** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

A For the 2013 calendar year, or tax year beginning JUL 1 2013 and ending JUN 30, 2014 D Employer identification number C Name of organization Address change THE SEED FOUNDATION Name change Doing Business As 54-1850819 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 600 (202)785-4123 1776 MASSACHUSETTS AVE., NW Amended return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 10,482,247. Applica-H(a) Is this a group return WASHINGTON DC 20036 for subordinates? JYes Lx No F Name and address of principal officer: RAJIV VINNAKOTA H(b) Are all subordinates included? Yes No SAME AS C ABOVE I Tax-exempt status: x 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) H(c) Group exemption number ▶ J Website: ► www.SEEDFOUNDATION.COM Association Other > L Year of formation: 1997 M State of legal domicile: DC K Form of organization: x Corporation Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE PURPOSES OF THE SEED Governance FOUNDATION ARE THE ESTABLISHMENT (CONTINUED ON SCHEDULE O) 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) 22 Activities & Total number of individuals employed in calendar year 2013 (Part V, line 2a) 52 6 Total number of volunteers (estimate if necessary) 6 22 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) PUBLIC INSPECTION 6,219,602 9,681,924. Revenue Program service revenue (Part VIII, line 2g) 785 000 800 000. Investment income (Part VIII, column (A), lines 3, 4, and 7d) COP -1.375.671 323. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,628,931 10,482,247. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 77.669. 2.258.216 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,123,310 4,902,687. 16a Professional fundraising fees (Part IX, column (A), line 11e) 18,013 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,249,967 2,083,816. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8 649 506 7.064.172. Revenue less expenses. Subtract line 18 from line 12 3,418,075. -3,020,575 Beginning of Current Year End of Year 5,994,396. 20 Total assets (Part X, line 16) 3,723,146 2 036 098 893,718. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 1 687 048 5 100 678 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 DWIGHT CRAWFORD. CHIEF FINANCIAL OFFICER Type or print name and title PTIN reparen's signature Print/Type preparer's name Paid P00369217 WILLIAM E. TURCO, CPA Preparer Firm's name MCGLADREY LLP Firm's EIN 42-0714325 Use Only Firm's address > 9737 WASHINGTONIAN BLVD., #400 Phone no. (301) 296-3600 GAITHERSBURG, MD 20878-7340 x Yes May the IRS discuss this return with the preparer shown above? (see instructions)

54-1850819

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
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	х	
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		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ X
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		_X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	1000
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	_ X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			(42)
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			588
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		100
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		200
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		200
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
D	in 100 to line and the organization attach a copy of its addited infational statements to this returns	200		

Form 990 (2013) THE SEED FOUNDATION Part IV | Checklist of Required Schedules (continued)

	- Landing Control of C			7.4
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		- 21	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
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?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			W-65
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
0.4	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Δ
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	x	
35a	ACHIDA-CHIZA	35a	х	
	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			755
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	х	

Form 990 (2013)

THE SEED FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37			110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50		5a		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-00		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	_	Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	_ X
g	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	711		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	ļ		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	
		Form	uun	(0010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed DC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. x Upon request Own website ___ Another's website 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, physical address, and telephone number of the person who possesses the books and records of the organization: DWIGHT CRAWFORD, CFO - (202)785-4123

Form **990** (2013)

20036

1776 MASSACHUSETTS AVE. NW. NO. 600 WASHINGTON DC

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEREK M. ABRUZZESE DIRECTOR	2.00	x						0.	0.	0.
(2) EDWARD "NED" BRODY, JR DIRECTOR	2.00	x						0.	0.	0.
(3) CHRISTOPHER BUCHBINDER DIRECTOR	2.00	x						0.	0.	0.
(4) AVIVA BUDD DIRECTOR	2.00	х						0.	0.	0.
(5) CHERYL DORSEY DIRECTOR	2.00	x						0.	0.	0.
(6) THOMAS J. DOWNEY DIRECTOR	2,00	X						0.	0.	0.
(7) VASCO F. FERNANDES DIRECTOR (8) ANN B. FRIEDMAN	2.00	х						0.	Ö,	0.
DIRECTOR (9) ELIZABETH GALVIN	2,00	х						0.	0.	0.
DIRECTOR (10) DEAN GARFIELD	2.00	х						0,	0.	0.
DIRECTOR (11) KARIM KHALIFA	2.00	Х						0.	0.	0.
DIRECTOR (12) NANCY LANE	2.00	Х						0.	0.	0.
DIRECTOR (13) GLEN S. LEWY	2.00	X						0,	0.	0,
DIRECTOR (14) MARC E. MILLER	2.00	X						0,	0.	0.
DIRECTOR (15) JOHN M. NOEL DIRECTOR	2.00	X						0.	0.	0.
(16) LUIS R. PEREZ DIRECTOR	2,00							0.	0.	0.
(17) MICHAEL G. RYAN DIRECTOR	2.00	x						0.	0.	Form 990 (2013)

332007 10-29-13

Part VII Section A. Officers, Directors, To	(B)			(C)			(D)	(E)		(F)	
Name and title	Average	(de	n not c		sitior more	1 e than	one	Reportable	Reportable		Estimat	ted
	hours per	box	k, unle	ss pe	erson	is bot	h an	compensation	compensation		amoun	
	week (list any	<u> </u>	T	I	T	1	100)	from	from related		othe	
	hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	0	ompens from tl	
	related	8 07 0	tee			sated		(W-2/1099-MISC)	(**-2/1099-101130)	Ι,	organiza	
	organizations	ruste	Institutional trustee		99/	шреп		(***271033*****100)			and rela	
	below	duat	utiona	_	n plo	st co	ا ا				rganiza	
	line)	Individual b	Instit	Officer	Key employee	Highest compensated employee	Former				_	
(18) LISBETH B. SCHORR	2.00											72
DIRECTOR		X	-		-	-	_	0.	0	•	_	0.
(19) EILEEN SHIELDS-WEST	2.00	-										
DIRECTOR		X			-	-	_	0.	0	•		0.
(20) VIN WEBER	2,00	-										1100.00
DIRECTOR		X	-			-	-	0.	0			0.
(21) BOB DICKINSON	2,00	-										
DIRECTOR - MIAMI FND LLC		X	-			-	_	0.	0			0,
(22) MANUEL MEDINA	2,00	1										
DIRECTOR - MIAMI FND LLC		X	-			_	_	0.	0			0.
(23) ERIC S. ADLER	35,00											
CO-FOUNDER & MANAGING DIRECTOR	5.00	X		Х	L			140,737.	0		26	,852,
(24) RAJIV VINNAKOTA	35,00											
CO-FOUNDER & MANAGING DIRECTOR	5.00	х		X				268,085.	0		31	651,
(25) MICHAEL SILVER	2,00											
CORPORATE SECRETARY				x				0.	0			0.
(26) FRAN ALLEGRA	2,00											
SECRETARY - MIAMI FND LLC		1		x				0.	0			0.
1b Sub-total			-		-			408,822.	0	1	5.8	3.503.
c Total from continuation sheets to Part								1,288,809.	0	1		484
d Total (add lines 1b and 1c)							•	1,697,631,	0	1		987
Total number of individuals (including but							no r				20.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
compensation from the organization						-,						10
											Yes	No
3 Did the organization list any former office												
line 1a? If "Yes," complete Schedule J fo	or such individual	6000	500000	955-52						3	3	Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$	150,000? If "Yes,	," cc	ompl	ete	Sch	edul	e J	for such individual		4	X	
5 Did any person listed on line 1a receive	or accrue compe	nsat	tion :	from	n any	y uni	elat	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," c	omplete Schedui	e J	for s	uch	per	son				5	5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated in	dep	ende	ent d	cont	racto	ors 1	that received more than	\$100,000 of compen	satic	n from	
the organization. Report compensation t	or the calendar y	ear	end	ing v	with	or w	/ithi	n the organization's tax y	ear.			
(A)								(B)			(C)	
Name and busine	ess address							Description of s	ervices	Com	pensati	on
BRICKER & ECKLER LLP, 100 SOUTH TH	IRD											
STREET, COLUMBUS, OH 43215-4291							_	LEGAL SERVICES			135	5,144.
·												
				_								
2 Total number of independent contractor		ot l	imite	d to	tho	se li	sted	d above) who received m	ore than			
\$100,000 of compensation from the org	anization >					1						

Part VII Section A. Officers, Directors, True		ANDERS	ua i waya	varr as		17:21:		Action and and Forest and	54-185081	9
		npic	oyee			ligh	est			(5)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	/			ition		I. A	Reportable	Reportable compensation	Estimated amount of
	hours	(CI	necr	all	that	app	iy)	compensation from	from related	other
	per week					<u></u>		the	organizations	compensation
	(list any	rot.				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(,)	organization
	related	tee or	ıstee			ensat		, , , , , , , , , , , , , , , , , , , ,		and related
	organizations	trus	nal tri		oyee	d W O				organizations
	below	ndividual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Fоrm.er			
,	line)	Pul	Inst	8	Key	ij	귤			
(27) JEREMY SHANE	40.00									
PRESIDENT				X				208,924.	0,	28,310
(28) DWIGHT CRAWFORD	40.00									
CHEF FINANCIAL OFFICER/TREASURER				X				166,429.	0,	25,824
(29) CHEYE CALVO	40.00									
CHIEF EXPANSION OFFICER					X		_	169,227.	0.	15,419
(30) JASON FRIEDMAN	40.00					-				
DIRECTOR, DEVELOPMENT & MA					Х			158,349.	0.	23,934
(31) PYPER DAVIS	40.00									09025 AVVI 40
CHIEF OPERATING OFFICER		Н	-		-	Х	_	131,367.	0.	26,547
(32) THOMAS STURTEVANT	40.00							105 604		
FOUNDING HEAD OF SCHOOL CINCINNATI					-	Х		195,631.	0.	17,841
(33) SHANE MULHERN	40.00									200 000
CHIEF SCHOOLS OFFICER	40.00		1		-	Х		134,569.	0.	19,676
(34) VINCENA ALLEN	40.00					x		124,313.	0.	18,933
EXECUTIVE DIRECTOR, COLLEGE SUCCESS					-	Y	Н	124,313.	0.	10,232
		Ė								
<u></u>					\vdash					
							<u> </u>			
		_								
-										
		_		_		_	_			
		1								
		-	-	-	-	-	-			
		-	-	-	-	-				
		-								
		-	-	-	\vdash	-	-			
		1								
		_		-		-	-			
		1								
						\vdash	1			
		1								
	-	-		_	_	1				·
Total to Part VII, Section A, line 1c								1 288 809		176,484
oral to Lart till social transition to the till the	***************************************	4444		11111				1,200,000,	-	

_		Check if Schedule O cont	ains a respons	e or note to any line	in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
irar oun		Membership dues						
S, G		Fundraising events						
불Ӹ	d	Related organizations	1d					
S,E	е	Government grants (contribut	ions) 1e	441,462.				ii.
tior sr S	f	All other contributions, gifts, gran	ts, and	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
		similar amounts not included abor	ve 1f	9,240,462.				l
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$	377,616.				
9 E	h	Total. Add lines 1a-1f			9,681,924.			
				Business Code				
<u>8</u>	2 a	SCHOOL FEE		900099	800,000.	800,000.		
le K	b							
Program Service Revenue	С							
Je v	d							
or	е							-
<u>-</u>		All other program service reve		1557				
		Total. Add lines 2a-2f			800,000.			-
	3	Investment income (including						
		other similar amounts)			323.			323.
	4	Income from investment of tax	-					-
	5	Royalties	(i) Real	and the second s				
		Ouese weeks		(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities					
	/ a	assets other than inventory	(i) Securities	S (II) OLITER				
	h	Less: cost or other basis	-					
	b	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		1/2 :				
.		Gross income from fundraisin						
nue	O u	including \$			2			
Other Reven		contributions reported on line		1				
Ę.		Part IV, line 18	,	a				
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19		a				
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances		a				
	b	Less: cost of goods sold		b				
	С	Net income or (loss) from sale	s of inventory					
1		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b						_	
	С							
		All other revenue						
	е	Total. Add lines 11a-11d						
2255	12	Total revenue. See instructions.			10,482,247,	800,000.	0	
33200 10-29-	13							Form 990 (2013

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 not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
4	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		***		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	77,669.	77,669.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,697,631.	1,437,465.	135,052.	125,114
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	2,438,375.	1,992,685.	195,020.	250,670
8	Pension plan accruals and contributions (include		***		
	section 401(k) and 403(b) employer contributions)	182,036.	150,970.	14,527.	16,539
9	Other employee benefits	295,124.	239,507.	26,263,	29,354
10	Payroll taxes	289,521,	240,111.	23,105.	26,305
11	Fees for services (non-employees):				
а	Management				
b	Legal	62,999.	62,999.		
С	Accounting	47,114.	36,872.	10,242.	
d	Lobbying	165,250.	165,250.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	486,864.	470,036.	10,666.	6,162
12	Advertising and promotion	75,002.	62,858.	4,630.	7,514
13	Office expenses	45,563,	37,282.	7,491.	790
14	Information technology	109,391.	90,973.	8,996.	9,422
15	Royalties				T0013 (5000F)
16	Occupancy	365,373.	255,761.	54,806.	54,806
17	Travel	291,726.	272,102.	8,237.	11,387
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	33,444.	32,864.	220.	360
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,639.	30,479.	10,160.	
23	Insurance	32,224.	25,682,	6,542.	
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 0.)				
а	STAFF RECRUITING	128,437.	110,718.	5,986.	11,733
b	CTS SUPPORT	55,323.	55,323.		
С	STAFF DEVELOPMENT	53,188.	45,573.	2,862.	4,753
d	CAPITAL CAMPAIGN	24,377.	9,751.	4,875.	9,751
е	All other expenses	66,902.	56,850.	7,439.	2,613
25	Total functional expenses. Add lines 1 through 24e	7,064,172.	5,959,780.	537,119.	567,273
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 Savings and temporary cash investments 2 607 038 2 4,533,964. 2 3 Pledges and grants receivable, net 199,142 3 496.016. 26,057 4 97.799. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use 31,817 9 12.867. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c b Less: accumulated depreciation 10b 221,494. 821,901. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 31,849. 15 Other assets. See Part IV, line 11 637 598 Total assets. Add lines 1 through 15 (must equal line 34) 3 723 146. 16 5 994 396. 16 Accounts payable and accrued expenses 645,120, 17 400,359, 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,390,978 493,359. 26 2,036,098 893,718. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here x and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,338,534 3,602,277. Unrestricted net assets 27 Temporarily restricted net assets 28 1,498,401. 348,514 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,687,048 33 5,100,678. 5,994,396. Total liabilities and net assets/fund balances 3,723,146

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	i e e e e e e e e e e e e e e e e e e e			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1.0	482	247.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	064	172.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	418	075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	687	048.
5	Net unrealized gains (losses) on investments	5		-4	445.
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			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	5	100	678.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	*************	*******		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	******	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2013

Open to Public Inspection

Name of the organization **Employer identification number** 54-1850819 THE SEED FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b ____ Type II c Type III · Functionally integrated Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify the (vi) Is the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. (i) organized in the U.S.? n col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) of your support? governing document? above or IRC section (see instructions)) Yes Yes Yes

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 THE SEED FOUNDATION 54-1850819 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	=					
	membership fees received. (Do not						
	include any "unusual grants.")	2,355,500.	2,119,282.	4.176.010.	6,219,602.	9,681,924.	24,552,318.
2	Tax revenues levied for the organ-			412 340 330			
	ization'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	2,355,500.	2,119,282.	4 176 010.	6 219 602.	9,681,924.	24,552,318.
5	The portion of total contributions	2,333,300.	2,117,202.	1,1,0,010.	0,225,002.	3,001,301,	21,000,010.
0	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,						
							C F20 002
6	column (f) Public support, Subtract line 5 from line 4.						6,539,983,
	ction B. Total Support						18,012,335.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
					6,219,602,	9 681 924.	1,000
	Amounts from line 4	2,355,500.	2,119,282,	4,176,010.	6,219,602.	9,681,924.	24,552,318.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						2722 (222)
_	and income from similar sources	40,583.	39,278.	40,350.	22,139.	323.	142,673.
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 IV.)						PERSONAL PROPERTY AND ADMINISTRATION OF THE PERSONAL PROPERTY AND
11	Total support. Add lines 7 through 10						24,694,991.
12				211511111111111111111111111111111111111		12	3,517,012.
13	First five years. If the Form 990 is for						
200	organization, check this box and stop	here	roontago			***************************************	>
560	ction C. Computation of Publ					32	
14	Public support percentage for 2013 (I		-			14	72.94 %
						15	71.14 %
16a	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o	0		•			
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•	•	_	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instructions	

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 THE SEED FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Section A. Fublic Support				-11		
Calendar year (or fiscal year beginning in	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	ot					
include any "unusual grants.")						<u> </u>
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpos						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to		1				
or expended on its behalf						
5 The value of services or facilities	···				187	
furnished by a governmental unit	to					
the organization without charge	10					
						-
6 Total. Add lines 1 through 5				-		-
7a Amounts included on lines 1, 2, a						
3 received from disqualified person	ons					
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 lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.	0					
Section B. Total Support	4		4/		4	
Calendar year (or fiscal year beginning in	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6			17777			
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 busines	ses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busine 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 IV.)						
14 First five years. If the Form 990 is		s first second thi	rd fourth or fifth t	av vear as a secti	on 501(c)(3) organ	nization
check this box and stop here	3 for the organization					
Section C. Computation of P	ublic Support Pe		***********************		*******************	
15 Public support percentage for 20			aaluma (fl)		15	3,0
		•				%
16 Public support percentage from 2 Section D. Computation of In				***************************************	16	%
					147	0/
17 Investment income percentage for					17	%
18 Investment income percentage fr					18	%
19a 33 1/3% support tests - 2013. If						
more than 33 1/3%, check this bo						
b 33 1/3% support tests - 2012. If						
line 18 is not more than 33 1/3%,						
20 Private foundation. If the organiz	ation did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ) 2013 THE SEED FOUNDATION	54-1850819	Page 4
Part IV	(Form 990 or 990-EZ) 2013 THE SEED FOUNDATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	ne 17a or 17b; and Part III, lin	e 12.
	Also complete this part for any additional information. (See instructions).		
	Also complete this part for any additional information. (Occ instructions).		
,			

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

	THE	SEED FOUNDATION	54-1850819
Organiza	ation type (check or		
Filers of	:	Section:	
Form 990	O or 990-EZ	x 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990	O-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	-	covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.
General	Rule		
	For an organization contributor. Compl	i filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mete Parts I and II.	oney or property) from any one
Special	Rules		
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rego)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gold Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edi ruelty to children or animals. Complete Parts I, II, and III.	
	contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to eexclusively for religious, charitable, etc., purposes, but these contributions did not to ed, enter here the total contributions that were received during the year for an exclusive amplete any of the parts unless the General Rule applies to this organization because its, etc., contributions of \$5,000 or more during the year	etal to more than \$1,000. Sely religious, charitable, etc., Streen traceived nonexclusively
but it mu	ıst answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization

Employer identification number

THE SEED FOUNDATION

54-1850819

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,344,189.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 200,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + 4	\$ 730,322.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$209,650.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,502,500.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,250,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$250,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE SEED FOUNDATION

54-1850819

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	DONATED STOCK		
3			
		\$ 260,577.	12/10/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
raiti			
		\$	i l
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	,		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-		
	· · · · · · · · · · · · · · · · · · ·	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	4

Name of org	anization		Employer identification number
	TOWN TO A TOWN		54-1850819
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	c., contributions of \$1,000 or less fo	(7), (8), or (10) organizations that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
:1-	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gi	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, a		Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

➤ See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
-	THE SEED FO	OUNDATION		1	54-1850819
Pa	art I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
3	Provide a description of the organiz Political expenditures Volunteer hours			▶ \$	
		ganization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	
	If the organization incurred a section				200200
	Was a correction made?				Yes No
	of If "Yes," describe in Part IV.	ganization is exempt und	lor soction E01/s)	eveent coetion E01	0/2/
2000	OUDGES THE CONTRACTOR PRODUCE THE PROPERTY		And the second s	to a comment of the c	
	Enter the amount directly expended				
2	Enter the amount of the filing organ				
_	exempt function activities				-
3	Total exempt function expenditures				
	line 17b				
4	Did the filing organization file Form Enter the names, addresses and er				
5	made payments. For each organiza				
	contributions received that were pr				·
	political action committee (PAC). If			-	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

Schedu	le C (Form 990 or 990-EZ) 2013 THE	SEED FOUNDA	TION		54-18	50819 Page 2
Part	II-A Complete if the organiz	ation is ex	empt under sectio	n 501(c)(3) and file	d Form 5768	
	(election under section	501(h)).				
A Chec	ck 🕨 🔲 if the filing organization t	elongs to an a	ffiliated group (and list in	Part IV each affiliated o	group member's na	me, address, EIN,
	expenses, and share of	excess lobbying	g expenditures).			
B Chec	ck 🕨 🔲 if the filing organization of	hecked box A	and "limited control" pro	visions apply.		10
	Limits on (The term "expenditure	Lobbying Exp s" means amo			(a) Filing organization's totals	(b) Affiliated group totals
1a To	otal lobbying expenditures to influence	public opinior	(grass roots lobbying)	ENACO-DE PATE POR DE VIOLE DE VIOL		
	otal lobbying expenditures to influence					
	otal lobbying expenditures (add lines					
				1		
	otal exempt purpose expenditures (ad			10.001.4.101.9.0.001.0.101.0.001.0.101.0.101.0.101.0.101.0.101.0.101.0.101.0.101.0.101.0.101.0.101.0.101.0.10		
	obbying nontaxable amount. Enter the					
	the amount on line 1e, column (a) or (b)		bbying nontaxable am			
-	ot over \$500,000		of the amount on line 1e.			
	ver \$500,000 but not over \$1,000,000		000 plus 15% of the exc			
	ver \$1,000,000 but not over \$1,500.0		000 plus 10% of the exc			
	ver \$1,500,000 but not over \$17,000.		000 plus 5% of the exce			
	ver \$17,000,000	\$1,000				
	10. 0.1. (0.00)000					
a G	rassroots nontaxable amount (enter 2	5% of line 1f)				
•	ubtract line 1g from line 1a. If zero or I			process commence of the comment of t		
	ubtract line 1f from line 1c. If zero or le			ACCOUNTED COORDINATE AND		
	there is an amount other than zero or					TI .
	porting section 4911 tax for this year					Yes No
	(Some organization	4-Year A is that made a is below. See	veraging Period Under section 501(h) election the instructions for line	Section 501(h) n do not have to comp es 2a through 2f on pa	lete all of the five	
		Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
(0	Calendar year or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lo	obbying nontaxable amount					
	obbying ceiling amount 50% of line 2a, column(e))					
с То	otal lobbying expenditures					
	rassroots nontaxable amount					
	rassroots ceiling amount 50% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 THE SEED FOUNDATION 54-1850819 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	3)	(I	o)
	e lobbying activity.	Yes	No	Amo	ount
া	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?	X			165 250.
j	Total. Add lines 1c through 1i				165,250.
2 a	***************************************		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
D-0	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	FO4/a\	(E) as as	alian	
Pal	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OI	R (b) Pari	III-A, lii	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, line 2; a	nd Part II-E	3, line 1:
Also	complete this part for any additional information.				
PAR	TII-B, LINE 1, LOBBYING ACTIVITIES:				
EXPI	ANATION: CAPITOL HILL PARTNERS PROVIDING ADVISORY AND GOVERNMENT				
	Harmonia di publica di Anglesia.				
RELA	ATIONS SERVICES ASSOCIATED WITH LEGISLATIVE AND EXECUTIVE AGENCY				
INI	PIATIVES TO SERVE AT-RISK STUDENTS AND DISCONNECTED YOUTH,		_		

LARRY WILLIAMS CONSULTING LLC PROVIDED STRATEGIC CONSULTING SERVICES

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 THE SEED FOUNDATION	54-1850819	Page 4
Part IV Supplemental Information (continued)		
TO HELP SECURE EDUCATIONAL FUNDING FOR THE SEED SCHOOL OF MIAMI,		
RONALD BOOK, P.A. PROVIDED STRATEGIC CONSULTING SERVICES TO HELP		
SECURE EDUCATIONAL FUNDING FOR THE SEED SCHOOL OF MIAMI,		
SECORE EDUCATIONAL FORDING FOR THE SEED SCHOOL OF MIAMI,		
		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Nam	e of the organization	Employer identification number
Pai	THE SEED FOUNDATION rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	54-1850819
Га		CCOUNTS. Complete if the
_	organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	b) Funds and other accounts
		b) i unus and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	
_	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
Pai	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	mic r.
•	Preservation of land for public use (e.g., recreation or education) Preservation of an historical	ly important land area
	Protection of natural habitat Preservation of a certified hi	
	Preservation of open space	Storie Structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	inservation easement on the last
_	day of the tax year.	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization assembles.	garrization's accounting for
Pai	conservation easements.	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement as	nd balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

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

Schedule D (Form 990) 2013

Marin.	dule D (Form 990) 2013 THE SEED FO				54-185			age 2
Pai	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that are a	significant use of it	ts collectio	n item	S
	(check all that apply):							
а	Public exhibition	c		change programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	in how they further	the organization's ex	empt purpose in P	art XIII		
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	asures, or other simil	ar assets			40
	to be sold to raise funds rather than to be ma	aintained as part of	the organization's	collection?		Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizati	on answered "Yes" t	o Form 990, Part I\	/, line 9, or		
	reported an amount on Form 990, Pa	t X, line 21.						
1a	is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ons or other assets no	ot included			
	on Form 990, Part X?					Yes		No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:					
						Amoun	t	
С	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F					Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Fou	r years	back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
·	and programs							
f	Administrative expenses							
	End of year balance			-				
g	Provide the estimated percentage of the cur	rent year end halan	ce /line 1a. column	(a)) held as:				
2	Board designated or quasi-endowment			(a)) Held as.				
a	Permanent endowment							
b								
С	Temporarily restricted endowment							
_	The percentages in lines 2a, 2b, and 2c should be a sh		المام ما مديم المصملة ما عادم		. 46			
За	Are there endowment funds not in the posse	ession of the organiz	ation that are neig	and administered for	the organization		V .	NI.
	by:						Yes	No
	(i) unrelated organizations						_	
	(ii) related organizations							_
b	If "Yes" to 3a(ii), are the related organization:			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3b		
4	Describe in Part XIII the intended uses of the	The state of the s	owment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" to Form 990), Part IV, line 11a.	See Form 990, Part	(, line 10.			
	Description of property	(a) Cost or o	1 ' '	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Accumulated	(d) Boo	k valu	е
		basis (invest	ment) basi	s (other) d	epreciation			
1a	Land	x+0:						
b	Buildings	X+101						
С	Leasehold improvements							
d	Equipment			318,565.	264,818.		53	747.
е	Other			793 023.	24,869.		768	154.
	. Add lines 1a through 1e. (Column (d) must e		t X. column (B), line					901.

Schedule D (Form 990) 2013

REFUNDABLE ADVANCES 237,336 DUE TO THE SEED SCHOOLS 243,759 (4)(5)(6) (7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 493,359

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII x

Schedule D (Form 990) 2013

54-1850819 Page 4

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete on Ine 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 29,777, 282, e Add lines 2a through 2d	1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c		Reconciliation of Revenue per Audited Financial Stateme				
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 29,247, 3 Subtract line 2e from line 1 3 10,482, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total syeneue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 29,777, 3 Subtract line 2e from line 1 A Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 10 482 247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 2 Subtract line 2e from line 1 3 7, 064, 172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expen		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a,				
a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 29, 251, 635, e Add lines 2a through 2d 2e 29, 247, 3 Subtract line 2e from line 1 3 10, 482,	a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 29 251,635 e Add lines 2a through 2d 2e 29 247,190 3 Subtract line 2e from line 1 3 10 482,247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10 482,247 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 29 777 282 Subtract line 2e from line 1 3 7 ,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	1 Tota	revenue, gains, and other support per audited financial statements		ALTATA FALTANDI FANTANDA A	1	39,729,437.
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2	b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 29 , 251 , 635. e Add lines 2a through 2d 2 29 , 247 , 190 3 Subtract line 2e from line 1 3 10 , 482 , 247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:	v v	STANDARD MANAGEMENT AND STANDARD STANDA		
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2	b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 29 , 251 , 635. e Add lines 2a through 2d 2 29 , 247 , 190 3 Subtract line 2e from line 1 3 10 , 482 , 247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	a Net i	ınrealized gains on investments	2a	-4,445.		
Other (Describe in Part XIII.) 2d 29, 251, 635, e Add lines 2a through 2d 2e 29, 247; 3 Subtract line 2e from line 1 3 10, 482, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b						
e Add lines 2a through 2d	e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	c Reco	veries of prior year grants	2c			
3	3 10,482,247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b f Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a				29,251,635.		
Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Other (Describe in Part XIII.)	A mounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c 00 4c 0	e Add	ines 2a through 2d		mana mana mana mana mana mana mana mana	2e	29,247,190.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10, 482. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10, 482, 247 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	3 Subt	ract line 2e from line 1		**********	3	10,482,247.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10, 482. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Ab Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 0 0 1	4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:		S IPA S POSSES - PROPERTIES SPECIAL CONTRACTOR		
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b Other (Describe in Part XIII.) 4b	c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	a Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 36,841, 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Donated services and use of facilities 2b 2c 2c 2c 2d 29,777,282, e Add lines 2a through 2d 2e 29,777,282, e Add lines 2a through 2d 2e 29,777,383 3 7,064,34 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 36,841,454 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Donated services and use of facilities 2b 2c	b Othe	r (Describe in Part XIII.)	4b			
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements					4c	0.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements						10,482,247.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 7,064 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Ab	1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b	Part XII			Expenses per	Return.	
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4a 4b	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		110111111111111111111111111111111111111				
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4a 4b	a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	1 Tota	expenses and losses per audited financial statements			1	36,841,454.
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 2b 2c 2c 29,777,282 2e 29,777,282 3 7,064,172	2 Amo	unts included on line 1 but not on Form 990, Part IX, line 25:	21 17			
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	c Other losses 2c d Other (Describe in Part XIII.) 2d 29,777,282, e Add lines 2a through 2d 2e 29,777,282 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	a Dona	ted services and use of facilities	2a			
d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	d Other (Describe in Part XIII.) 2d 29,777,282. e Add lines 2a through 2d 2e 29,777,282 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	b Prior	year adjustments	2b			
e Add lines 2a through 2d	e Add lines 2a through 2d 2e 29,777,282 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a	c Othe	r losses	2c			
3 7,064, 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 3 7,064,172	d Othe	r (Describe in Part XIII.)	2d	29,777,282.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b	Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	e Add	ines 2a through 2d		***************************************	2e	29,777,282.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b	a Investment expenses not included on Form 990, Part VIII, line 7b	3 Subt	ract line 2e from line 1			3	7,064,172.
b Other (Describe in Part XIII.)	gar and the star of the first the star of			31 I			
A CONTROL CONTROL OF THE CONTROL OF	. 60 (5 1) 1 5 1 (0)	a Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
c Add lines 4a and 4b	b Other (Describe in Part XIII.)	b Othe	r (Describe in Part XIII.)	. 4b			
	a Add lines 4a and 4b					4c	0,
						5	7,064,172,
	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 7,064,172						
	5 Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 5 7,064,172 Part XIII Supplemental Information.					4; Part X, I	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	lines 2d an	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional inforn	ation.		
	5 Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 5 7,064,172 Part XIII Supplemental Information.	8					
	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,						
PART X, LINE 2:	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	PART X,	LINE 2:				
	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,						
EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2:	EXPLANAT	ION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE	MIAMI			
	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI	LLC A D					
AND	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2:		EXIVATIVE A DISKEGARDED ENTITE SINCE THE FOUNDATION IS THE	ONLY			
SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY	\$ \$					
	Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI	\$ \$					
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER	SINGLE M	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE				
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY	SINGLE M	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE				
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fort XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE	SINGLE M	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE	ER			
TOURDATION HAS DEEN DETERMINED DI THE INTERNAL REVENUE SERVICE NOT TO BE A	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER	SINGLE M	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE	ER			
	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) For XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. FART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A	SINGLE M SECTION FOUNDATI	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE	TO BE A			
PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) For XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. FART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A	SINGLE M SECTION FOUNDATI	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE	TO BE A			
PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 7,064,177 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME	SINGLE M SECTION FOUNDATI	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE ON HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE	TO BE A			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 7,064,177 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME	SINGLE M SECTION FOUNDATI	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE ON HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE	TO BE A			
PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE. INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) 5 7,064,172 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS	SINGLE M SECTION FOUNDATI PRIVATE THAT IS	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE ON HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS	TO BE A			
PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) 5 7,064,172 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS	SINGLE M SECTION FOUNDATI PRIVATE THAT IS	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE ON HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS	TO BE A			
PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE. INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) 5 7,064,172 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS	SINGLE M SECTION FOUNDATI PRIVATE THAT IS	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE ON HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS	TO BE A			
PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE. INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) 5 7,064,172 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS	SINGLE M SECTION FOUNDATI PRIVATE THAT IS	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE ON HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS	TO BE A			
PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES.	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. FART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES.	SINGLE M SECTION FOUNDATI PRIVATE THAT IS SUBJECT	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE ON HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS TO FEDERAL AND STATE CORPORATE INCOME TAXES.	TO BE A			
PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE. INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. FART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES.	SINGLE M SECTION FOUNDATI PRIVATE THAT IS SUBJECT	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE ON HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS TO FEDERAL AND STATE CORPORATE INCOME TAXES.	TO BE A			
PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES.	5 7,064,177 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE DC SCHOOL, THE MD SCHOOL, THE FOUNDATION AND THE MIAMI LLC, A DERIVATIVE A DISREGARDED ENTITY SINCE THE FOUNDATION IS THE ONLY SINGLE MEMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR	SINGLE M SECTION FOUNDATI PRIVATE THAT IS SUBJECT THE FOUN	EMBER, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE 501(C)(3) OF THE INTERNAL REVENUE CODE, IN ADDITION, THE ON HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS TO FEDERAL AND STATE CORPORATE INCOME TAXES.	TO BE A			
A F CONTROL OF THE CO	b Other (Describe in Part XIII.)						
A CONTROL CONTROL OF THE CONTROL OF	. 04 (9 4 1 1 9 1)(41)	a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	gar and the star of the first the star of			142			
b Other (Describe in Part XIII.)	gar and the star of the first the star of	4 Amo	unts included on Form 990, Part IX, line 25, but not on line 1:	3T T			
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b	a Investment expenses not included on Form 990, Part VIII, line 7b					3	7,004,172.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b	a Investment expenses not included on Form 990, Part VIII, line 7b	3 Subt	ract line 2e from line 1		ALAMATER AND AND A	3	7,064,172.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b	Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a						AND THE PERSON AND THE
3 7,064, 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 3 7,064,172					20	20 222 202
3 7,064, 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 3 7,064,172	d Othe	r (Describe in Part XIII.)	2d	29,777,282.		
e Add lines 2a through 2d	e Add lines 2a through 2d 2e 29,777,282 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a				00 555 000		
e Add lines 2a through 2d	e Add lines 2a through 2d 2e 29,777,282 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a	c Othe	r losses	2c			
d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	d Other (Describe in Part XIII.) 2d 29,777,282. e Add lines 2a through 2d 2e 29,777,282 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a						
d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	d Other (Describe in Part XIII.) 2d 29,777,282. e Add lines 2a through 2d 2e 29,777,282 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	b Prior	year adjustments	2b			
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	c Other losses 2c d Other (Describe in Part XIII.) 2d 29,777,282, e Add lines 2a through 2d 2e 29,777,282 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 2b 2c 2c 29,777,282 2e 29,777,282 3 7,064,172	a Dona	ted services and use of facilities	2a			
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 2b 2c 2c 29,777,282 2e 29,777,282 3 7,064,172			31 0			
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4a 4b	a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b						50,012,151,
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4a b Other (Describe in Part XIII.)	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	1 Total	expenses and losses per audited financial statements	m-umus		1	36 841 454.
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4a b Other (Describe in Part XIII.)	Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 7,064 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Ab	1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b	Part XII	Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements						
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements						0.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 36,841, 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Donated services and use of facilities 2b 2c 2c 2c 2d 29,777,282, e Add lines 2a through 2d 2e 29,777,282, e Add lines 2a through 2d 2e 29,777,383 3 7,064,34 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 36,841,454 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Donated services and use of facilities 2b 2c					40	0
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 Total expenses and losses per audited financial statements 2 Donated services and use of facilities b Prior year adjustments 2 Cother losses 2 Cother losses 3 Total revenue. Add lines 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Dother (Describe in Part XIII.) 4 Dother (Describe in Part XIII.)	c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	b Othe	r (Describe in Part XIII.)	4b			
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 Total expenses and losses per audited financial statements 2 Donated services and use of facilities b Prior year adjustments 2 Cother losses 2 Cother losses 3 Total revenue. Add lines 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Dother (Describe in Part XIII.) 4 Dother (Describe in Part XIII.)	c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	a Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10, 482. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Ab Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 0 0 1			3 T			
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10, 482. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10, 482, 247 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b				*	3	10,402,247.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Other (Describe in Part XIII.)	A mounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c 00 4c 0						Maria Data Cara
3	3 10,482,247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b f Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a					20	20 247 100
e Add lines 2a through 2d	e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b				29 251 635		
Other (Describe in Part XIII.) 2d 29, 251, 635, e Add lines 2a through 2d 2e 29, 247; 3 Subtract line 2e from line 1 3 10, 482, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b						
C Recoveries of prior year grants 2c 2d 29 251 635 C Add lines 2a through 2d 2e 29 247 3 Subtract line 2e from line 1 3 10 482 3 A mounts included on Form 990, Part VIII, line 12 10 the following a grant of the follo	C Recoveries of prior year grants 2c 2d 29,251,635. Add lines 2a through 2d 2e 29,247,190 3 Subtract line 2e from line 1 3 10,482,247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 5 Other (Describe in Part XIII.) 4b 4c 0.00 6 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) 5 10,482,247 7 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 36,841,454 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2a 2b b Prior year adjustments 2b 2c 2d 29,777,282 c Other (Describe in Part XIII.) 2d 29,777,282 e Add lines 2a through 2d 2e 29,777,282 a Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a 4a 4a 4a 4a 4a 4						
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 29 251,635, e Add lines 2a through 2d 2e 29,247, 3 Subtract line 2e from line 1 3 10,482, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10 482. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 29, 777, 282, a Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 29 , 251 , 635. e Add lines 2a through 2d 2 29 , 247 , 190 3 Subtract line 2e from line 1 3 10 , 482 , 247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	a Net i	ınrealized gains on investments	2a	-4,445.		
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2	b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 29 , 251 , 635. e Add lines 2a through 2d 2 29 , 247 , 190 3 Subtract line 2e from line 1 3 10 , 482 , 247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 7,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:	sy w			
a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 29, 247, 3 Subtract line 2e from line 1 3 10, 482, 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 17b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) E Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part IV, line 12.) E Amounts included on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 29 251,635 e Add lines 2a through 2d 2e 29 247,190 3 Subtract line 2e from line 1 3 10 482,247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10 482,247 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 29 777 282 Subtract line 2e from line 1 3 7 ,064,172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b				ALLESS FALSE MEDICAL M		39,729,437.
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 29,247, 3 Subtract line 2e from line 1 3 10,482, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total syeneue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 29,777, 3 Subtract line 2e from line 1 A Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 10 482 247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 2 Subtract line 2e from line 1 3 7, 064, 172 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expenses not included on Form 990, Part IV, line 10: a Investment expen	4 Tota				4	20 700 427

SCHEDULE (Form 990)

and fractions and the cognitions of the cognition of the cognitions of the cognition	The control for many and the cognition of Control and	SCHEDULE I (Form 990)		GOV Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	er Assistan d Individua n answered "Yes"	her Assistance to Organizations, nd Individuals in the United State on answered "Yes" to Form 990, Part IV, line 21 o	nizations, ited States		2013
martion on Grants and Assistance many marting and Assistance and A	Treate sear PODINATION Transformed to Careful and Assistance on maintain excepts to substantiate the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and the selection of the organization is procedures for monitoring the use of grant funds in the United States. The Assistance to Governments and Organizations in the United States. The Assistance to Governments and Organizations in the United States. The Assistance to Governments and Organizations in the United States. The Assistance to Government and Organizations in the United States. The Assistance to Government and Organizations in the United States. The Assistance to Government organizations in the United States. The Assistance of Government organizations is the Organization of States. The Assistance of Government organizations is the International Control of States. The Assistance of Government organizations is facted in the line 1 table.	spartment of the Treasury ternal Revenue Service	•	► Informatic	n about Schedule I (► Attach to For Form 990) and its	m 990. s instructions is a	t www.irs.gov/form9	.060	Open to Public Inspection
General Information on Grants and Assistance are amount of the grants or assistance, the grantees eligibility for the grants or assistance, and the selection is the cognization to be used or avoid the grants or assistance. Grant and Observation or assistance Commission of Commission or Co	General Information on Grants and Assistance, and the selection set the organization mental to be cased and Assistance and Careful in the United States. Grants and Other Assistance or Governments and Other Assistance or Governments and Other Assistance or Governments and Other Assistance or Government (a) EN (b) EN (c) EN Section (d) Amount of (e) Amount of (e) Method or Government (a) EN (e) EN Section (d) Amount of (e) Amount of (e) Amount of (e) Method or Government (a) EN (e) EN Section (d) Amount of (e) Amount of (e) Method or Government (e) EN (ame of the organizatic	OTHERNITOR GREE RUM	5						Employer identification numbe
se the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection Takes and the Assistance of Secretaries for monitoring the use of grant funds in the United States. Complete Life organizations in programments and organizations in the United States. Complete Life organization is completed to the organization answered "Yes" to Form 800. Part IV, line 21, for any recipient that received more than \$5,000. Part I am be duplicated if additional spaces in needed. Name and address of organization (d) Amount of Amount of Rapplicable in non-cash assistance (assistance) (assistance) (assistance) (b) EN (c) FORM \$600. Part I am be duplicated if additional spaces in needed. (assistance) (d) Amount of Rapplicable (d) Amount of Rapplicable (d) Amount of Rapplicable (d) Amount of Rapplicable (e) Possible of Rapplicable (e) FORM \$600. Part I am be duplicated if additional spaces in non-cash assistance (f) Possible organization (f) Amount of Rapplicable (g) Possible organization of Rapplicable (g) Possible organization (g) Possi	the organization maintain records to substantiate the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and the selection that records are organizations to construct the grant stand for a ward the grant organizations to consermments and organizations that recording that recording the cognization in the billed States. Complete if the organization are werend "Yes" to Form Stot, Part IV, in the billed States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization are werend "Yes" to Form Stot, Part IV, in the organization of the polication of address of organization (took." In the polication of address of organization organizations (took." In the polication of address of organization (took." In the polication of address of organizations (took." In the first I table	-	formation on Grants and Ass	sistance						7100001 10
International control and the control of part of parts of the control of parts and other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recibient that tracelised more than \$5,000. Part II can be displicable and address of organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recibient that tracelised more than \$5,000. Part II can be displicable and address of organization and address of organization and address of organizations for the Complete if the Organization and Complete if the Organization and Assistance and address of organizations for the Complete in the United States. Complete if the Organization and Assistance of government organizations listed in the line 1 table.	are used to ward one system of sestations of sestations of sestation in sestations are set used to grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complets if the organization answered "Yes" to Form 990, Part IV, in recipient that received more than \$5.000. Part II can be dublicated if additional space is needed. I Although of the organization of interpolation of interpolati	1 Does the organiza	ation maintain records to subsi	stantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec	;
Grants and Other Assistance to Governments and Other Assistance and address of organization or the Comment of Government or government or government or government or government or government organizations listed in the line 1 table	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, is capital to the Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, is recipient that received more than \$\$5,000. Part III can be duplicated if additional space is needed. Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Description do restrict of a sistence of government organizations listed in the line I table.		ward the grants or assistance?	,			0			Yes
Grant and Other Assistance to Government and Organizations in the United States. Complete if the organization and Organizations in the United States. Complete if the organization and Organizations in the United States. Complete if the organization and organization (poly) The Cash grant and address of organization	Tarts and Other Assistance to Government and Organizations in the United States. Complete if the organization asswered "Yes" to Form 900, Part IV, in Carte and Other Assistance and organization more than \$50,000. Part II can be duplicable and organization around assistance or government or government (b) FNC section (cash grant organization) (a) Amount of cash grant organization around assistance assistance assistance assistance assistance assistance assistance assistance around a companization organizations listed in the line I table	SS-	IV the organization's procedure	es tor monito	oring the use of grant	funds in the Unite	d States.			
1(a) Name and address of organization (b) ENN (c) IRC section (d) Amount of resistance assistance (d) Methods (solution of resistance) assistance (g) Description of resistance (p) Description of rescription of rescription of resistance (p) Description of rescription of restriction of rescription of reservoir reservoi	1(a) Name and address of organization of (b) EIN (c) IRC section of gaststance organization of government organizations (label in the line I table		d Other Assistance to Govern at received more than \$5,000.	nments and Part II can	Organizations in the be duplicated if addition	• United States, Conal space is need	complete if the orgated.	anization answered "	Yes" to Form 990, Pari	t IV, line 21, for any
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Enter total number of section 601(o)(s) and government organizations listed in the line 1 table.	1 (a) Name and add	dress of organization (b	b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table					~				
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table									
	Enter total number of other organizations listed in the line 1 table		er of section 501(c)(3) and gove	ernment org	janizations listed in th	e line 1 table				

Page 2 Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 0 (d) Amount of non-cash assistance 77,669 33 (c) Amount of cash grant SEED SEED FOUNDATION SCHOLARSHIPS ARE ONLY AVAILABLE TO SEED APPLICATIONS ARE DUE NO LATER THAN MARCH 1, 2014. APPLICANTS THAT SUBMIT COMPLETED APPLICATIONS BY THE SPECIFIED DUE DATE WILL BE SCHOOL SENIORS ENROLLING IN A FULL-TIME UNDERGRADUATE PROGRAM AT AN SCHOLARSHIP RECIPIENTS ARE SELECTED IN THE SPRING PRIOR TO ENTERING AN APPLICANT MUST BE A SENIOR AT THE SEED SCHOOL OF WASHINGTON, DC. ACCREDITED COLLEGE OR UNIVERSITY FOR THE 2014-2015 ACADEMIC YEAR. (b) Number of recipients (a) Type of grant or assistance COLLEGE SCHOLARSHIP EXPLANATION: THE LINE 2: 332102 10-29-13 Part IV COLLEGE. PART I Part III

54-1850819

THE SEED FOUNDATION

Schedule I (Form 990) (2013)

Schedule I (Form 990) THE SEED FOUNDATION	54-1850819	Page 2
Schedule I (Form 990) THE SEED FOUNDATION Part IV Supplemental Information		
CONTACTED BY THE SEED FOUNDATION TO ARRANGE FOR AN IN-PERSON INTERVIEW WITH		
A MEMBER OF THE SEED SCHOLARSHIP COMMITTEE.		
SCHOLARSHIP WINNERS ARE SELECTED ON THE BASIS OF THEIR APPLICATIONS,		
ESSAYS, RECOMMENDATIONS, INTERVIEWS, AND A LIST OF ADDITIONAL SCHOLARSHIPS		
FOR WHICH STUDENTS ARE ACTIVELY APPLYING OR HAVE ALREADY RECEIVED.		
		
s		
		
		

332291 05-01-13

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 54-1850819 THE SEED FOUNDATION

Pa	art I Questions Regarding Compensation			
	In the second se		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
IJ	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	10		
~		2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?			
_	In the state of the fall and the filter experiention used to extend the componention of the experiention of			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	x Compensation committee Written employment contract			
	Independent compensation consultant x Compensation survey or study			
	Form 990 of other organizations \[\text{x} \] Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
·	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III.	- 02		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
_		6a		х
	The organization?	6b		X
IJ	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	JD		- 10
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
1	not described in lines 5 and 6? If "Yes," describe in Part III	7		ų,
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		X
8				3900
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958·6(c)?	9		

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denemts	(a)-(l)(a)	reported as deferred in prior Form 990
(1) ERIC S. ADLER	Ξ	138,097.	0.	2,640.	.000.6	24,265.	174,002,	0.
FOUNDER &	E	0	0	0	0	0	0	0
(2) RAJIV VINNAKOTA	Ξ	265 499	0	2,586.	16,200.	16,227	300,512,	.0
E.	Ξ	0	0		0	0	0	.0
(3) JEREMY SHANE	Ξ	206,824.	0	2,100.	12,735.	16,783	238,442,	0
100	E		0	0	0	0		0.
(4) DWIGHT CRAWFORD	ε	164,254,	0.	2,175.	9,869.	19,699,	195,997,	.0
<u> </u>	€	0	0	0	0	0	0	0
	Ξ	167,052,	0	2,175.	10,302.	5,677	185,206.	0
띮	€	0	0	0	0	0	0.	0
(6) JASON FRIEDMAN	Ξ	158,349,	0.	0	8,080.	16,467,	182,896	0
DIRECTOR, DEVELOPMENT & MA	(1)	0.	0.	0	0	0	0	.0
	Θ	129 237.	.0	2,130.	8,822.	19,658	159,847	.0
땕	(ii)	0		0	.0	0	0	0
(8) THOMAS STURTEVANT	Ξ	192,931.	.0	2,700.	8,226.	10,220	214,077	0
벋	(11)	0	.0	0	0.	0	0	0
(9) SHANE MULHERN	Ξ	134,569.	0.	0	7,752.	12,344	154,665	0
CHIEF SCHOOLS OFFICER	(1)	0	0.	0	0	0	0	0
	€							
	⊞							
	Ξ							
	(1)							
	Ξ							
	€							
	Ξ							
	(1)							
	Ξ							
	(ii)							
	Ξ							
	(1)							
	Ξ							
	(II)							
C+++000							Sched	Schedule J (Form 990) 2013

37

Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2013

Open to Public Inspection

Name of the organization

THE SEED FOUNDATION

Employer identification number 54-1850819

Pai	rt I Types of Prope	erty						
	,	(a) Check ir applicabl	le contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household ge							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		14	377,616.	FMV			
10	Securities - Closely held st			377,010.	LIIV			
11	Securities - Partnership, LI	AND CONTROL OF CONTROL						
''								
12	Securities - Miscellaneous							
13	Qualified conservation cor							
13	Historic structures							
14	Qualified conservation cor							
	Real estate - Residential							_
15								_
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplied							
21	Taxidermy							
22	Historical artifacts		_					_
23	Scientific specimens				5			
24	Archeological artifacts							
25)						
26)						
27	NAME OF THE PARTY)						
28	Other ()						
29		ceived by the organization dur						
	for which the organization	completed Form 8283, Part IV	V, Donee Acknowled	gement 29				-
						p	Yes	No
30a	• •	rganization receive by contribu	* * * * *					
		he date of the initial contribution						
		(*************************************		********************		30a		X
b	If "Yes," describe the arrar	•						
31	Does the organization hav	e a gift acceptance policy that	t requires the review	of any non-standard contrib	outions?	31	х	
32a	Does the organization hire	or use third parties or related	organizations to sol	icit, process, or sell noncash	1			
	contributions?					32a		Х
b	If "Yes," describe in Part II							
33	If the organization did not	report an amount in column (c	c) for a type of prope	rty for which column (a) is c	hecked,			
	describe in Part II.							
_HA		tion Act Notice, see the Instr	uctions for Form 99	90.	Schedule M	(Form	990) (2013)

332141 09-03-13

332142 09-03-13

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
THE SEED FOUNDATION	54-1850819
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SUPPORT, AND OPERATION OF NOT-FOR-PROFIT SCHOOLS CONSISTENT WITH	
SECTION 501(C)(3).	
FORM 990 PART VI, SECTION A, LINE 2:	
EXPLANATION: MITCHELL RALES AND MICHAEL G. RYAN - BUSINESS RELATIONSHIP	
RAJIV VINNAKOTA AND MITCHELL RALES - BUSINESS RELATIONSHIP	
FORM 990, PART VI, SECTION A, LINE 6:	
EXPLANATION: THE SEED FOUNDATION HAS TWO MEMBERS, ERIC ADLER AND RAJIV	
VINNAKOTA.	
TODAY AAA DADE WE GEGETAY A FEWE EX	
FORM 990, PART VI, SECTION A, LINE 7A:	
EXPLANATION: THE ORGANIZATION'S TWO MEMBERS, ERIC ADLER AND RAJIV	
VINNAKOTA, MAY ELECT NEW DIRECTORS AND MUST APPROVE ALL NEW DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE SEED FOUNDATION FORM 990 WILL BE INITIALLY REVIEWED BY ITS	
CHIEF FINANCIAL OFFICER. IT WILL THEN BE REVIEWED BY THE BOARD OF	
ONTEL TIMESTAL OF TODAY. IT WILL THEN DE REVISIONE DE THE SOURCE OF	
DIRECTORS' FINANCE COMMITTEE CHAIRMAN. AFTER THE FINANCE CHAIR REVIEWS A	
COPY OF THE FORM 990 WILL BE SENT TO THE ENTIRE FINANCE COMMITTEE. A FINAL	
DRAFT OF THE FORM 990 WILL BE DISTRIBUTED TO THE SEED FOUNDATION'S ENTIRE	
BOARD OF DIRECTORS BEFORE IT IS FILED.	

FORM 990 PART VI SECTION B LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization THE SEED FOUNDATION	Employer identification number 54-1850819
EXPLANATION: FROM CONFLICT OF INTEREST POLICY DOCUMENT. SECTION 6.01 EACH	34-1030013
COVERED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH	
PERSON:	
1. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;	
2. HAS READ AND UNDERSTANDS THE POLICY;	
3.HAS AGREED TO COMPLY WITH THE POLICY; AND	
4.UNDERSTANDS THAT THE FOUNDATION AND ITS SUBSIDIARIES ARE CHARITABLE	
ORGANIZATIONS AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT	
MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS	
TAX-EXEMPT PURPOSES.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE SEED FOUNDATION BOARD OF DIRECTORS APPROVES THE	
COMPENSATION OF ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES AS PART OF	
APPROVING THE ANNUAL BUDGET. MEMBERS OF THE BOARD OF DIRECTORS RECEIVE NO	
COMPENSATION, THE BOARD OF DIRECTORS SET THE COMPENSATION FOR OFFICERS AND	
KEY EMPLOYEES BY CONSIDERING TWO FACTORS:	
1) AN INFORMAL MARKET ANALYSIS OF COMPARABLE POSITIONS	
2) WHAT THE ORGANIZATION CAN AFFORD TO PAY BASED ON ITS BUDGET	
CONSTRAINTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	
THEODECH DOLLOW AND DIMANCIAL CHARDMENES AVAILABLE TO THE DIDLIC LIDON	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
THE SEED FOUNDATION	54-1850819
REQUEST.	
FORM 990, PART XII, LINE 1, METHOD OF ACCOUNTING:	
EXPLANATION: THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL	
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE	
FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	
<u> </u>	
3	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

➤ See separate instructions.

Open to Public Inspection

Employer identification number

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

THE SEED FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Part I

54-1850819

2,810,355, THE SEED FOUNDATION Direct controlling entity End-of-year assets 2,780,397, Total income ਹ Legal domicile (state or foreign country) FLORIDA EDUCATIONAL, CHARITABLE Primary activity LLC Name, address, and EIN (if applicable) 46-4498225, 15800 NW 42ND AVE, MIAMI THE SEED SCHOOL OF MIAMI FOUNDATION, of disregarded entity 33054-6155 E GARDENS Part II

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led r?
				501(c)(3))		Yes	No
THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON							
DC - 52-2099612, 4300 C STREET, SE,					THE SEED		
WASHINGTON, DC 20019	BOARDING SCHOOL	DISTRICT OF COLUMBIA 501(C)(3)	501(C)(3)	LINE 2	FOUNDATION	×	
THE SEED SCHOOL OF MARYLAND - 06-1818759							
200 FONT HILL AVENUE					THE SEED		
BALTIMORE, MD 21223	BOARDING SCHOOL	MARYLAND	501(C)(3)	LINE 2	FOUNDATION	×	
							2

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

Page 2

54-1850819

Schedule R (Form 990) 2013 THE SEED FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

General or Percentage managing ownership Yes No			nore related	(i) Section 512(b)(13) controlled entity?			Schedule R (Form 990) 2013
(j) General or managing partner? Yes No			ne or m	(h) Percentage ownership			R (Fo
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had or	Share of Per end-of-year ow assets			Schedule
(h) Disproportionate allocations?			rt IV, line 34	f total e			
(g) Share of end-of-year assets			orm 990, Pa	(f) Share of total income			
			"Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			answered	Olling Tyk			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			the organization	(d) Direct controlling entity			44
			complete if	(C) Legal domicile (state or foreign country)			4
(d) Direct controlling entity			oration or Trust C year.	(b) Primary activity			
(c) Legal domicile (state or foreign			as a Corport as the tax	Prim			
(b) Primary activity			ganizations Taxable	N. C			
(a) Name, address, and EIN of related organization			V Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			332162 09-12-13
0.			Part IV				332162

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	I in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a	×
b Gift, grant, or capital contribution to related organization(s)	***************************************			1p	X
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				X PI	
		化化物医亚甲氏试验检 化苯基甲基苯基甲基苯基甲基苯基甲基苯基甲基苯基甲基苯基甲基苯基甲基苯基甲基苯基甲			Þ
e Loans or loan guarantees by related organization(s)	***************************************			<u>n</u>	×
f Dividends from related organization(s)				16	×
a Sale of assets to related organization(s)				₽	×
Purchase of assets from related organization(s)	**************************************		· · · · · · · · · · · · · · · · · · ·	۽	×
				ij	×
				=	×
k Lease of facilities, equipment, or other assets from related organization(s)	***************************************			¥	×
I Performance of services or membership or fundraising solicitations for related orga	ated organization(s)			=	
 m Performance of services or membership or fundraising solicitations by related organization(s) 	anization(s)			ŧ	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	iion(s)			t	×
o Sharing of paid employees with related organization(s)				9	×
p Reimbursement paid to related organization(s) for expenses	***************************************	***************************************		10	×
q Reimbursement paid by related organization(s) for expenses				19 X	
				+	>
r Ouriër transiër of cash of property to refated organization(s)				: ;	:
,,	H 14 1			2	×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction unesholds.	who must complete the	ils line, including covered	relationships and transaction infestions.		Ī
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) SEED SCHOOL OF DC	Д	5,865,000	TSOS		
(2) SEED SCHOOL OF DC	ī	400,000.COST	TSOO		
(3) SEED SCHOOL OF DC	O.	35,383.	COST		
(4) SEED SCHOOL OF MARYLAND	Q	29,625,000.COST	TSOS		
(5) SEED SCHOOL OF MARYLAND	Ļ	400,000	COST		1
(6) SEED SCHOOL OF MARYLAND	0	208.376,COST	TSOS		
332163 09-12-13	45			Schedule R (Form 990) 2013	0) 2013

54-1850819

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Disproportionale amount in box 20 managing ownership
strong of Schedule K-1 parner?

Yes No (Form 1065) Yes No 图 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) \equiv $\widehat{\exists}$ Share of end-of-year assets (g) Share of income total (e) Are all partners sec. 501 (c)(3) orgs ? Predominant income parmisses. (related, unrelated, excluded from tax under section 512-514) Yes No. that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Ð (state or foreign Legal domicile country) <u>(၁</u> Primary activity <u>a</u> Name, address, and EIN of entity

Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013 THE SEED FOUNDATION	54-1850819	Page 5
Part VII	(Form 990) 2013 THE SEED FOUNDATION Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see instructions).		
	riovide additional information for responses to questions on deficially in (see instructions).		
-			
-			
-			
-			
-			
<u> </u>			
,			
***************************************			-
**			
,			

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		,	x	
• If yo	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).			
	complete Part II unless you have already been granted				m 8868.		
Electro	onic filing (e-file). You can electronically file Form 8868 if	ou need a	3-month automatic extension of tin	ne to file (6	months for a corp	oration	
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	ion of time. You can electronically fi	le Form 88	68 to request an e	xtension	
•	to file any of the forms listed in Part I or Part II with the ex-				•		
	al Benefit Contracts, which must be sent to the IRS in pap	•					
	vw.irs.gov/efile and click on e-file for Charities & Nonprofits		,				
Part			ubmit original (no copies ne	eded).			
A corpo	pration required to file Form 990-T and requesting an autor						
Part I o	nly						
All othe	r corporations (including 1120-C filers), partnerships, REM					2 - 3	
	come tax returns.	,	·		r's identifying nur	nber	
Туре о	Name of exempt organization or other filer, see instru	ctions.		Marie Company of the Park	identification num		
print				,5, 5.		~ · · · · · · · · · · · · · · · · · · ·	
THE SEED FOUNDATION 54-18508							
File by the	N N N N N N N N N N N N N N N N N N N	ee instruc	tions	Social sec	curity number (SSI	J)	
filing your	your 1776 Macca Childenne Ave No. 600						
return. Se Instructio	98 1776 MASSACRUSETTS AVE., NW. NO. 600						
	WASHINGTON DC 20036	oroigir add	roos, oco manadalono.				
	1 MASHINGTON, DC 20030						
Enter ti	ne Return code for the return that this application is for (file	a a conara	te application for each return)			0 1	
LIILOI LI	te return code for the return that this application is to: (iii	e a separa	application for each return,		************************		
Applica	ation	Return	Application			Return	
ls For	ation	Code	Is For			Code	
	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	A STATE OF THE STA	02	Form 1041-A			08	
	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9		04	Form 5227			10	
-	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
-	90-T (trust other than above)	06	Form 8870			12	
OIIIIO	DWIGHT CRAWFORD, CFO	1 00	Total			1 74	
• The	books are in the care of 1776 MASSACHUSETTS AVI	e MW	NO 600 WASHINGTON DO 2	0036			
	phone No. ► (202)785-4123	D. 1111	Fax No.	7030			
	e organization does not have an office or place of busines	s in the Ur					
	s is for a Group Return, enter the organization's four digit					check this	
box 🕨			The state of the s				
-	request an automatic 3-month (6 months for a corporation				ord trio exteriorari	- 1011	
15.		•	tion return for the organization nam		The extension		
le	for the organization's return for:	r organiza	alon for the organization man	ou doore.	THE EXICITION		
	calendar year or						
	x tax year beginning JUL 1 2013	ar	nd ending JUN 30 2014				
	tax your boginning	,	00N 30, 2014				
2 1	the tax year entered in line 1 is for less than 12 months, of	check reas	on: Initial return	Final retur	n		
- "	Change in accounting period	JI IOON TOUS	on miller rotum	T THAI TOTAL	.1		
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6060	enter the tentative tax less any				
	onrefundable credits. See instructions.	, 01 0000,	enter the tentative tax, less any	20	\$		
Adde	A STATE OF THE STA) onter on	v refundable eredite and	3a	φ	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069			n.	¢		
-	stimated tax payments made, include any prior year over			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa			2-	e	25	
	y using EFTPS (Electronic Federal Tax Payment System).			3c	d Farma 0070 FO 1	0.	
Jautio	 If you are going to make an electronic funds withdrawa 	i (direct de	טוט, with this Form 8868, see Form 8	16 Uz-backa	ia Form 88/9-EO f	or payment	

Form 88	68 (Rev. 1-2014)					Page 2
 If you 	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	s box		
Note. O	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	3868.	
 If you 	are filing for an Automatic 3-Month Extension, comple					
Part I	I Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origir	nal (no ce	opies need	ded).
			Enter filer's	identifyir	g number, s	ee instructions
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification	n number (EIN) or
print						
File by the	THE SEED FOUNDATION				54-18508	19
due date fo		ee instruc	tions.	Social se	curity numbe	er (SSN)
filing your return, See					·	
instructions		reign add	Iress, see instructions.			
	WASHINGTON DC 20036	Ü				
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Date of the second	0 or Form 990-EZ	01	10.7 01			- Gode
Form 99	S. Jan.	02	Form 1041-A			08
1000	304 or 0.00 ps (200-) We	03	Form 4720 (other than individual)			09
Form 4720 (individual) Form 990-PF			Form 5227	vidualy		
	0-T (sec. 401(a) or 408(a) trust)	04	Form 6069			
	0-T (trust other than above)	06	Form 8870			11 12
	Do not complete Part II if you were not already granted			viously file	d Form 886	
STOPIL	DWIGHT CRAWFORD, CFO	an Butor	natic o month extension on a pre-	viodary me	ar om ooo	0.
Tho h	pooks are in the care of 1776 MASSACHUSETTS AVE	a MW	NO 500 WASHINGTON DO 1	0026		
	hone No. (202) 785-4123	5., NW,	Fax No.	0030		
	organization does not have an office or place of business	s in the Ut				
	is for a Group Return, enter the organization's four digit					
box 🕨	. If it is for part of the group, check this box					
	equest an additional 3-month extension of time until			I All HIGHL	era trie exter	13101113 101.
				o ma	20 2014	
	r calendar year, or other tax year beginning the tax year entered in line 5 is for less than 12 months, c			Final r		
6 If 1	-	HOUR 1025	ion maaretum		Clum	
7 €	Change in accounting period					
	ate in detail why you need the extension	2.00110.20	D DEWILL FALL MON DE			
	FORMATION REQUIRED TO FILE A COMPLETE AND		E RETURN WILL NOT BE			
AV	ALLABLE UNTIL AFTER THE FIRST EXTENDED DUE	DATE.				
Oo If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720.	or 6060	enter the tentative tax less any			
	nrefundable credits. See instructions.	, 01 0009,	enter the tentative tax, loss any	8a	\$	0
	this application is for Forms 990-PF, 990-T, 4720, or 6069	ontoran	w refundable gradite and actimated	Od	Ψ	0,
	x payments made. Include any prior year overpayment all					
		lowed as i	a credit and any amount paid	016	de	0
-	reviously with Form 8868.	umant wi	th this form if required by using	8b	\$	0,
	Nance due. Subtract line 8b from line 8a. Include your pa		th this form, if required, by using	0.0	s	70
EF	TPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II	only	D D	0.
i Inder nei	nalties of perjury, I declare that I have examined this form, include correct and complete, and that, an authorized to prepare this fo	ling accomi	panying schedules and statements, and t	orny::: to the hast o	if my knowledd	be and belief.
it is true,	correct and complete and that I am authorized to prepare this to	orm.	panying convocates and statements, and	.5 1110 0001 0	J. my knowied	/
Sionature	I A I V I I I			Date	× 2/6	115