## CHANGE OF ACCOUNTING PERIOD

# **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.
 Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service

A F	or the	2020 calendar year, or tax year beginning $JAN 1$ , $2020$ and	ending	JUN 30, 2020		
<b>B</b> c	heck if pplicable	C Name of organization		D Employer identific	cation number	
	Addres					
	Name change	Doing business as	45-2464843			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	e E Telephone numbe	r	
	Final return/	240 MADISON AVENUE	850	901-563-		
	termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,554,285.	
	_ return	FIEMPHIES, IN SOLOS		H(a) Is this a group re		
	Applica	F Name and address of principal officer PEARIX DIONGID	_	for subordinates	? Yes X No	
	pendin	SAME AS C ABOVE	<u>125</u>	H(b) Are all subordinates in	ncluded? Yes No	
		mpt status: X 501(c)(3) 501(c) ( )	52 <u>/ 1</u>	<b>-</b>	list See instructions	
		e: ► WWW.SEEDING-SUCCESS.ORG	-	H(c) Group exemptio		
		organization: X Corporation	L Yea	r of formation. 2011 N	A State of legal domicile: TN	
		Summary	TNG G	TOORGO TO AN		
ė		Briefly describe the organization's mission or most significant activities SEED		UCCESS IS AN DLE TO CAREE	D II	
Governance		DRGANIZATION THAT SUPPORTS AND PROMOTES—A Check this box ▶ ☐ if the organization discontinued its operations or dispos				
ern		Number of voting members of the governing body (Part VI, line 1a)	ector war		l 11	
9		Number of voting members of the governing body (Part VI, line 1a)  Number of Independent voting members of the governing body (Part VI, line 13)	II INI O	8 2021 9 4	11	
∞ 8		Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)	JOM Z	8 2021	0	
ties		Cotal number of valuntages (actimate if pagesson)			0	
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12	OGDE	N, UT	0.	
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line N		7b	0.	
		1.		Prior Year	Current Year	
4	8 (	Contributions and grants (Part VIII, line 1h)		7,445,402.	6,393,124.	
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.	
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	82,355.	
ď	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	78,806.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,445,402.	6,554,285.	
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	12,499.	0.	
	14 1	Benefits paid to or for members (Part IX, column (A), line 4)	L	0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	5,436,810.	5,414,671.	
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	1 200 520	1 104 265	
ш	'''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	F	1,388,539.	1,194,365.	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	6,837,848.	6,609,036. -54,751.	
		Revenue less expenses. Subtract line 18 from line 12	<del>-  </del> -			
Net Assets or	20	Total assets (Part X, line 16)	۲	teginning of Current Year 17,548,795.	End of Year 9,827,241.	
Asse Bals	21	Total liabilities (Part X, line 26)		15,020,409.	7,353,606.	
et l	22	Net assets or fund balances Subtract line 21 from line 20		2,528,386.	2,473,635.	
Pa	rtill	Signature Block				
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and staten	nents, and to the best of my	knowledge and belief, it is	
		, and complete. Declaration of preparer fether than officer is based on all information of wh				
				0610	1606170	
Sigi	n	efgnature of officer		Date	1	
Her	е	MARK STURGIS, CHIEF EXECUTIVE OFFICER				
		Type or print name and title		Dota I. 5	1 8711	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN \	
Paid		LAKRISHA J. WATSON LAKRISHA J. WATS	ON	06/02/21 "self-employ		
Prep		Firm's name DIXON HUGHES GOODMAN LLP		Firm's EIN	56-0747981	
Use	UNIY	Firm's address > 999 S. SHADY GROVE RD, STE 400 MEMPHIS, TN 38120		DL / 0	01)761-3000	
NA c :	tha ID	· · · · · · · · · · · · · · · · · · ·	<del></del> _	j Prione no. ( 9		
iviay	me iH	S discuss this return with the preparer shown above? See instructions		<del>_</del> ,	X Yes No	

, F.C.	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)?		103	
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ĺ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ا ا
	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?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ł		<b></b>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable		G. S.	
а		١	v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		<u> </u>
a		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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	<u> </u>		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b></b>
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	•	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l

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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

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| PartilV | Checklist of Required Schedules (continued)

		$\overline{}$		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
24 -	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
<b>24</b> a	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		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ł
_	instructions, for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		Х
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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	_33	<u> X</u>	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	v	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<del> </del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		x
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> </u>
JU	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			<del></del>
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			٦	1

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

Form 990 (2020)

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	990 (2020) SEEDING SUCCESS 45-2464	<u>843</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		T	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		
	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_		<b>.</b>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<del></del>	A
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		,	
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		<del></del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-00		
Vu	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).		٠,	•
	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		X
	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
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			l
	sponsoring organization have excess business holdings at any time during the year?	8_		<u>.                                    </u>
9	Sponsoring organizations maintaining donor advised funds.		<u></u>	لندا
	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>	ļ	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter			·
	Initiation fees and capital contributions included on Part VIII, line 12	ł	•	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]	ł		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			,
	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them)			
12a	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	<u> </u>		i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	١.,	
	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	ľ		1
	organization is licensed to issue qualified health plans			l.
c	Enter the amount of reserves on hand	<u> </u>		igsqcut
14a	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 on Schedule O	14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			لــــا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	L	X_
	If "Yes," complete Form 4720, Schedule O	L	000	
		Form	1 330	(2020)

SEEDING SUCCESS 45-2464843 Form 990 (2020) Page 6 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 on 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 Yes No 11 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 on Schedule O. 11 **b** Enter the number of voting members included on 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 X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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? 5 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 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? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization

15a 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? 16b

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~~	ction		1310/	$\sim$ I $\sim$	CIIPA

17	List the states w	rith which a copy	of this Form	990 is required t	o be filed	ightharpoons
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18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, 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
	Our website Another's website X Upon request Other (evelope on Ochartus O)

CMII Mensite	Allottiel 3 Mensite	[11] Opon request	Outer (expla	an on Scriedule O)
Describe on Schedule	O whether (and if so, how) the	organization made its g	overning documents,	conflict of interest policy

19	Describe on Schedule O whether (and it so, now) the organization made its governing documents, conflict of interest policy, and imaricial
	statements available to the public during the tax year
^^	Chate the wave address and telephone accurate with a parent who presents the example the example to the parent of

20	State the hame, address, and telephone humber of the	te person who possesses the organizations is	Jooks and records
	MARK STURGIS - 901-507-4183	3	

240 MADISON AVENUE, NO. 850, MEMPHIS, 38103

Form 990 (2020)

Х

Х

X

Х

X

X

12c

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# RartyVII 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 See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) (B) (C) (D) (E) Position Name and title Reportable Reportable Estimated Average (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from from related other (list any the organizations compensation (W-2/1099-MISC) hours for from the organization related Institutional trustee (W-2/1099-MISC) organization trustee ( organizations (ey employee and related below organizations line) 2.00 (1) AUSTIN BAKER 0. DIRECTOR 0 0. (2) KEITH NORMAN 2.00 DIRECTOR X 0 0. 0. 2.00 (3) BLAIR TAYLOR DIRECTOR 0 0. 0. 2.00 (4) KATHY BUCKMAN-GIBSON DIRECTOR 0 0 0. 2.00 (5) JOHN DANIEL 0. 0 0. BOARD CHAIRMAN 40.00 MARK STURGIS 0. X 0 0 CHIEF EXECUTIVE OFFICER (7) TEQUILLA BROWNIE 2.00 0 0 0. DIRECTOR AL BRIGHT 2.00 (8) 0 0 0. DIRECTOR (9) TOMMY JOSEPH 2.00 0. 0. DIRECTOR 0. (10) ISAAC RODRIGUEZ 2.00 0 0. 0. DIRECTOR 2.00 (11) MICHAEL FULTON 0 0. 0. DIRECTOR (12) MELISSA MOORE 2.00 DIRECTOR 0 0. 0.

Form 990 (2020)

	(A) Name and title	Average hours per week (/ut and a director/truste						an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099-MIS		fr org an	pensa om th anizat d relat anizat	ie tion ted
			_											
			_											
			_											
												-		
c	Subtotal  Total from continuation sheets to Part VI	I, Section A						<b>▶</b>	0.		0. 0.			0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but ricompensation from the organization	ot limited to th	ose	liste	d at	ove	) wh	o re		000 of reportable				0
3	Did the organization list any former officer	director, trust	ee, k	кеу є	empl	oye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl								he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	ısatı	on fi	om	any	unre			dual for services		4		X
	rendered to the organization? If "Yes." contion B. Independent Contractors									2100 000 of oom		5		
	Complete this table for your five highest co	-							the organization's tax y		ensat			
	(A) Name and business	address	N	ONE	<u> </u>			_	(B) Description of s	services	C	ompe		n
								$\dashv$						
	<u> </u>							$\dashv$	<del></del>					
	,							-					-	
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lır	nited	d to	thos		ted	above) who received me	ore than				
												Earm.	agn	2020)

Form 990 (2020) SEEDING SUCCESS
Part VIII Statement of Revenue

		Check if Schedule O	ontai	ıns a resp <u>or</u>	se c	or note to any lir	ne in this Part VIII	_		
						_	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								idilotton revenue	business revenue	sections 512 - 514
8 8	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b			1b			1			
2 8	•			1c		_	1			
r A		Related organizations		1d			1			٠
٥ <u>.</u>	-	Government grants (contr	butio				1			
Sig	f	All other contributions, gifts,					1			
outio her (	·	similar amounts not included	-		6.	393,124.				į
풀려	ç					<b>,</b>	1			
Ϋ́	_	Total. Add lines 1a-1f		(.3)4		•	6,393,124.			}
<u> </u>		1000111001110011				Business Code	, ,	, ,		i
.	2 a	ı				,		-		1
Š	_ t				_	<del></del>				
Se al					_	<del></del>				
E E	,									
Peg	ě				_	-				
Program Service Revenue	f	All other program service	reven	IIE.	_					<del></del> -
		Total. Add lines 2a-2f		uc			•			
	3	Investment income (includ	lına d	lividends. in	tere	st. and	<u></u>			
		other similar amounts)				<b>•</b>	82,355.			82,355.
	4	Income from investment of	f tax-	exempt bor	d bi	roceeds				•
	5	Royalties			•	•				
	_		$\prod$	(ı) Real		(II) Personal				
	6 a	Gross rents	6a				}			}
	Ŀ	Less rental expenses	6b				1			}
		: Rental income or (loss)	6c				1			1
	c	Net rental income or (loss)				<b>•</b>				
		Gross amount from sales of	П	(ı) Securiti	es	(II) Other				-
		assets other than inventory	7a				1			
	Ł	Less: cost or other basis					1			}
单		and sales expenses	7b							
ther Revenue	c	Gain or (loss)	7c				1			1
<u>ا</u> ڇ	c					<b></b>				· <del>-</del> - ·
<u>ē</u>	8 a	Gross income from fundraising	ıg eve	nts (not						
튑		including \$	_	of						
- 1		contributions reported on	line 1	c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	c	: Net income or (loss) from	fundra	aising event	s	<b></b>				
	9 a	Gross income from gamin	g acti	vities See					]	1
		Part IV, line 19			9a					
	b	Less direct expenses			9b					
	c	Net income or (loss) from	gamır	ng activities		<b>&gt;</b> _				,
	10 a	Gross sales of inventory, l	ess re	eturns						1
		and allowances			10a					
	t	Less cost of goods sold			10b					
$\dashv$		Net income or (loss) from	sales	of inventor	<u></u>	▶				
ا ي						Business Code	F0 006			
<u>8</u> a	11 a	FORGIVENESS O	F A	CCRUE	<u>ر</u>	900099	78,806.			78,806.
ant enn	b	·			_		-			
Miscellaneous Revenue	C			··	_					
Mis		All other revenue			ı	<u> </u>	79 000			
		Total. Add lines 11a-11d		-			78,806.			161 161
	12	Total revenue. See instruction	ns				6,554,285.	0.	0.	161,161.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 83,539. 74,375. 9,164 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,177,570. 4,609,603. 567,967. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 112,916. 100,529. 12,387. Other employee benefits 9 36,187. 40,646. 4,459. 10 Payroll taxes Fees for services (nonemployees) Management 127,572. 107,096. 20,476. **b** Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees q Other (If line 11g amount exceeds 10% of line 25, 252,640. 252,640 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 690,485. 631,074. 59,411. Office expenses 13 Information technology 14 Royalties 15 35,735. 24,686. 11,049. Occupancy 16 65,770. 52,519. 13,251 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 2,209 1,531. 678. Depreciation, depletion, and amortization 22 9,061. 11,255. 2,194. 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) 24 amount, list line 24e expenses on Schedule O.) STAFF PHONE ALLOTMENT 8,699. 1,043. 7,656 e All other expenses 6,609,036. 5,806,857. 802,179 0. Total functional expenses. Add lines 1 through 24e 25 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) Beginning of year End of year 8,117,853. 1,997,413. Cash · non-interest-bearing 9,133,526. 7,233,267. 2 Savings and temporary cash investments 2 270,000. 150,000. Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8,407. 420,186. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 42,418. basis Complete Part VI of Schedule D 10a 16,043. 19,009. 26,375. 10b 10c b Less accumulated depreciation Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 17,548,795. 9,827,241. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,397,409. 71,895. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 6,827,000. 5,742,589. 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 5,796,000. 1,539,122. 25 of Schedule D 7,353,606. 15,020,409. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow FASB ASC 958, check here 🕨 🗓 **Assets or Fund Balances** and complete lines 27, 28, 32, and 33. -240,980. 1,172,980. 27 Net assets without donor restrictions 2,769,366. 300,655. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,528,386. 32 2,473,635. 32 Total net assets or fund balances 17,548,795 9,827,241. Total liabilities and net assets/fund balances

Form 990 (2020)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2020)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

SEEDING SUCCESS

45-2464843 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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 5 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (v) Amount of monetary (III) Type of organization (vi) Amount of other in your governing document? (described on lines 1-10 support (see instructions) organization support (see instructions) Yes above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 SEEDING SUCCESS 45-2464 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants ")	1994084.	1423113.	3145534.	7445402.	6393124.	20401257.
2	Tax revenues levied for the organ-						_
	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	1994084.	1423113.	3145534.	7445402.	6393124.	20401257.
5	The portion of total contributions						
	by each person (other than a				-		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						645,069.
6	Public support. Subtract line 5 from line 4		_	•	_		19756188.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1994084.	1423113.	3145534.	7445402.	6393124.	20401257.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					82,355.	82,355.
9	Net income from unrelated business			·			
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)					78,806.	78,806.
11	Total support. Add lines 7 through 10		-				20562418.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						ightharpoonup
Sec	ction C. Computation of Publi	c Support Per	centage	=			
14	Public support percentage for 2020 (le	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	96.08 %
15	Public support percentage from 2019	Schedule A, Part I	ll, line 14			_15	95.24 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>►</b> X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			ightharpoons
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st The organizatio	n qualifies as a pul	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u>▶</u>
					Scho	dule A (Form 990	or 990 E71 2020

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

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

qualify under the tests listed be	low, please comp	olete Part II)				
Section A. Public Support		<del></del>				
Calendar year (or fiscal year beginning in) ► 📙	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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 purpose				ļ <del></del>		
3 Gross receipts from activities that						
are not an unrelated trade or bus-					/	
iness under section 513					<i>Y</i>	l
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					<u> </u>	
5 The value of services or facilities					1	
furnished by a governmental unit to						1
the organization without charge				1/	1	1
6 Total. Add lines 1 through 5		1		/		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				1	1	
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that					1	
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) Section B. Total Support		1	<del>/</del>	1	<u>l</u>	
alendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(0) 2010	(3) 23	(0) 20.0	(4) 2010	(6) 2020	17 10141
10a Gross income from interest,			••			
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources		/				
b Unrelated business taxable income						
(less section 511 taxes) from businesses	İ	/				!
acquired after June 30, 1975		/				
	/	<u> </u>				<u> </u>
c Add lines 10a and 10b  11 Net income from unrelated business				<del></del>		
activities not included in line 10b,					i	
whether or not the business is						
regularly carried on	/					
12 Other income Do not include gain or loss from the sale of capital						ļ
assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	/			L		l
14 First 5 years. If the Form 990 is for the	organızatıon's fii	rst, second, thırd, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
check this box and stop here						<b></b>
Section C. Computation of Public						
15 Public support percentage for 2020 (lin		•	olumn (f))		15	
6 Public support percentage from 2019 S	Schedule A, Part	III, line 15			16	
section D. Computation of Invest						
17 Investment income percentage for 202	20 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	<u> </u>
18 Investment income percentage from 2	019 Schedule A,	Part III, line 17			18	
l <b>9a 33 1/3% support tests - 2020</b> . If the c	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly si	upported organiza	tion	▶[
b 33 1/3% support tests - 2019. If the c	•	•	• •			nd
line 18 is not more than 33 1/3%, chec	=					▶□
20 Private foundation. If the organization		•	•		•	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C If you checked box 12c, Part I, complete Sections A. D. and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# S

	tion A. All Supporting Organizations		T	Г
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			'
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<del></del>		
^	class or purpose, describe the designation. If historic and continuing relationship, explain	1		├
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
٥-	organization was described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2	<del>  .</del>	
Ja	•			
<b>h</b>	lines 3b and 3c below.  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<u>3a</u>	1	┢
U	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	_		
		3b		
_	organization made the determination  Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35	<u> </u>	-
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If	_ <del></del>		
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		-	
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	l		l '
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			:
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	l <u>.          </u>		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		-	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			ļ
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		١ '	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	<u> </u>	<u> </u>	ļ
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	•		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
۸.	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Was the organization controlled directly or indirectly at any time during the tax year by one or more	. 8		
ya	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described	-		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.			
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a	-	
IJ	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	70		
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	_	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

10a

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

032025 01-25-21

b

Schedule A (Form 990 or 990-EZ) 2020

За

Parent of Supported Organizations Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	,
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u> </u>
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	_	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		-	π.8
	instructions for short tax year or assets held for part of year)			• •
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			-
	(explain in detail in Part VI)		`.	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	· · · · · · · · · · · · · · · · · · ·	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0 85 of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see
	instructions)	. •		·

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	·		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	<u>.                                    </u>
7	Total annual distributions. Add lines 1 through 6			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI) See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<b></b>		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required explain in Part VI) See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016	<u> </u>			
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				.,,_,
_i_	Remainder Subtract lines 3g, 3h, and 3i from line 3f				
4	Distributions for 2020 from Section D,				
	line 7 \$		-		
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder Subtract lines 4a and 4b from line 4				
5	Remaining underdistributions for years prior to 2020, if				
	any Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2020 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c				
8	Breakdown of line 7:				

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

# **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SEEDING SUCCESS

Employer identification number 45-2464843

	Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds (b) Funds a	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	oortant land area
Protection of natural habitat Preservation of a certified historic	ic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	easement on the last
	ld at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	ing 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?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easemer	nts during the year
<b>&gt;</b>	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements du	uring the year
<b>▶</b> \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As	ssets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	: works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	lic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	rks of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service,
provide the following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items	
a Revenue included on 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) 2020

		SUCCESS						45-24	64843	Page 2
Pai	t III Organizations Maintaining C								(continu	(ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the f	following tha	it make si	gnificant	use of its		
	collection items (check all that apply).									
а	Public exhibition	•	<b>,</b>		hange progr	am				
Ь	Scholarly research	•	∍ ∐	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII	
5	During the year, did the organization solicit o					er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								<u>Yes</u>	No_
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990	), Part IV, I	line 9, or	
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other as	sets not i	ncluded		_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						_1e_			<del></del>
f	Ending balance								1	
	Did the organization include an amount on Fo						ty?		Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII	Check here if the ex	(planatic	n has been	provided on	Part XIII				Щ
Га	t V Endowment Funds. Complete									
_		(a) Current year	(b) F	Prior year	(c) Two yea	irs back	(d) Three	ears back	(e) Four y	ears back_
1a	Beginning of year balance	_			<u> </u>					
ь	Contributions		<u> </u>		<del></del>	+				
C	Net investment earnings, gains, and losses		<del> </del>		<u>, , , , , , , , , , , , , , , , , , , </u>	-				
d	Grants or scholarships	<del></del>					<del></del>	_		
е	Other expenditures for facilities				ł					
_	and programs									
f	Administrative expenses									
g	End of year balance		L		L					
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a)	) held as					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c should be a sh	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are neid an	id administe	red for the	e organiza	ation		<del>. 1</del>
	by									res No
	(i) Unrelated organizations								3a(i)	<del></del> -
_	(ii) Related organizations			ala adula DO					3a(iı)	<del></del>
	If "Yes" on line 3a(ii), are the related organiza	· · · · · · · · · · · · · · · · · · ·							3b	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment r	unas						
<u> </u>			Dort N	/ line 11e C	aa Farm 000	. n V I				
	Complete if the organization answered			T .				<del>  </del>	405 1	
	Description of property	(a) Cost or of basis (investr		(b) Cost basis (			cumulate reciation	ea	(d) Book	value
	Lond	Dasis (investi	none)	Dasis (	(Od lei)	uet	, colation	_		
	Land				-		· · ·			
b	Buildings Leasehold improvements									
d	Equipment	<del></del> -					<u>-</u>	-		
	Other			1	2,418.		16,0	13	26	,375.
	. Add lines 1a through 1e (Column (d) must ed	ual Form 900 Po≠	X colum				,			,375.
		AMMIT VIIII 33V. I GIL	וועועע בי	<u></u>	/ V . I					<u>, </u>

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	11b See Form 990, Part X, line 12.
<del></del>	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
1) Financial derivatives		<del></del>
2) Closely held equity interests		<del>-</del>
3) Other		
(A)	·	
(B)	<del></del>	<del></del>
(C)	<del></del>	<del>-</del>
(D)	<del></del>	
(E)	<del>_</del>	
(F)		1
(G)		<del></del>
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u></u>
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)	<del></del>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Part IX Other Assets.	5 000 5 1 111	41d Coo Form 000 Part V Inc. 45
Complete if the organization answered "Yes" o		
(a) D	n Form 990, Part IV, line Description	(b) Book value
(a) D		
(a) D (1) (2)		
(a) D (1) (2) (3)	Description	
(a) D (1) (2) (3) (4)	Description	
(a) D (1) (2) (3) (4) (5)	Description	
(a) D (1) (2) (3) (4) (5)	Description	
(a) D (1) (2) (3) (4) (5) (6) (7)	Description	
(a) D (1) (2) (3) (4) (5) (6) (7) (8)	Description	
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o	Description	(b) Book value
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o	Description	(b) Book value
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability  (1) Federal income taxes	Description	(b) Book value
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2) CONTRACT LIABILITY-ESCROW	Description	(b) Book value    The or 11f See Form 990, Part X, line 25   (b) Book value   (b) Book value   (c) Book value   (c) Book value   (d) Book value   (d) Book value   (e) Book valu
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2) CONTRACT LIABILITY-ESCROW  (3) AGREEMENT	Description	(b) Book value
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2) CONTRACT LIABILITY-ESCROW  (3) AGREEMENT  (4)	Description	(b) Book value    The or 11f See Form 990, Part X, line 25   (b) Book value   (b) Book value   (c) Book value   (c) Book value   (d) Book value   (d) Book value   (e) Book valu
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes (2) CONTRACT LIABILITY-ESCROW (3) AGREEMENT (4) (5)	Description	(b) Book value    The or 11f See Form 990, Part X, line 25   (b) Book value   (b) Book value   (c) Book value   (c) Book value   (d) Book value   (d) Book value   (e) Book valu
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) CONTRACT LIABILITY-ESCROW (3) AGREEMENT (4) (5) (6)	Description	(b) Book value    The or 11f See Form 990, Part X, line 25   (b) Book value   (b) Book value   (c) Book value   (c) Book value   (d) Book value   (d) Book value   (e) Book valu
(a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability (1) Federal income taxes (2) CONTRACT LIABILITY-ESCROW (3) AGREEMENT (4) (5) (6) (7)	Description	(b) Book value    The or 11f See Form 990, Part X, line 25   (b) Book value   (b) Book value   (c) Book value   (c) Book value   (d) Book value   (d) Book value   (e) Book valu
(a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability  (1) Federal income taxes  (2) CONTRACT LIABILITY-ESCROW  (3) AGREEMENT  (4)  (5)  (6)	Description	(b) Book value    The or 11f See Form 990, Part X, line 25   (b) Book value   (b) Book value   (c) Book value   (c) Book value   (d) Book value   (d) Book value   (e) Book valu

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

2020 Open to Public Inspection

OMB No 1545-0047

Name of the organization

SEEDING SUCCESS

Employer identification number 45-2464843

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AGENDA IN SHELBY COUNTY. IT SERVES AS A FACILITATOR,

ADVOCATE, AND PLATFORM FOR COLLABORATION AROUND FOUR GOALS: 1. CHILDREN

ENTER KINDERGARTEN READY TO LEARN. 2. YOUTH GRADUATES HIGH SCHOOL

"COLLEGE READY". 3. ADULTS EARN CERTIFICATIONS AND DEGREES THAT

PREPARE THEM FOR LOCAL CAREERS. 4. TALENT IS ATTRACTED TO AND RETAINED

IN SHELBY COUNTY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRADUATES HIGH SCHOOL "COLLEGE READY". 3. ADULTS EARN CERTIFICATIONS

AND DEGREES THAT PREPARE THEM FOR LOCAL CAREERS. 4. TALENT IS

ATTRACTED TO AND RETAINED IN SHELBY COUNTY.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER PREPARATION OF FORM 990 BY AN INDEPENDENT ACCOUNTING FIRM, THE FORM 990 IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER WHO SIGNS AND FILES THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

AN INTERESTED PERSON WITH A FINANCIAL INTEREST IN THE ORGANIZATION MUST

DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTREST AND ALL MATERIAL

FACTS TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS CAN TAKE

APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION IF THE INTERESTED PERSON

DOES NOT DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization SEEDING SUCCESS	Employer identification number 45 – 2464843
LINE 15A: THE COMPENSATION FOR ALL EXECUTIVES AND MANAGEME	NT IS APPROVED BY
THE BOARD OF DIRECTORS.	
LINE 15B: THE COMPENSATION FOR ALL KEY EMPLOYEES IS APPROV OF DIRECTORS.	ED BY THE BOARD
OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
INFORMATION IS AVAILABLE UPON WRITTEN REQUEST TO THE EXECU	TIVE DIRECTOR AND
THE APPROVAL BY SUCH DIRECTOR.	
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# 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.

2020

OMB No 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

SEEDING SUCCESS

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 45-2464843

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ste if the organization answered "Yes" (	on Form 990, Part IV, line 33.					
(a)	(q)	(3)	(p)	(e)		(£)	
Name, address, and EiN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-		Direct controlling entity	
FIRST 8 MEMPHIS LLC - 83-2357137 600 JEFFERSON AVE MEMPHIS, TN 38105	PROGRAMS THAT PREPARE CHILDREN FOR KINDERGARDEN E 3RD GRADE LITERACY	TENNESSEE	4 339 233	ļ	7 450 710 SEEDING SUCCESS	SSE	
Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year	ations. Complete if the organization ar	e if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	art IV, line 34, bec	ause it had one or	more related tax-exer	npt	
(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	(6) 512(1) Tricolle	(b)(13)
			i.			X es	<u>8</u>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2020	Form 990)	000

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SEEDING SUCCESS Schedule R (Form 990) 2020 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 Part III

(k)	General or Percentage managing ownership		٠									e related	ε	Section 512(b)(13) controlled entity?	Yes No	-	 				 			
9	neral or F anaging artner?	Yes				-				Ĺ		 or mor		ntage rship	1			T		r			_	
			-	 								ad one	3	Percentage ownership							 			
8	Code V-UBI amount in box 20 of Schedule	K-1 (Form 10										Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(6)	Share of end-of-year	assets									
Ξ	Disproportionate allocations?	٥										line 34	_		_	_		_		 <u> </u>		_		
_	Dispro	Yes										art IV,	ε	are of total income										
(a)	Share of end-of-year assets	!										ırm 990, P		ည် က										
											 	'es" on Fo	(e)	Type of entity (C corp, S corp,	trust)									
Ξ	Share of total income											ered "Y		Type (C corp	ō									
												ion answ							-					
	Predominant income (related, unrelated, excluded from tax under	2-514)										ırganızat	(P)	Direct controlling entity				:						
(e)	tted, unred from 1	ions 512										ıf the o	-											
	Pred( (relgence)	sect			 							omplete	3	Legal domicile (state or foreign	country									
(p)	Direct controlling entity											n or Trust.	(q)	activity										
(၁)	Legal domicile (state or foreign	country)										s a Corpor g the tax ye		Primary						<u> </u>				
<b>(</b> 2)	Primary activity							ŀ				anizations Taxable a		<b>フ</b> _										
(a)	Name, address, and EIN of related organization											Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	(a)	Name, address, and EIN of related organization										

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Yes No

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Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule					200	وا
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?	s with one or more re	lated organizations listed	p Parts II:IV?			ااد
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	2			-		
b Gift, grant, or capital contribution to related organization(s)	•			ę	<u> </u>	
c Gift, grant, or capital contribution from related organization(s)				ç		
d Loans or loan guarantees to or for related organization(s)				Ę	-	
e Loans or loan guarantees by related organization(s)				<b>-</b>		1
f Dividends from related organization(s)				<b>=</b>	 	•
g Sale of assets to related organization(s)				2		
h Purchase of assets from related organization(s)				ŧ		1
i Exchange of assets with related organization(s)				÷		1
j Lease of facilities, equipment, or other assets to related organization(s)				į		
k Lease of facilities, equipment, or other assets from related organization(s)				¥		- [
	anızatıon(s)			=		- 1
<ul> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>	ınızatıon(s)			Ę		
	(s)uoı			Ę		- 1
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	-	f
				<del>1</del>		-
<b>q</b> Reimbursement paid by related organization(s) for expenses				14	_	
				=		
ام				1s		- [
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 thresholds.	who must complete the	s line, including covered r	elationships and transaction thresholds.			i
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						1
(2)				i		
(3)						1
(4)						1
(5)						1
(6)				į		1
(9) 032163 10-28-20			Schedul	Schedule R (Form 990) 2020	990) 202(	18
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Part VI: Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) rcentage vnership					
(j) Reneral or Peranging ov sartner?	-				
Disproportion (i) (j) (k) Disproportion (Code V-UBI General or Percentage to allocations? of Schedule K-1 Darner? Ves No (Form 1065) Yes No					
(h) Disproportionate allocations?					 
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec 501(c)(3) orgs No			 ,	.=1	
Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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Part VII	(Form 990) 2020  Supplemental Infe	rmation			_
	Provide additional info	nation for responses to questions on Schedule R.	See instructions.		
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