part		H Statemen	t of Reve	eune	-!			in this Doct VIII		П
	_	Check if S	icnequie (Cont	ains a	response o	(A) Total revenue	n this Part VIII	(C) Limelated business revenue	(D) Revenue excluded from tax under sections 912-514
22	1a	Federated campai	ans	18						
		Membership dues	-	1b						\
.E		Fundraising events		1c				1		1
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Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts		All other contributions, gift and similar amounts not in	is, grants,	11	-	844]		
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Part IX Statement of Functional Expenses

لناهب	<u>ion 501(c)(3) and 501(c)(4) organizations must com</u> Check if Schedule O contains a response			TOTAL MILLION (CI).	TT
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(0) Fundralsing
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, Sne 21	<u> </u>			
2	Grants and other assistance to domestic		1	1	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			}	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	67,489	67,489		
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	75,303	60,588	14,715	
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)			<u> </u>	
9	Other employee benefits			4 442	
10	Payroll taxes	10,924	9,798	1,126	
11	Fees for services (non-employees):				
a	Management				
-b	Legal	0.550		2 550	
C	Accounting	2,550		2,550	
đ	Lobbying		-		
e	Professional fundraising services. See Part IV, line 17				
.	Investment management fees				
g					
40	(A) amount, list fine 11g expenses on Schedule O.)	3,475	1,684	1,791	
12	Advertising and promotion	642	16	626	
13	Office expenses	77	70	77	
14	Information technology				
15 16	Royalties				
17	Occupancy				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			i	
19	Conferences, conventions, and meetings	40		40	
20	- Tabana at	20			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Insurance Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If			1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	1	1		
a		8,411	8,411		
b	INTERN STIPEND	5,500	5,500		
c	GARDENING SUPPLIES	4,768	4,768		
đ	EDUCATIONAL MATERIALS	3,443	3,443		
e	All other expenses	3,243	1,917	1,326	
25		185,865	163,614	22,251	0
26			1	1	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if			1	
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2014)
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P	art )	C Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Part X		ү-	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	24,746	1	42,571
	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 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			
	Ĭ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	j	1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	-		
_		organizations (see instructions). Complete Part II of Schedule L.		8	
Assetta	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or			
	''"	other basis. Complete Part VI of Schedule D 10a	İ	1	
	<b>!</b> ⊾	Less: accumulated depreciation 10b	•	10c	
	11	investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14			14	
	15			15	
	1	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	24,746		42,571
	16		22,,20	17	1,400
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond flabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	<u></u>		
8	22	Loans and other payables to current and former officers, directors,		1 1	
Llabilities	ł	trustees, key employees, highest compensated employees, and		22	
횩	<b> </b>	disqualified persons. Complete Part II of Schedule L		23	
-	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties		-	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	ł	of Schedule D		26	1,400
_	26	Total liabilities. Add lines 17 through 25  Crosnizations that follow SFAS 117 (ASC 958), check here		20	1,100
60	1	• • • • • • • • • • • • • • • • • • • •		1 1	
Fund Balances		complete lines 27 through 29, and lines 33 and 34.	24,746	1 1	41,171
ä	27	Unrestricted net assets	24,740	$\overline{}$	41,111
<u>~</u>	28	Temporarily restricted net assets		28	
喜	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and		29	
	1	<del>-</del>		1 1	
Assets or	1	complete lines 30 through 34.		_	
100	30	Capital stock or trust principal, or current funds	<del></del>	30	
A	31	Paid in or capital surplus, or land, building, or equipment fund	<del> </del>	31	
亵	32		24 746	32	41,171
	33	Total net assets or fund balances	24,746		
	34	Total liabilities and net assets/fund balances	24,746	34	42,571

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Form	990 (2014) PLANT THE SEED 45-3399292			Pag	e ız
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				11
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 35,78</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		L6,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,7	46
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	4	11,1	71
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				11.
				Yes	No
1	Accounting method used to prepare the Form 990:		_	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1 1	i	
	Schedule O.		1 1	- 1	
28	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		1 1	1	
	reviewed on a separate basis, consolidated basis, or both:		1 1	1	
	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		1 1	1	
	separate basis, consolidated basis, or both:		1		
	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			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
,	the Single Audit Act and OMB Circular A-133?		3a		X
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.		3b		
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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.

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

2014
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PLANT THE SEED

Employer Identification number 45_2500202

			LIMMI THE SE	ied .			43-333	7474							
P	art J	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part.) See instruction	ns.							
The	orgai	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	check onl	y one box	L)								
1	П		*	ociation of churches described	•	·	•								
2	Н	•	cribed in section 170(b)(1)			(-)(									
3	Н				<del>al</del> laa 171	VEV4VAV	mp.								
	Н	•		ce organization described in se			• •								
4	Ш			d in conjunction with a hospital	cescribed	in secur	n 170(b);1)(A);(u). Enter the n	ospaars name,							
		city, and stat	<b>::</b>												
5	Ш	An organizati	ion operated for the benefit of	of a college or university owned	or operat	ed by a g	povernmental unit described in								
	_	section 170	(b)(1)(A)(Iv). (Complete Part	II.)											
6		A federal, sta	ate, or local government or g	povernmental unit described in s	section 1	70(b)(1)(A	<b>\</b> ( <b>v</b> ).								
7	X	An organizati	ion that normally receives a	substantial part of its support fro	om a gov	emmental	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	H	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.)														
40			· · · · · · · · · · · · · · · · · · ·				•								
10	Н			exclusively to test for public safe	• .		· · · · · · · · · · · · · · · · · · ·	_							
11	Ш	_		exclusively for the benefit of, to	-										
		one or more	publicly supported organizat	ions described in section 509(a	a)(1) or se	ction 50	9(a)(2). See section 509(a)(3).	Check							
	_		•	cribes the type of supporting on	-		•								
a	Ш	Type L A sur	pporting organization operate	ed, supervised, or controlled by	its suppo	rted organ	nization(s), typically by giving								
		the supported	d organization(s) the power t	o regularly appoint or elect a m	ajority of	the direct	ors or trustees of the supportin	9							
		organization.	You must complete Part I	V, Sections A and B.											
b	П			ised or controlled in connection	with its	supported	organization(s), by having								
				organization vested in the same		• •									
			s). You must complete Par	~	- po.co		are or manage are copposite								
_	П		•				d Carolinash, interested with								
C	Ш			orting organization operated in											
		* -	•	tions). You must complete Par	•	•	•								
đ	$\sqcup$			supporting organization operate											
		that is not fu	nctionally integrated. The on	ganization generally must satisfy	/.a distrib	ution requ	irement and an attentiveness								
		requirement	(see instructions). You must	t complete Part IV, Sections A	and D, a	ind Part '	V.								
8		Check this be	ox if the organization receive	d a written determination from the	he IRS th	atitisa 7	Type I, Type II, Type III								
		functionally in	ntegrated, or Type III non-fu	nctionally integrated supporting	organizat	ion.									
1	Ent	er the numbe	r of supported organizations												
9	Pro	vide the follow	ving information about the s	upported organization(s).											
	) Name	of supported	(LI) EIN	(lii) Type of organization	(N) is the	organization	(v) Amount of monotory	(M) Amount of							
	•	anization		(described on lines 1-9	1	ur governing	support (see	other support (see							
				above or IRC section	docu	ment?	instructions)	instructions)							
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		22,305	140	10,434	200	,794	233,673
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge.							
4	Total. Add lines 1 through 3	<del> </del>	.22,305	.140	ي 20,434	200	,794	233,673
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.		11	1.				233,673
	tion B. Total Support	4.1.004	I I	(-) 0040	(A) 0040	(=) 004	<del>. T</del>	(D. Tatal
_	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201		(f) Total
7	Amounts from line 4		22,305	140	10,434	200	794	233,673
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 business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					4	1,496	1,496
11	Total support. Add lines 7 through 10							235,169
12	Gross receipts from related activities, etc.	(see instructions)					12	1,496
13	First five years. If the Form 990 is for the			rth, or fifth tax yea	r as a section 501(	(c)(3)		
	organization, check this box and stop her	e						▶ 🎗
Sec	tion C. Computation of Public Se		tage					
14	Public support percentage for 2014 (line 6	, column (f) divide	d by line 11, column	n (f))			14	%_
15	Public support percentage from 2013 Scho	edule A, Part II, lin	e 14			· · · · · · · · · · · ·	15	<u>%</u>
16a	_33 1/3% support test—2014. If the organ	ization did not che	ck the box on line 1	3, and line .14 is .3	3 1/3% or more, d	aeck this		. —
	box and stop here. The organization qual 33 1/3% support test-2013. If the organ	ifies as a publicly	supported organizat	ion		• • • • • • • • • • • • • • • • • • •		
b	33 1/3% support test—2013. If the organicheck this box and stop here. The organi				5 is 33 1/3% or mo			
1 <b>7</b> #	10%-facts-and-circumstances test-20	4. If the organizat	lon did not check a	box on line 13, 16:	a, or 16b, and line	14 is		
	10% or more, and if the organization mee	ts the "facts-and-c	ircumstances" test,	check this box and	l stop here. Expla	in in		
	Part VI how the organization meets the "forganization		·	•				<b>→</b> □
b	10%-facts-and-circumstances test-20115 is 10% or more, and if the organization	3. If the organizat	ion did not check a	box on line 13, 16	a, 16b, or 17a, and			
	Explain in Part VI how the organization m			-	•	blicly		
					•	•		
18	Private foundation. If the organization die	i not check a box	on line 13, 16a, 16t	), 17a, or 17b, che	ck this box and se	8		٠ -
	instructions							لسا ^ح

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Schedule A (Form 980 or 990-EZ) 2014 PLANT THE SEED

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

		* * * *	
(Complete only if you	u shocked the how on	line 9 of Part I or if the organization	failed to qualify under Part II.
TOURDIERS OF IT AN	n checken me nox ou	III IE E DI LUITI DI II DIE DIBEITENDI	TOTION OF AMBINA BUILDING I BUT III
It the organization to	ilis to quality unger thi	e tests listed below, please complete	a Pan II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add fines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from line 6.)			}		1	
500	tion B. Total Support	<u> </u>		L	<del> </del>	<u>.l</u>	
	ndar year (or fiscal year beginning in)	-(e) 2010	-(b) 2011	(c) 2012	-(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		70,2011	70) 2012	(0) 20.0	(0) 2011	(,)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First five years, if the Form 990 is for the	croanization's fir	st. second. third. fo	with, or lifth tax ve	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	•			*****		
Sec	tion C. Computation of Public Se	upport Percer	ntage				
15	Public support percentage for 2014 (line 8	, column (f) divide	ed by line 13, colun	nn (f))		15	%_
16	Public support percentage from 2013 Scho					16	<del>%</del>
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2014 (I	line 10c, column (f	f) divided by line 13	3, column (f))		17	<u>%</u>
18	Investment income percentage from 2013					18	%_
19a	33 1/3% support tests—2014. If the orga						
_	17 is not more than 33 1/3%, check this be	•	•				▶□
b	33 1/3% support tests—2013. If the orga						. □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did	•	_	•			······ 【卅
20_	FITTER TOUTION WILL II UN CIGNICATION CR	JI HUL LINGUA BIOX	UII III RE 14, 186, 01	THU, CHECK UNS D	<u>UA GUU DEEE UUDUUU</u>	#U115	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secu	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	- 1	1	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	- 1		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1	1	
	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			
	organization made the determination.	3b		
C	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		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	48		
ь	Did the organization have uttimate 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	1		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	,	
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	.5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class	,		i
	benefited by one or more of its supported organizations; or (c) 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, toan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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).	-8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4948 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	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 IRC 4943 because of IRC 4943(f)	,		
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		l	Ì
	organizations)? If "Yes," answer (b) below.	10a		
t	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.)	10b	l	

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Par				,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		į	
8	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		[	İ
	below, the governing body of a supported organization?	11a	<b>.</b>	
	A family member of a person described in (a) above?	11b	<del> </del> -	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	<u>l.   11c</u>	<del></del>	
	on B. Type I Supporting Organizations		1 200	1 31-
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<del></del>	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ł	ł
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	i	1
	controlled the organization's activities. If the organization had more than one supported organization,	Ĭ	<b>f</b>	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	1	ŀ
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>	-	
2	Did the organization operate for the benefit of any supported organization other than the supported	]	j	]
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Ì	]	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		İ	1
<del></del>	supervised, or controlled the supporting organization.	2	<u> </u>	
Sect	on C. Type II Supporting Organizations		Yes	No
_	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		768	TEO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	1	1
	or management of the supporting organization was vested in the same persons that controlled or managed	1.	İ	
Cont	the supported organization(e). ion D. All Type III Supporting Organizations		1	1
3601	Off D. All Type in Supporting Organizations		Yes	No
	Tild the assessment as seed of the assessment assessment the last day of the Eth month of the	<u> </u>	163	1 10
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	er trav	1	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the policy year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		1	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4	1	<b> </b>
-4	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	1	<del> </del>
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho		l .	l
	the organization maintained a close and continuous working relationship with the supported organization(s).	T 2	1	1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<del>                                     </del>	†	1
3	significant voice in the organization's investment policies and in directing the use of the organization's		1	Į.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•	1	1
	supported organizations played in this regard.	3	1	1
Sect	ion E. Type III Functionally-integrated Supporting Organizations	1.0	<del></del>	1
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (	oce Jectructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	boo mod doublis).		
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).		
•	The diguization deposited a descrimental analy, accounts in a set of the separate a descriment			
2	Activities Test. Answer (a) and (b) below.		Yes	No
_ _a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	1	1
	how the organization was responsive to those supported organizations, and how the organization determined		1	ł
	that these activities constituted substantially all of its activities.	2a	ł	ļ
b			T	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	ļ	1	1
	activities but for the organization's involvement.	2b	J	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
_	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u>†</u>	1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	<u> </u>
b		ach		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u></u>
		Cohodula A /Earm 007	OF 000	E7\ 301

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Part V Type ill Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			Ü
other Type III non-functionally integrated supporting organizations must complete \$	Sections A thro	ugh E.	<del></del>
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	1 1		
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year
Scandi B - Riminimi Assoc Ambum	1	(7) 1 100 100	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			1
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other			1
factors (explain in detail in Part VI):	1		
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,	1 1		1
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		<u> </u>
8 Minimum Asset Amount (add line 7 to line 6)	8		1
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1_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		
			<del></del>

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

6 "Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

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Parl	V Type III Non-Functionally Integrated 509(a)(3) 5	Supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		· · · · · · · · · · · · · · · · · · ·
-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	Total annual distributions. Add lines 1 through 6.		· · · · · · · · · · · · · · · · · · ·	
8	Distributions to attentive supported organizations to which the organiza	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
Ь				
C				
ď				
e	From 2013			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
ħ	Applied to 2014 distributable amount			
1	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, fine 7: \$			
8	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			ļ
	greater than zero, see instructions).			
8	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			_
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
8				
b				
C				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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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.

2014

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

PLANT THE SEED

45-3599292

FORM 990 - ORGANIZATION'S MISSION
PLANT THE SEED'S MISSION IS TO SHAPE COMMUNITY AND SCHOOL GARDENS INTO
OUTDOOR CLASSROOMS TO EDUCATE AND EMPOWER UNDER-RESOURCED YOUNG PEOPLE-
BUILDING CULTURAL CONNECTIONS, ADVANCING ECONOMIC JUSTICE AND IMPROVING
THEIR OVERALL HEALTH AND WELL-BEING.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD CHAIR, TREASURER, EXECUTIVE DIRECTOR AND BOOKKEEPER REVIEW THE
FORM 990 TO ENSURE ACCURACY. ONCE COMPLETE, THE EXECUTIVE DIRECTOR ALSO
SUBMITS THE FORM 990 TO GIVINGMATTERS.COM OF THE COMMUNITY FOUNDATION OF
MIDDLE TENNESSEE, FOR PUBLIC REVIEW.
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FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES DISCUSS POTENTIAL CONFLICTS
OF INTEREST WHENEVER RELEVANT DURING EMPLOYEE INTERVIEWS, BOARD AND
EXECUTIVE COMMITTEE MEETINGS.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OF DIRECTORS ESTABLISHES THE COMPENSATION OF THE EXECUTIVE
DIRECTOR AND APPROVES SALARY INCREASES ON AN ANNUAL BASIS, IN JUNE OF EACH
YEAR.
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FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE EXECUTIVE DIRECTOR MAKES RECOMMENDATIONS ON COMPENSATION AND THE BOARD

REVIEWS AND APPROVES THE RECOMMENDATIONS.

THE EXECUTIVE DIRECTOR CONDUCTS

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FORM 990, PART VI, LIMB 120 - SEFORCIMENT OF CONTAINER POLICE BERTONION CARRONAL PERCENTANT AND TO SELECT SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SE of inducate valuations filteration dualification interview independent and RECEPTIVE COMMITTEES PROTECTED

FORM 996, PART VI, LING 15A - COMPENSATION PROCESS FOR YOR OFFICIAL gra botro of directions esuantished for compeniestion of the enection DIRROTOR ARE AVERGVED SAMARE THOMPASSES ON AH ANNOAL DASIS. IN JUNE ON BROSS YEAR.

FORM 990, PARE VI, LLUR 132 - COMPENSARION FROCKES FOR DFFICHUS THE TEACHTRY PLANTING FARRE BELODMINE OF CONFIDENCIAL AND THE FARREST instems air approves the recongendations. The executave deadence conducts

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization PLANT THE SEED	Employer Identification number 45~3599292
ANNUAL PERFORMANCE REVIEWS FOR ALL EMPI	OYEES, AND THEN MAKES
RECOMMENDATIONS FOR SALARY INCREASES, W	HICH ARE SUBJECT TO BOARD APPROVAL.
FORM 990, PART VI, LINE 19 - GOVERNING	DOCUMENTS DISCLOSURE EXPLANATION
ALL ORGANIZATION DOCUMENTS ARE AVAILABL	
PUBLIC.	
	PAGE 1 OF 1
	Schedule O (Form 990 or 990-EZ) (2014)

PLANSEED Plant the Seed

45-3599292

FYE: 6/30/2015

## Federal Statements

## Form 990, Part IX. Line 24e - All Other Expenses

Description	_	Total Expenses		ProgramService		Management & General		Fund Raising	
STUDENT/TEACHER SUPPLIES STAPF DEVELOPMENT BACKGROUND CHECKS LICENSES & FEES	\$	1,917 1,138 166 22	\$	1,917	\$	1,138 166 22	\$		
TOTAL	\$	3,243	\$	1,917	\$	1,326	\$	0	