

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **SEP 1, 2012** and ending **AUG 31, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW JERSEY SEEDS, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 494 BROAD STREET 105 City, town, or post office, state, and ZIP code NEWARK, NJ 07102 F Name and address of principal officer: RONNI DENES SAME AS C ABOVE	D Employer identification number 22-3181507 E Telephone number (973) 642-6422 G Gross receipts \$ 3,995,760. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NJSEEDS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992 M State of legal domicile: NJ

Part I Summary				
	1 Briefly describe the organization's mission or most significant activities: NEW JERSEY SEEDS, INC. IS A PRIVATELY FUNDED, STATEWIDE, NONPROFIT ORGANIZATION COMMITTED TO			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	28	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	127	
	6 Total number of volunteers (estimate if necessary)	6	45	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		3,214,576.	3,178,730.	
9 Program service revenue (Part VIII, line 2g)		0.	0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		222,222.	237,774.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-68,875.	-19,414.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,367,923.	3,397,090.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,097.	55,556.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,551,684.	2,680,476.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 367,616.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,280,648.	1,342,480.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,884,429.	4,078,512.		
19 Revenue less expenses. Subtract line 18 from line 12	-516,506.	-681,422.		
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	9,359,222.	9,360,525.	
	21 Total liabilities (Part X, line 26)	441,375.	487,047.	
22 Net assets or fund balances. Subtract line 21 from line 20	8,917,847.	8,873,478.		

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.

Sign Here	Signature of officer DON GENSINGER, DIRECTOR OF FINANCE Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RON MATAN	Preparer's signature Date 02/26/14
	Firm's name ▶ SOBEL AND CO., LLC CPA'S	Check <input type="checkbox"/> if self-employed PTIN P01277732
	Firm's address ▶ 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711	Firm's EIN ▶ 22-1430039 Phone no. 973-994-9494

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: NEW JERSEY SEEDS (SCHOLARS, EDUCATORS, EXCELLENCE, DEDICATION, SUCCESS) PROVIDES EDUCATIONAL OPPORTUNITIES FOR MOTIVATED, HIGH-ACHIEVING STUDENTS FROM LOW-INCOME FAMILIES. SEEDS PROGRAMS INCLUDE ADVANCED ACADEMIC CLASSES, CULTURAL ENRICHMENT AND LEADERSHIP

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,388,230. including grants of \$ 55,556.) (Revenue \$) SEEDS PROGRAMS INCLUDE ACCELERATED ACADEMIC CLASSES AND CULTURAL ENRICHMENT TO PREPARE STUDENTS FOR ADMISSION TO TOP INDEPENDENT SCHOOLS AND COLLEGES. OUR SCHOLARS PROGRAM IS OPEN TO ELIGIBLE 7TH GRADE STUDENTS WHO LIVE IN CENTRAL AND NORTHERN NEW JERSEY. THEY RECEIVE PLACEMENT ASSISTANCE FOR 9TH GRADE. OUR YOUNG SCHOLARS PROGRAM IS OPEN TO ELIGIBLE 4TH AND 5TH GRADE STUDENTS WHO LIVE IN THE GREATER NEWARK AREA. THEY RECEIVE PLACEMENT ASSISTANCE FOR 5TH AND 6TH GRADE. FOR BOTH PROGRAMS, STUDENTS TAKE CLASSES ON SATURDAYS AND OVER THE SUMMER. BOTH PROGRAMS ARE FREE, INCLUDING TRANSPORTATION AND BOOKS. BOTH PROGRAMS RUN FOR A 14 MONTH PERIOD.

4b (Code:) (Expenses \$ 793,274. including grants of \$) (Revenue \$) OUR COLLEGE PREPARATORY PROGRAM IS OPEN TO ELIGIBLE 9TH GRADE STUDENTS FROM ORANGE AND TRENTON NJ. THE SEEDS COLLEGE PREPARATORY PROGRAM PREPARES ACADEMICALLY MOTIVATED, FINANCIALLY-LIMITED, HIGH SCHOOL STUDENTS FOR ADMISSION TO COMPETITIVE FOUR-YEAR COLLEGES. DURING THE SOPHOMORE, JUNIOR AND SENIOR YEARS OF HIGH SCHOOL, THE PROGRAM PROVIDES SATURDAY AND SUMMER HONORS CLASSES, ACT TEST PREPARATION, CULTURAL ENRICHMENT AND ASSISTANCE WITH THE COLLEGE ADMISSIONS AND FINANCIAL AID PROCESSES.

4c (Code:) (Expenses \$ 1,123,805. including grants of \$) (Revenue \$) THE NJ SEEDS GUIDANCE PROGRAM IS DESIGNED TO PROVIDE GRADUATES OF THE SCHOLARS, YOUNG SCHOLARS AND COLLEGE PREPARATORY PROGRAMS WITH ACADEMIC, SOCIAL AND EMOTIONAL SUPPORT THROUGHOUT THE TIME THAT THEY ARE ENROLLED IN THEIR PLACEMENT SCHOOLS. THE GUIDANCE DEPARTMENT VISITS APPROXIMATELY 450 STUDENTS ANNUALLY IN MORE THAN 100 SCHOOLS NATIONWIDE. THIS PROGRAM PROVIDES TAILORED PROGRAMMING FOR MIDDLE SCHOOL, HIGH SCHOOL AND COLLEGE-AGED STUDENTS. GUIDANCE ALSO CONDUCTS EVENTS INCLUDING COLLEGE ADMISSIONS AND FINANCIAL AID WORKSHOPS, COLLEGE FAIRS, AN ANNUAL SENIOR DINNER FOR STUDENTS GRADUATING FROM HIGH SCHOOL, AND ANNUAL SUMMER REUNION. GUIDANCE SUPPORT INCLUDES INTERNSHIP OPPORTUNITIES AND LEADERSHIP WORKSHOPS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,305,309.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ, NY
18 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] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NEW JERSEY SEEDS, INC. - 973-642-6422 494 BROAD STREET, NEWARK, NJ 07102

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

Check if Schedule O contains a response to any question 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN PRESENT CHAIR	3.00	X		X				0.	0.	0.
(2) ALLEN MEISELS TREASURER	2.00	X		X				0.	0.	0.
(3) DEBORAH BARKER BOARD MEMBER	1.00	X						0.	0.	0.
(4) JOEL BENENSON BOARD MEMBER	0.50	X						0.	0.	0.
(5) VICTOR BOYAJIAN BOARD MEMBER	0.50	X						0.	0.	0.
(6) NATHANIEL CONARD BOARD MEMBER	1.00	X						0.	0.	0.
(7) JOSE CORREA BOARD MEMBER	0.50	X						0.	0.	0.
(8) ROBERT G. COX BOARD MEMBER	0.50	X						0.	0.	0.
(9) RONNI DENES PRESIDENT, EXEC. DIR.	40.00	X		X				237,070.	0.	9,734.
(10) PAUL DEROSA BOARD MEMBER	1.00	X						0.	0.	0.
(11) MARK DORFMAN BOARD MEMBER	0.50	X						0.	0.	0.
(12) JANENE EDLIN BOARD MEMBER	2.00	X						0.	0.	0.
(13) DAVID FARBER BOARD MEMBER	1.00	X						0.	0.	0.
(14) BOBBIE FRANKFORT, PH.D BOARD MEMBER	2.00	X						0.	0.	0.
(15) JANICE BECKMEN BOARD MEMBER	1.00	X						0.	0.	0.
(16) VINCENT LIMA BOARD MEMBER	0.50	X						0.	0.	0.
(17) RANDALL NIXON BOARD MEMBER	0.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDREW OKUN BOARD MEMBER	1.00	X						0.	0.	0.
(19) MICHAEL BONARTI BOARD MEMBER	0.50	X						0.	0.	0.
(20) ABBY O'NEILL BOARD MEMBER	0.50	X						0.	0.	0.
(21) ANDY SCHWARTZ BOARD MEMBER	1.00	X						0.	0.	0.
(22) M. RANDALL STRICKLAND BOARD MEMBER	0.50	X						0.	0.	0.
(23) ANDREW THOMPSON BOARD MEMBER	0.50	X						0.	0.	0.
(24) SHERRONDA BROWN BOARD MEMBER	0.50	X						0.	0.	0.
(25) ART WEINBACH BOARD MEMBER	0.50	X						0.	0.	0.
(26) LARRY WIESENECK BOARD MEMBER	0.50	X						0.	0.	0.
1b Sub-total								237,070.	0.	9,734.
c Total from continuation sheets to Part VII, Section A								487,895.	0.	45,428.
d Total (add lines 1b and 1c)								724,965.	0.	55,162.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) THEO LUBKE BOARD MEMBER	0.50	X						0.	0.	0.
(28) CLAIRE SANTANIELLO BOARD MEMBER	0.50	X						0.	0.	0.
(29) LEE SHAVEL BOARD MEMBER	0.50	X						0.	0.	0.
(30) JOHN CASTANO VP OF OPERATIONS	40.00			X				145,418.	0.	15,849.
(31) DON GENSINGER DIRECTOR OF FINANCE	40.00			X				114,255.	0.	10,166.
(32) DAVID ALLYN DIRECTOR OF EDUCATION	40.00				X			115,869.	0.	7,524.
(33) ANDY HOGE DIR. OF ADMISSIONS & PLACE	40.00				X			112,353.	0.	11,889.
Total to Part VII, Section A, line 1c								487,895.		45,428.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	811,014.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,367,716.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		3,178,730.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		139,620.		139,620.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	492,755.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	394,601.			
		c Gain or (loss)	98,154.			
	d Net gain or (loss)		98,154.		98,154.	
	8 a Gross income from fundraising events (not including \$ 811,014. of contributions reported on line 1c). See Part IV, line 18	a	184,655.			
		b Less: direct expenses	b	204,069.		
c Net income or (loss) from fundraising events			-19,414.		-19,414.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		3,397,090.	0.	0.	218,360.	

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 to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	55,556.	55,556.		
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	598,533.	368,500.	189,486.	40,547.
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	1,736,383.	1,444,600.	96,532.	195,251.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,813.	24,613.	3,427.	4,773.
9 Other employee benefits	113,856.	89,331.	9,155.	15,370.
10 Payroll taxes	198,891.	154,070.	24,134.	20,687.
11 Fees for services (non-employees):				
a Management				
b Legal	3,284.	1,314.	1,970.	
c Accounting	22,400.	7,616.	7,392.	7,392.
d Lobbying				
e 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 O.)	5,709.	4,225.	799.	685.
12 Advertising and promotion	76,033.	65,228.		10,805.
13 Office expenses	203,472.	145,013.	27,543.	30,916.
14 Information technology				
15 Royalties				
16 Occupancy	194,872.	154,732.	20,070.	20,070.
17 Travel	64,493.	54,462.	5,409.	4,622.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,492.	60,370.	7,408.	6,714.
23 Insurance	63,685.	47,823.	8,220.	7,642.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STUDENT EDUCATIONAL EXP	483,944.	477,721.	4,667.	1,556.
b STUDENT TRANSPORTATION	115,955.	115,955.		
c EDUCATIONAL BOOKS AND S	29,098.	29,098.		
d PRINTING AND PUBLICATIO	13,049.	11,232.	303.	1,514.
e All other expenses SEE SCH O	-8,006.	-6,150.	-928.	-928.
25 Total functional expenses. Add lines 1 through 24e	4,078,512.	3,305,309.	405,587.	367,616.
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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	134,815.	1	250,106.
	2	Savings and temporary cash investments	68,227.	2	83,491.
	3	Pledges and grants receivable, net	47,053.	3	24,324.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,142.	9	16,317.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 760,585.		
	b	Less: accumulated depreciation	10b 558,655.	10c 189,578.	201,930.
	11	Investments - publicly traded securities	498,241.	11	565,290.
	12	Investments - other securities. See Part IV, line 11	8,330,155.	12	8,129,825.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	84,011.	15	89,242.
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,359,222.	16	9,360,525.	
Liabilities	17	Accounts payable and accrued expenses	380,374.	17	429,066.
	18	Grants payable		18	
	19	Deferred revenue	61,001.	19	57,981.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	441,375.	26	487,047.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	5,251,467.	27	5,360,939.
	28	Temporarily restricted net assets	359,012.	28	190,171.
	29	Permanently restricted net assets	3,307,368.	29	3,322,368.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	8,917,847.	33	8,873,478.
34	Total liabilities and net assets/fund balances	9,359,222.	34	9,360,525.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,397,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,078,512.
3	Revenue less expenses. Subtract line 2 from line 1	3	-681,422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,917,847.
5	Net unrealized gains (losses) on investments	5	637,053.
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	8,873,478.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

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. ▶ See separate instructions.

2012

Open to Public Inspection

Name of the organization NEW JERSEY SEEDS, INC.	Employer identification number 22-3181507
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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).**
 - 4 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: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 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.)
 - 10 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
 - e 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).
 - f 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
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) 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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NEW JERSEY SEEDS, INC.

Employer identification number

22-3181507

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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 organization 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?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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)(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 describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 SFAS 116 (ASC 958), 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 service, 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,478,401.	3,325,146.	3,088,602.	2,670,608.	3,029,074.
b Contributions	15,000.	18,500.	15,000.	184,025.	15,843.
c Net investment earnings, gains, and losses	331,017.	134,755.	221,544.	233,969.	-374,309.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,824,418.	3,478,401.	3,325,146.	3,088,602.	2,670,608.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 13.00 %
- b Permanent endowment 87.00 %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		277,977.	192,484.	85,493.
e Other		482,608.	366,171.	116,437.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				201,930.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS IN COMMUNITY		
(B) FOUNDATION	3,887,977.	END-OF-YEAR MARKET VALUE
(C) FAMILY LIMITED		
(D) PARTNERSHIP	356,037.	END-OF-YEAR MARKET VALUE
(E) INVESTMENTS IN NEW		
(F) PROVIDENCE BALANCED		
(G) PORTFOLIO FUND	3,885,811.	END-OF-YEAR MARKET VALUE
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,129,825.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,034,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	637,053.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	637,053.
3	Subtract line 2e from line 1	3	3,397,090.
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.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,397,090.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,078,512.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,078,512.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,078,512.

Part XIII Supplemental Information

Complete this part to 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: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE

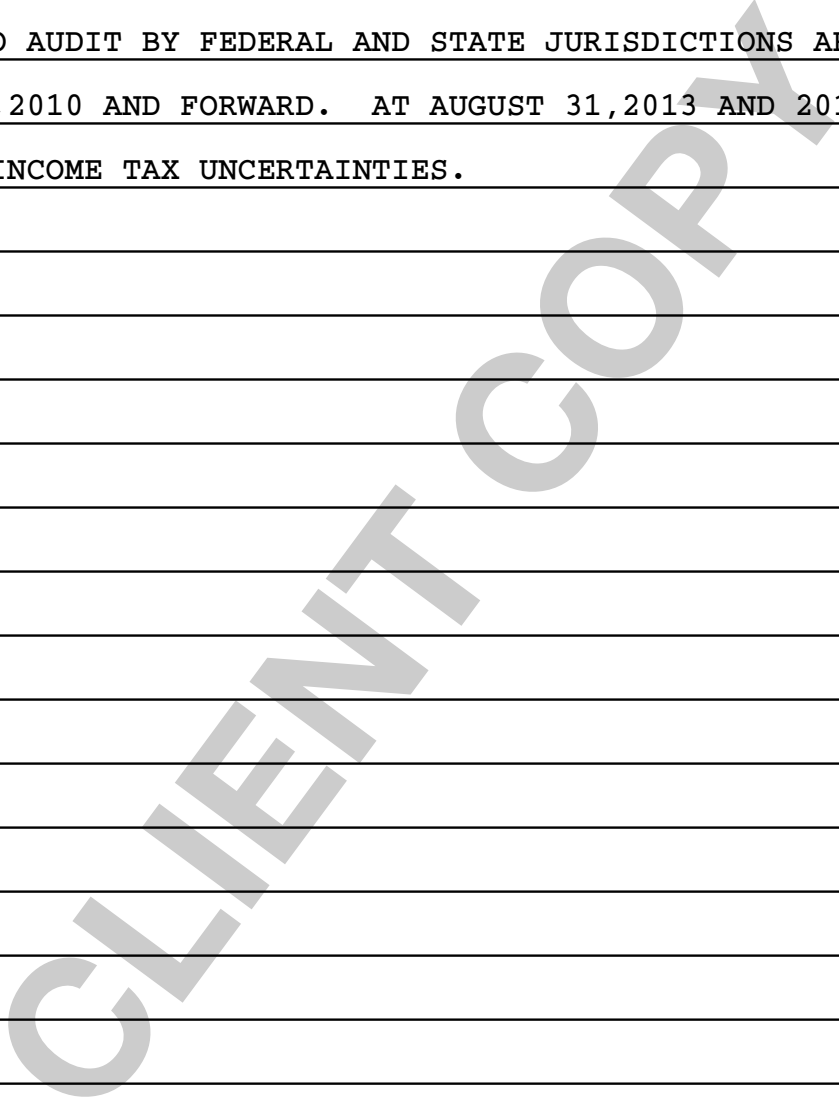
ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A

RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL

STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED

Part XIII Supplemental Information (continued)

TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE. NO INTEREST AND PENALTIES WERE RECORDED DURING THE YEARS ENDED 2013 AND 2012. THE TAX YEARS SUBJECT TO AUDIT BY FEDERAL AND STATE JURISDICTIONS ARE THE YEARS ENDED AUGUST 31, 2010 AND FORWARD. AT AUGUST 31, 2013 AND 2012, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTAINTIES.



SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization **NEW JERSEY SEEDS, INC.** Employer identification number **22-3181507**

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<u>NJ SEEDS DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, THE ADMISSION OF STUDENTS, OR ANY OTHER PROGRAMS. ALL STUDENTS SHARE THE SAME RIGHTS AND PRIVILEGES.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

Name of the organization
NEW JERSEY SEEDS, INC.

Employer identification number
22-3181507

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		2ND ANNUAL LEADING CHANTENNIS (event type)	GOLF & TENNIS OUTIN (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	725,703.	211,265.	58,701.	995,669.
	2 Less: Contributions	640,303.	134,954.	35,757.	811,014.
	3 Gross income (line 1 minus line 2)	85,400.	76,311.	22,944.	184,655.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	41,735.	53,401.	25,862.	120,998.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	62,248.	15,358.	5,465.	83,071.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(204,069)
	11 Net income summary. Combine line 3, column (d), and line 10				-19,414.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DON GENSINGER

Address ▶ 494 BROAD STREET - NEWARK, NJ 07102

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NEW JERSEY SEEDS, INC.

Employer identification number
22-3181507

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(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	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2012)

Part III **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT ESSENTIALS- THIS ASSISTANCE HELPS THE LOW-INCOME STUDENTS AND THEIR FAMILIES COVER SOME OF THE EXPENSES ASSOCIATED WITH ATTENDING INDEPENDENT SCHOOLS THAT ARE NOT COVERED BY THE	47	55,556.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MAINTAINS RECORDS FOR ASSISTANCE PROVIDED. SELECTION CRITERIA IS BASED ON A CANDIDATE'S GEOGRAPHIC LOCATION, STRONG ACADEMIC SKILLS AND POTENTIAL, AS WELL AS FINANCIAL NEED.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: STUDENT ESSENTIALS- THIS ASSISTANCE HELPS THE LOW-INCOME STUDENTS AND THEIR FAMILIES COVER SOME OF THE EXPENSES ASSOCIATED WITH ATTENDING INDEPENDENT SCHOOLS THAT ARE NOT

Part IV Supplemental Information

COVERED BY THE SCHOOLS' FINANCIAL AID PACKAGES. THESE EXPENSES INCLUDE
TUITION GAPS, REGISTRATION FEES, BOOKS, TRAVEL EXPENSES AND OTHER
INCIDENTALS.

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

NEW JERSEY SEEDS, INC.

Employer identification number

22-3181507

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
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:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
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) 2012

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RONNI DENES PRESIDENT, EXEC. DIR.	(i)	237,070.	0.	0.	7,794.	1,940.	246,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN CASTANO VP OF OPERATIONS	(i)	145,418.	0.	0.	4,535.	11,314.	161,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



SCHEDULE O
(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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NEW JERSEY SEEDS, INC.

Employer identification number

22-3181507

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

CHANGING THE LIVES OF HIGHLY-MOTIVATED STUDENTS FROM LOW-INCOME
FAMILIES BY TRANSFORMING THEIR EDUCATIONAL OPPORTUNITIES.

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

DEVELOPMENT TO PREPARE STUDENTS FOR ADMISSION TO SELECTIVE INDEPENDENT
SCHOOLS AND COLLEGES WHERE THEY CAN REALIZE THEIR FULL POTENTIAL. WE
ENCOURAGE OUR ALUMNI TO BE LEADERS WHO GIVE BACK TO THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE

ORGANIZATION'S GOVERNING BODY. THEY REVIEW THE FORM 990 AND IF THERE ARE
ANY QUESTIONS OR CONCERNS THEY ARE PRESENTED TO THE DIRECTOR OF FINANCE.
THE DIRECTOR OF FINANCE WILL REVIEW THE QUESTIONS OR CONCERNS AND IF THERE
IS ACTION TO TAKE, SPEAK WITH THE AUDITORS TO RESOLVE THE QUESTIONS OR
CONCERNS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING

COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP
MANAGEMENT IS SET BY THE BOARD CHAIR IN CONSULTATION WITH THE FINANCE

COMMITTEE CHAIR. THIS EVALUATION TAKES PLACE AFTER A FORMAL ANNUAL
PERFORMANCE REVIEW. THE ORGANIZATION'S PROCESS FOR DETERMINING OFFICERS'
OR KEY EMPLOYEES' COMPENSATION IS A REVIEW OF SALARIES BY THE FINANCE AND
ADMINISTRATION COMMITTEE. THIS REVIEW IS PERFORMED ALONG WITH BUDGETED
SALARY INCREASES FOR ALL STAFF DURING THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization NEW JERSEY SEEDS, INC.	Employer identification number 22-3181507
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1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	2,108.
MANAGEMENT AND GENERAL EXPENSES	104.
FUNDRAISING EXPENSES	104.
TOTAL EXPENSES	2,316.

RECOVERY OF BAD DEBT:

PROGRAM SERVICE EXPENSES	-8,258.
MANAGEMENT AND GENERAL EXPENSES	-1,032.
FUNDRAISING EXPENSES	-1,032.
TOTAL EXPENSES	-10,322.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	-8,006.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM THE PRIOR YEAR.

990, PAGE 9, PART VIII, LINE 7D, NET GAIN 105,585

THE ORGANIZATION HAS ESTABLISHED INVESTMENT FUNDS WITH COMMUNITY

Name of the organization NEW JERSEY SEEDS, INC.	Employer identification number 22-3181507
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FOUNDATION OF NJ (CFNJ) AND NEW PROVIDENCE ASSET MANAGEMENT (NPAM). IN ADDITION, THE ORGANIZATION HAS A 1% INTEREST IN A FAMILY LIMITED PARTNERSHIP THAT REPORTS NET CAPITAL GAINS AND LOSSES ON FORM K-1. ALL THREE INVESTMENTS PROVIDE THE ORGANIZATION INFORMATION ON NET REALIZED GAINS OR LOSSES BUT NOT ITEMIZED DETAILS THAT WOULD ENABLE THE ORGANIZATION TO ACCURATELY COMPLETE LINES 7A-7C.



2012 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
23	TABLES	083102	SL	7.00	16	4,555.			4,555.	4,555.		0.
24	OFFICE FURNITURE	103108	SL	7.00	16	97,060.			97,060.	69,325.		13,894.
25	REFRIGERATOR	103108	SL	7.00	16	1,100.			1,100.	785.		157.
26	COMPUTER/TELEPHONE WIRING	103108	SL	7.00	16	8,130.			8,130.	5,806.		1,161.
27	OFFICE CARPETING	073111	SL	7.00	16	20,706.			20,706.	3,205.		2,958.
59	STORAGE SHELVES AND CABINETS	083111	SL	7.00	16	1,842.			1,842.	263.		263.
60	CONFERENCE TABLE & WHITEBOARD	083111	SL	7.00	16	909.			909.	130.		130.
61	REFRIGERATORS	043013	SL	7.00	16	1,320.			1,320.			63.
62	CONFERENCE ROOM SIDEBOARD	083013	SL	7.00	16	717.			717.			0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					136,339.		0.	136,339.	84,069.	0.	18,626.
	MACHINERY & EQUIPMENT											
28	DELL LAPTOPS	012204	SL	5.00	16	22,896.			22,896.	22,896.		0.
29	DELL POWER EDGE 2600	011904	SL	5.00	16	7,519.			7,519.	7,519.		0.
30	MISC SERVER EQUIPMENT	011204	SL	5.00	16	3,834.			3,834.	3,834.		0.
31	SERVER SETUP COSTS	040604	SL	5.00	16	8,000.			8,000.	8,000.		0.
32	DELL LAPTOPS	090104	SL	5.00	16	3,000.			3,000.	3,000.		0.
33	FAX MACHINE	120304	SL	5.00	16	1,445.			1,445.	1,445.		0.

2012 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34	2 DELL LATITUDE, 1 DELL OPTIPLEX	120604	SL	5.00	16	4,318.			4,318.	4,318.		0.
35	DELL LAPTOPS	022405	SL	5.00	16	2,488.			2,488.	2,488.		0.
36	DELL PROJECTOR	041005	SL	5.00	16	1,187.			1,187.	1,187.		0.
37	3 DELL LAPTOPS	072705	SL	5.00	16	4,290.			4,290.	4,290.		0.
38	SAMSUNG TELEPHONES	112805	SL	5.00	16	678.			678.	678.		0.
39	DELL LAPTOPS	022807	SL	5.00	16	20,974.			20,974.	20,974.		0.
40	HP PRINTER	073107	SL	5.00	16	1,854.			1,854.	1,854.		0.
41	6 DELL LAPTOPS	093007	SL	5.00	16	13,422.			13,422.	13,422.		0.
42	TELEPHONE EQUIPMENT	103107	SL	5.00	16	4,285.			4,285.	4,285.		0.
43	SECURITY ENTRY SYSTEM	113007	SL	5.00	16	9,945.			9,945.	9,945.		0.
44	6 DELL LAPTOPS	013108	SL	5.00	16	11,472.			11,472.	10,324.		1,147.
45	SAVIN PRINTER	043008	SL	5.00	16	1,826.			1,826.	1,704.		122.
46	OKI COPIER	043008	SL	5.00	16	2,900.			2,900.	2,707.		193.
47	DELL NETWORK SERVER	060109	SL	5.00	16	4,480.			4,480.	2,912.		896.
48	SERVER INSTALL EQUIPMENT	060109	SL	5.00	16	1,834.			1,834.	1,193.		367.
49	UPS FOR SERVER	060109	SL	5.00	16	499.			499.	325.		100.
50	DISASTER RECOVERY HARDWARE	060109	SL	5.00	16	3,393.			3,393.	2,206.		679.
51	SERVER INSTALL	060109	SL	5.00	16	7,200.			7,200.	4,680.		1,440.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
52	PROJECTORS AND CAMERAS	08/31/09	SL	5.00	16	3,098.			3,098.	1,860.		620.
53	6 DELL LAPTOPS	06/01/10	SL	5.00	16	10,091.			10,091.	4,541.		2,018.
54	DELL DESKTOPS 2	02/28/10	SL	5.00	16	2,440.			2,440.	1,220.		488.
55	HP NETWORK PRINTERS	10/31/10	SL	5.00	16	2,061.			2,061.	756.		412.
56	DELL LAPTOP 1 AND DESKTOP 2	02/28/10	SL	5.00	16	8,642.			8,642.	2,592.		1,728.
57	LAPTOPS 3	07/31/11	SL	5.00	16	5,109.			5,109.	1,107.		1,022.
58	XEROX COLOR PRINTER & WIRELESS ROUTER	08/31/11	SL	5.00	16	2,313.			2,313.	463.		462.
65	DELL LAPTOPS AND PRINTER	10/31/12	SL	5.00	16	9,752.			9,752.	1,950.		1,950.
66	CONFERENCE ROOM TECH UPGRADES	11/30/12	SL	5.00	16	3,693.			3,693.	554.		739.
67	PHONE SYSTEM UPGRADES	03/31/12	SL	5.00	16	8,825.			8,825.	882.		1,765.
68	DELL LAPTOPS (5)	06/30/12	SL	5.00	16	7,293.			7,293.	243.		1,459.
69	SERVER UPGRADES	07/31/12	SL	5.00	16	9,662.			9,662.	162.		1,932.
70	DELL COMPUTERS (2)	12/31/12	SL	5.00	16	3,540.			3,540.			472.
71	IPADS (2)	07/31/13	SL	5.00	16	1,822.			1,822.			30.
72	NEW NETWORK SERVERS	07/31/13	SL	5.00	16	34,394.			34,394.			573.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					256,474.		0.	256,474.	152,516.	0.	20,614.
	TRANSPORTATION EQUIPMENT											
	VEHICLES-HONDA											
10	ODYSSEY	02/28/09	SL	5.00	16	21,503.			21,503.	15,053.		4,301.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					21,503.		0.	21,503.	15,053.	0.	4,301.
	OTHER											
2	BLACKBAUD SOFTWARE AND TRAINING WINDOWS SERVER SOFTWARE	010804	SL	3.00	16	42,978.			42,978.	42,978.		0.
3	NEW SEEDS WEBSITE	011204	SL	3.00	16	5,296.			5,296.	5,296.		0.
4	BLACKBAUD APPLICATION AND TRAINING WEBSITE	070105	SL	3.00	16	19,100.			19,100.	19,100.		0.
5	BLACKBAUD APPLICATION AND TRAINING WEBSITE	070105	SL	3.00	16	19,957.			19,957.	19,957.		0.
6	BLACKBAUD APPLICATION AND TRAINING WEBSITE	060106	SL	3.00	16	24,667.			24,667.	24,667.		0.
7	ENHANCEMENTS FILEMAKER PRO SOFTWARE	013106	SL	3.00	16	6,937.			6,937.	6,937.		0.
8	BLACKBAUD APPLICATION AND TRAINING FILEMAKER PRO SOFTWARE	062206	SL	3.00	16	3,526.			3,526.	3,526.		0.
9	BLACKBAUD APPLICATION AND TRAINING FILEMAKER PRO SOFTWARE	022807	SL	3.00	16	25,957.			25,957.	25,957.		0.
10	BLACKBAUD APPLICATION AND TRAINING WEBSITE	022807	SL	3.00	16	12,700.			12,700.	12,700.		0.
11	ENHANCEMENTS DEVELOPMENT SOFTWARE	063007	SL	3.00	16	5,900.			5,900.	5,900.		0.
12	BLACKBAUD APPLICATION AND TRAINING FILEMAKER PROGRAMMING WEBSITE	022807	SL	3.00	16	3,995.			3,995.	3,995.		0.
13	BLACKBAUD APPLICATION AND TRAINING WEBSITE	093007	SL	3.00	16	6,000.			6,000.	6,000.		0.
14	ENHANCEMENTS BLACKBAUD APPLICATION AND TRAINING WINDOWS NETWORK SERVER SOFTWARE	022808	SL	3.00	16	18,219.			18,219.	18,220.		0.
15	BLACKBAUD APPLICATION AND TRAINING WINDOWS NETWORK SERVER SOFTWARE	022808	SL	3.00	16	11,610.			11,610.	11,610.		0.
16	FILEMAKER SOFTWARE NEW VERSION	060109	SL	3.00	16	1,196.			1,196.	1,196.		0.
17	FILEMAKER SOFTWARE NEW VERSION	060109	SL	3.00	16	3,007.			3,007.	3,007.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	ADOBE AND VISIO SOFTWARE	060110	SL	3.00	16	1,363.			1,363.	1,363.		0.
19	FILEMAKER SOFTWARE UPGRADE	080110	SL	3.00	16	950.			950.	660.		290.
20	BLACKBAUD APPLICATION AND TRA	022811	SL	3.00	16	8,890.			8,890.	4,445.		2,963.
21	NEW SEEDS WEBSITE	083111	SL	3.00	16	42,533.			42,533.	14,178.		14,178.
22	FILEMAKER SOFTWARE UPGRADE	083111	SL	3.00	16	2,500.			2,500.	833.		833.
63	INRESONANCE FILEMAKER SOFTWARE	030113	SL	3.00	16	73,268.			73,268.			12,210.
64	WEBSITE ENHANCEMENTS	060113	SL	3.00	16	5,720.			5,720.			477.
	* 990 PAGE 10 TOTAL OTHER					346,269.		0.	346,269.	232,525.	0.	30,951.
	* GRAND TOTAL 990 PAGE 10 DEPR					760,585.		0.	760,585.	484,163.	0.	74,492.