			EXTENDED TO APRIL 18, 2016							
	Q	90	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047					
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (^{ns)} 2014					
		of the Treasury enue Service	Do not enter social security numbers on this form as it may be be formation about Forma 2020 and its instructions is at	•	Open to Public Inspection					
			▶ Information about Form 990 and its instructions is at _{WWW} lar year, or tax year beginning SEP 1, 2014 and ending	<u>v.irs.gov/form990.</u> AUG 31, 2015	Inspection					
	Check if	i	f organization	D Employer identifi	cation number					
	pplicat	ole:	l'organization							
	Addr chan		JERSEY SEEDS, INC.							
Name Doing business as 22-318										
	Initia returi	Number	and street (or P.O. box if mail is not delivered to street address)							
	Final returi termi		BROAD STREET 105)642-6422 7,426,118.					
	ated Amer	nded NTTTTA	own, state or province, country, and ZIP or foreign postal code .RK,NJ 07102	G Gross receipts \$						
F	_returi _Appli _tion		nd address of principal officer:RONNI DENES	H(a) Is this a group re for subordinates						
	pend		AS C ABOVE	H(b) Are all subordinates in						
<u> </u>	Tax-ex				list. (see instructions)					
			NJSEEDS.ORG	H(c) Group exemptio	· · · · · · · · · · · · · · · · · · ·					
					State of legal domicile: NJ					
	art I	Summary								
e	1	Briefly describ	be the organization's mission or most significant activities: ${f NEW}$ $f JERSE$	EY SEEDS, INC	. IS A					
anc		PRIVATE	LY FUNDED, STATEWIDE, NONPROFIT ORGAN	IZATION COMMI	TTED TO					
Activities & Governance	2	Check this bo	$ \mathbf{k} \mathbf{k} \mathbf{k}$ if the organization discontinued its operations or disposed of m	ore than 25% of its net as						
ŏ	3		ting members of the governing body (Part VI, line 1a)		28					
<u>ھ</u>	4		dependent voting members of the governing body (Part VI, line 1b)		28					
ies	5		of individuals employed in calendar year 2014 (Part V, line 2a)		121					
tivit	6		of volunteers (estimate if necessary)		150					
Ac			d business revenue from Part VIII, column (C), line 12		0.					
		Net unrelated	business taxable income from Form 990-T, line 34	7b Prior Year	Current Year					
	8	Contributions	and grants (Part VIII, line 1h)	3,467,450.	6,323,996.					
Revenue	9			0.	0.					
Svel	10	•	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	504,334.	592,148.					
ň	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-66,299.	-69,192.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,905,485.	6,846,952.					
	13		milar amounts paid (Part IX, column (A), lines 1-3)	59,682.	53,901.					
	14		to or for members (Part IX, column (A), line 4)	0.	0.					
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,862,693.	2,756,472.					
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.					
ъ Бе			ing expenses (Part IX, column (D), line 25) ► 466,458.							
Ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,309,732.	1,527,331.					
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,232,107.	4,337,704.					
	19	Revenue less	expenses. Subtract line 18 from line 12	-326,622.	2,509,248.					
s or			_	Beginning of Current Year	End of Year					
sset 3alai	20	Total assets (F	9,430,758.	11,145,605.					
Net Assets or Fund Balances	21		s (Part X, line 26)	314,619.	432,102.					
			fund balances. Subtract line 21 from line 20	9,116,139.	10,713,503.					
	art II	U		analis and is the basis of	u lun nu la dana ang dika Bata Sata					
			I declare that I have examined this return, including accompanying schedules and stat		y knowledge and belief, it is					
urue	, corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	irer nas any knowledge.						

Sign	Signature of officer		Date								
Here		OR OF FINANCE									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature Date	Check PTIN								
Paid	RON MATAN	02/08	/16 ^{if} self-employed P01277732								
Preparer	Firm's name 🕒 SOBEL AND CO., I		Firm's EIN 22–1430039								
Use Only	Firm's address 293 EISENHOWER	PARKWAY	-								
	LIVINGSTON, NJ (07039-1711	Phone no. 973 – 994 – 9494								
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No								
432001 11-0	432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2014) NEW JERSEY SEEDS, INC. 22-3181507 Page
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: <u>NEW JERSEY SEEDS (SCHOLARS, EDUCATORS, EXCELLENCE, DEDICATION,</u> <u>SUCCESS) PROVIDES EDUCATIONAL OPPORTUNITIES FOR MOTIVATED,</u>
	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 N If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O.
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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,053,759. including grants of \$ 43,369.) (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 \$ 718,816. including grants of \$)) (Revenue \$] OUR COLLEGE PREPARATORY PROGRAM IS OPEN TO ELIGIBLE 10TH 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 AII PROCESSES.
4c	(Code:) (Expenses \$ 650,357. including grants of \$ 10,532.) (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 \$)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 3,422,932.
TC	Form 990 (20
43200: 11-07-	
,	2
90	208 758553 SEEDS 2014.05060 NEW JERSEY SEEDS, INC. SEEDS

Form 990 (2014)

NEW JERSEY SEEDS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			37
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
	endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	~	
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		<u> </u>
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>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
p	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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Form 990 (2014)

NEW JERSEY SEEDS, INC.

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			[
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

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Form	990 (2014) NEW JERSEY SEEDS, INC. 22-3181	507	Р	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 121			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

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Form 990 (2014)	1)
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NEW JERSEY SEEDS, INC.

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.

Ia Enter the number of voting members of the governing body, at the end of the tax year. Ia 28 III there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body, or if the governing body degrated broad authority to an executive committee or similar committee, explain in Schedule 0. 28 Dot any officer, director, trustee, or key employees have a family relationship or a business relationship with any other difficer, director, utuates, or key employees to a management company or other person? 3 Dot the organization bacemembers, stockholders? 6 4 5 Dot the organization bacemembers or stockholders? 6 6 Do the organization have members, stockholders? 6 6 Do the organization have members, stockholders? 7 6 Do the organization have members, stockholders? 7 7 De can any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or parasstor have any governing body? 8		Check if Schedule O contains a response or note to any line in this Part VI					
In Enter the number of voting members of the governing body at the end of the tax year 11 28 If there are individual differencis is voltage members of the governing body, of the governing body deligated bread authority to an executive committee or similar committee, explain in Schedule 0. 12 28 De Christ the number of voting members included in line 1a, above, who are independent 28 28 De Dary officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? 3 Do Dit the organization baces on stoppolyces to a management duries customarily perform 990 was tiled? 4 Do Dit the organization baces on stoppolyces to a management duries customarily perform 990 was tiled? 4 Do Dit the organization baces on stoppolyces to approxements since the perior Form 990 was tiled? 5 Do Dit the organization have embers or stocholders? 6 Do Dit the organization contemporamously document the meetings held or written actions undertaken during the year by the following: 7 Do Dit the organization contemporamously document the meetings held or written actions undertaken during the year by the following: 7 Do Dit the organization have written policies and regulares of the poreming body? 8a X Dit the organization have written pol	Sec	tion A. Governing Body and Management					_
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Com	pensated
	Employees, and Independe	ent Contrac	ctors			

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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.

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe		1		
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		stimat	
	hours per week	box, unless person is both an officer and a director/trustee)						compensation	compensation	ar	nount	
	(list any	<u> </u>					É	from the	from related organizations	0.00	other pensa	
	hours for	direct				P		organization	(W-2/1099-MISC)		om th	
	related	ee or	stee			nsate		(W-2/1099-MISC)			aniza	
	organizations	Itrust	ıal tru		yee	ompe				an	d rela	ted
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			org	anizat	ions
	line)	Indi	Inst	Officer	Key	Higlemp	Бп					
(18) ANDREW OKUN	1.00								0			•
BOARD MEMBER		X						0.	0.			0.
(19) MICHAEL BONARTI	0.50							0	0			0
BOARD MEMBER	0.50	X						0.	0.			0.
(20) STEPHEN VAN BESIEN	0.50	x						0.	0.			0.
BOARD MEMBER (21) ANDY SCHWARTZ	1.00					-		0.	0.			0.
BOARD MEMBER	1.00	x						0.	0.			0.
(22) GAYLE WIESENECK	0.50							0.	0.			0.
BOARD MEMBER	0.30	x						0.	0.			0.
(23) ANDREW THOMPSON	0.50	11						0.				
BOARD MEMBER	0.50	x						0.	0.			0.
(24) SHERRONDA BROWN	1.00							•••	•••			
BOARD MEMBER		x						0.	0.			0.
(25) ART WEINBACH	1.00											
BOARD MEMBER		x						0.	0.			0.
(26) THEO LUBKE	0.50											
BOARD MEMBER		X						0.	0.			0.
1b Sub-total								250,000.	0.			77.
c Total from continuation sheets to Part V	I, Section A							564,458.	0.			59.
d Total (add lines 1b and 1c)								814,458.	0.	6	5,6	36.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			_
compensation from the organization												5
											Yes	No
3 Did the organization list any former officer,			e, ke	ey er	mplc	byee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su									the organization		х	
and related organizations greater than \$15										4	~	
5 Did any person listed on line 1a receive or a	•							•		5		x
rendered to the organization? If "Yes," com Section B. Independent Contractors	piele Schedul	eji	or si	ucn	pers	SOIT .				5		_ 23
1 Complete this table for your five highest co	mnensated in	den	ande	ont c	onti	racto	nre t	that received more than	\$100,000 of compens	ation	from	
the organization. Report compensation for	-									ation	lioni	
(A)	and datoridar y	oui	onai	<u></u>		0. 11		(B)		(0	C)	
Name and business	address	N	ONE	Ξ				Description of s	ervices C	ompe	nsatio	on
						- "						
2 Total number of independent contractors (i	e e	iot li	mite	a to	tho (se li: N	stec	a above) who received m	iore than			
SEE PART VII, SECTIO		ידי	<u></u>	<u>\</u>	יחד	<u>v</u>	2H	RETS		Farm	000	(2014)
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Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for related organizations below	stee or director		(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and title	Average hours per week (list any hours for related organizations below			Pos	ition			Reportable	Reportable	
	hours per week (list any hours for related organizations below						1.0			Estimated
	per week (list any hours for related organizations below							compensation	compensation	amount of
	week (list any hours for related organizations below	ustee or director				<u>г і і</u>	1	from	from related	other
	hours for related organizations below	ustee or director				yee		the	organizations	compensatio
	related organizations below	ustee or dir				old ma		organization	(W-2/1099-MISC)	from the
	organizations below	Istee	æ			ated e		(W-2/1099-MISC)		organization
	below		truste		e,	pensi				and related
		ual tri	ional		ploye	t com				organization
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) CLAIRE SANTANIELLO	0.50	-	=		×	<u> </u>	ш.			
OARD MEMBER	0.50	x						ο.	0.	
28) LEE SHAVEL	1.00									
OARD MEMBER		x						0.	Ο.	
29) PAUL KALAMARAS	0.50									
OARD MEMBER		x						0.	0.	
30) JOHN CASTANO	40.00									
XECUTIVE VICE PRESIDENT, ASSISTANT		1		x				172,040.	0.	17,41
31) DON GENSINGER	40.00									
IRECTOR OF FINANCE		1		X				132,607.	Ο.	11,39
32) ANDY HOGE	40.00									
ICE PRESIDENT, DIR. OF ADMISSIONS &				Х				135,007.	0.	16,12
33) JENNIFER MEHR	40.00									
IRECTOR OF DEVELOPMENT						Х		124,804.	0.	12,61
		4								
		-								
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		1	1							
		1								
								564,458.		57,55

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Form	1 990	(2014) NEW JERSEY SEE		22-3181507 Page			
Ра	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response or	note to any lir				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Am (Fundraising events 1c 8	09,819.				
Giff	d	Related organizations 1d					
ns, Simi		Government grants (contributions)					
er S	f	All other contributions, gifts, grants, and					
Oth			14,177.				
put		Noncash contributions included in lines 1a-1f: \$		6,323,996.			
<u>0 a</u>	h	Total. Add lines 1a-1f		0,525,990.			
đ	0.0		usiness Code				
Program Service Revenue	2 a b	F					
Ser	c						
am	d						
ogra	e	· ·					
Pre	f						
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,					
		other similar amounts)	►	169,112.			169,112.
	4	Income from investment of tax-exempt bond proc	ceeds 🕨				
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)	\				
		Net rental income or (loss) Gross amount from sales of					
	7 a	Gross amount from sales of (i) Securities assets other than inventory 821,770.	(ii) Other				
	h	Less: cost or other basis					
	2						
	с	and sales expenses 398,734. Gain or (loss) 423,036.					
		Net gain or (loss)		423,036.			423,036.
Other Revenue		Gross income from fundraising events (not including \$ 809,819. of					
eve		contributions reported on line 1c). See					
r B		Part IV, line 18 a 1	11,240.				
Othe	b	Less: direct expenses b 1	80,432.				
0	С	Net income or (loss) from fundraising events	►	-69,192.			-69,192.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
	la la	and allowances a					
		Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory Miscellaneous Revenue	usiness Code				
	11 a						
	b	· · · · · · · · · · · · · · · · · · ·					
	c						
	d						
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		6,846,952.	0.	0.	522,956.
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Part IX Statement of Functional Expenses

NEW JERSEY SEEDS, INC.

~	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	53,901.	53,901.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	755 001	E00 100	207 120	40 501
_	trustees, and key employees	755,801.	508,180.	207,120.	40,501
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1,586,297.	1,290,569.	100,816.	194,912
7	Other salaries and wages	±,J00,497.	I,290,009.	100,010.	194,912
8	Pension plan accruals and contributions (include	34,413.	26,693.	3,060.	1 660
0	section 401(k) and 403(b) employer contributions)	92,836.	71,278.	6,650.	4,660 14,908
9	Other employee benefits	287,125.	220,938.	36,715.	29,472
0 1	Payroll taxes	207,123.	220, 550.	50,715.	47,472
1	Fees for services (non-employees):				
	Management	980.	392.	588.	
		24,000.	8,160.	7,920.	7,920
	Accounting	21,000	0,1001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	84,739.	8,474.		76,265
2	Advertising and promotion	41,058.	8,474. 32,667.		76,265 8,391
3	Office expenses	229,493.	170,641.	27,933.	30,919
4	Information technology	-		-	-
5	Royalties				
16	Occupancy	188,556.	146,752.	20,902.	20,902
7	Travel	55,263.	46,802.	4,552.	3,909
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	67,936.	53,609.	7,021.	7,306
3	Insurance	36,074.	27,416.	4,329.	4,329
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	STUDENT EDUCATIONAL EXP	460,128.	454,562.	4,174.	1,392
b	BAD DEBT EXPENSE	154,790.	123,832.	15,479.	15,479
С	STUDENT TRANSPORTATION	128,920.	128,920.		
d	EDUCATIONAL BOOKS AND S	27,886.	27,886.		- 4 ^ ^
е	All other expenses	27,508.	21,260.	1,055.	5,193
25	Total functional expenses. Add lines 1 through 24e	4,337,704.	3,422,932.	448,314.	466,458
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)				

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11 2014.05060 NEW JERSEY SEEDS, INC. Form **990** (2014)

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Fa							
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			247,458.	1	253,297.
	2	Savings and temporary cash investments	99,217.	2	251,435.		
	3	Pledges and grants receivable, net			18,472.	3	2,794,588.
	4	Accounts receivable, net			-	4	26,480.
	5	Loans and other receivables from current and for				-	
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual				-	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	-				
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				3,575.	9	17,795.
		Land, buildings, and equipment: cost or other	 I I		070701	5	
		basis. Complete Part VI of Schedule D	102	665,317.			
	h		104	538,919.	152,534.	10c	126,398.
	11	Less: accumulated depreciation			629,836.	11	453,762.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line			8,187,428.	12	7,126,343.
	13	Investments - program-related. See Part IV, line	0,10,,420.	13	7,120,343.		
				14			
	14	Intangible assets			92,238.	14	95,507.
	15	Other assets. See Part IV, line 11			9,430,758.	15	11,145,605.
	16	Total assets. Add lines 1 through 15 (must equ			265,860.	17	393,806.
	17	Accounts payable and accrued expenses		205,000.	17	333,000.	
	18	Grants payable		48,759.	18	38,296.	
	19	Deferred revenue				20	50,250.
	20					20 21	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme					
bili		key employees, highest compensated employee					
Lia		Complete Part II of Schedule L				22 23	
	23	Secured mortgages and notes payable to unrela				23 24	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-			05	
		Schedule D			314,619.	25	432,102.
	26	Total liabilities. Add lines 17 through 25			514,019.	26	452,102.
		Organizations that follow SFAS 117 (ASC 958					
čě	07	complete lines 27 through 29, and lines 33 ar			5,588,928.	27	7,221,619.
llan	27	Unrestricted net assets			189,843.	27	139,516.
Fund Balances	28 29	Temporarily restricted net assets			3,337,368.	20 29	3,352,368.
pun	29				5,557,500.	29	5,552,500.
		Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.	30 936				
Net Assets or	20					30	
set	30	Capital stock or trust principal, or current funds					
t As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in		E	9,116,139.	32	10,713,503.
	33	Total net assets or fund balances			9,430,758.	33	11,145,605.
	34	Total liabilities and net assets/fund balances	<u></u>		J, ±JU, /JO•	34	Form 990 (2014)
							Form 990 (2014)

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Form	1990 (2014) NEW JERSEY SEEDS, INC.	22-3	181507	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,846		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,337		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,509) ,2	<u>48.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,116		
5	Net unrealized gains (losses) on investments	5	-911	L,8	84.
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	10,713	3,5	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2014)

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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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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.

2014	
Open to Public Inspection	
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OMB No. 1545-0047

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Internal Re	evenue Service	Informati	ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at _W	ww.irs.gov/fo	orm990.	Inspection
Name of	of the organizati								identification number
			JERSEY SEE						2-3181507
Part	I Reason	for Public (Charity Status (All organizations must c	omplete th	is part.) Se	ee instruction	S.	
The org	anization is not a	a private found	dation because it is:	(For lines 1 through 11, o	check only	one box.)			
1	A church, coi	nvention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).		
2 X	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E.)					
з 🗌				anization described in s	ection 170)(b)(1)(A)(i	ii).		
4	A medical res	search organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and stat	e:	•						
5	An organizati	ion operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit describ	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	🗌 An organizati	ion that norma	ally receives a substa	antial part of its support	from a gov	ernmental	unit or from	the general	public described in
			omplete Part II.)		-			-	
8				(1)(A)(vi). (Complete Par	t II.)				
9	An organizati	ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	nd gross receipts from
				ct to certain exceptions					
	income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
10	🗌 An organizati	ion organized a	and operated exclus	sively to test for public sa	afety. See	section 50)9(a)(4).		
11 🗌	🗌 An organizati	ion organized a	and operated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	purposes of one or
	more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) c	r section	509(a)(2).	See section	509(a)(3). C	heck the box in
_	lines 11a thro	ough 11d that	describes the type of	of supporting organization	n and con	nplete lines	s 11e, 11f, an	d 11g.	
a	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	upporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	ving
	control or n	management o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or man	age the sup	ported
-	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c	Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,
	its support	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functionally	y integrated. A supp	porting organization oper	rated in co	nnection v	vith its suppo	orted organiz	zation(s)
	that is not f	functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attenti	veness
	requiremen	nt (see instruct	tions). You must cor	nplete Part IV, Section	s A and D,	, and Part	V.		
e	Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		-	••	onally integrated support	ing organi	zation.			
fΕ	nter the number	of supported of	organizations						
g P			n about the supporte		()) - +				
	(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) is the o	rganization in your	(v) Amount o suppor		(vi) Amount of other support (see
	organization	•		above or IRC section		document?	Instruct		Instructions)
				(see instructions))	Yes	No			
									<u> </u>
									<u> </u>

Form 990 or 990-EZ. 432021 09-17-14

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

2014.05060 NEW JERSEY SEEDS, INC.

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 NEW JERSEY SEEDS, INC.

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
_	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	1		12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2014 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	t II, line 14			15	%
	33 1/3% support test - 2014. If the c					more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2013. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organizatio						ns 🕨 🗌
	U		,				or 990-E7) 2014

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received			1			
	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						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(-) =	(-)	(-) == ·=	(-, ==) -	(-) =	(1) 1 1 1 1
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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization?	l c firet cocord thi	I rd fourth or fifth I		1	
1-4	-	-			•		n∠ation, ►
Ser	check this box and stop here	c Support Pe	rcentage				····· •
	Public support percentage for 2014 (li			column (f))		15	
	Public support percentage from 2013 ction D. Computation of Invest					וטן	
	-					47	
	Investment income percentage for 20						
18 10 -	Investment income percentage from 2						
19a	33 1/3% support tests - 2014. If the	-					1
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2013. If the	-					1
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
3202	23 09-17-14			1.0	Sc	hedule A (Form §	990 or 990-EZ)
		- -		16			
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1

2

3a

Yes No

Part IV Supporting Organizations

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

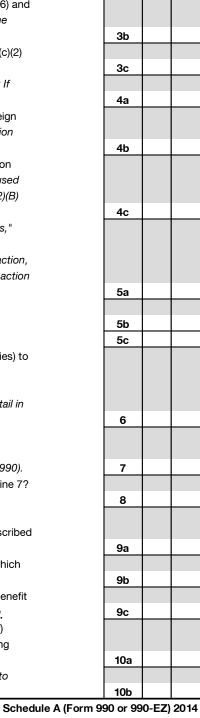
Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V.	N
4	Mars a majority of the arganization's disastary as the stars during the targent stars are initial the sting stars		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 9	90 or 99	0-EZ)	2014
	18			

14090208 758553 SEEDS

2014.05060 NEW JERSEY SEEDS, INC.

SEEDS__1

Schedule A (Form 990 or 990-EZ) 2014 NEW JERSEY SEEDS, INC.

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u> i</u>				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
-	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
<u> </u>				
a				
 c				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

432028 09-17-14		21	So	chedule A (Form 9	990 or 990-EZ) 2014
090208 758553 SEEDS	2014.05060	21 NEW JERSEY	SEEDS.	INC.	SEEDS1
			•		

			al Financial Statements		F	OMB No. 1	1545-0047
•	n 990)	Part IV, line 6, 7, 8, 9, 10,	anization answered "Yes" to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			CU Open t	o Public
	ment of the Treasury I Revenue Service	Information about Schedule D (For	Attach to Form 990. m 990) and its instructions is at _{www.irs.c}	nov/form	1990.	Inspec	
Nam	e of the organizati	NEW JERSEY SEEDS,	INC.	E	mployer id 22 -	entificatio -3181	
Pa	rt I Organiza		d Funds or Other Similar Funds o	or Acc			
	organizatio	n answered "Yes" to Form 990, Part IV, line	e 6.				
			(a) Donor advised funds	(b) F	Funds and o	ther acco	unts
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		It end of year		ال ال			
5	-		writing that the assets held in donor advised exclusive legal control?		Г	Yes	
6			dvisors in writing that grant funds can be us				
Ū			or donor advisor, or for any other purpose co				
	impermissible priv				· _	Yes	🗌 No
Pa	rt II Conserv		ganization answered "Yes" to Form 990, Par				
1	Purpose(s) of con	servation easements held by the organizati	on (check all th <u>at a</u> pply).				
	Preservation	n of land for public use (e.g., recreation or e					
	Protection of	of natural habitat	Preservation of a certifie	ed histo	ric structure	;	
		n of open space					
2	•	• •	fied conservation contribution in the form of	a conse	ervation eas	ement on	the last
	day of the tax yea	r.					. .
						he End of t	he Tax Year
a							
b							
C d			ucture included in (a)		C		
d			after 8/17/06, and not on a historic structure		4		
3			leased, extinguished, or terminated by the c			the tax	
0	year ►	valion easements mouneu, transierreu, rei	leased, extinguished, or terminated by the c	nganiza	don duning i		
4		where property subject to conservation eas	sement is located				
5		ation have a written policy regarding the per					
	-		t holds?			Yes	🗌 No
6			and enforcing conservation easements dur				
7			enforcing conservation easements during th				
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h))(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			L	Yes	No No
9	In Part XIII, descri	be how the organization reports conservati	on easements in its revenue and expense s	tatemer	nt, and balar	ice sheet	, and
	include, if applical	ole, the text of the footnote to the organizat	tion's financial statements that describes th	e organ	ization's acc	counting f	or
_	conservation ease			<u></u>		<u> </u>	
Pa		-	f Art, Historical Treasures, or Oth	ner Sir	nilar Ass	ets.	
		f the organization answered "Yes" to Form					
1 a	-		SC 958), not to report in its revenue stateme				
			hibition, education, or research in furtherance	ce of pul	blic service,	provide, i	n Part XIII,
h		the to its financial statements that description of the second		nd hala	naa ahaat u	orko of o	t historiaal
b			SC 958), to report in its revenue statement a ducation, or research in furtherance of publi				
	relating to these it		ducation, or research in furtherance of publi		e, provide li		iy amounts
	-				\$		
					►\$ ►\$		
2	.,		asures, or other similar assets for financial g				
-		unts required to be reported under SFAS 1		,, più			
а					▶ \$		
					► \$		
		· · · · · · · · · · · · · · · · · · ·			·		
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Schedul	e D (Forn	n 990) 2014
43205 10-01-	1						
			44				

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Sche		SEY SEEDS,					18150		
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or	Other	Similar Ass	ets(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that a	ire a sigr	nificant use of it	s collectio	n iten	าร
	(check all that apply):								
a	Public exhibition	d		change program					
b	Scholarly research	e	e 🛄 Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						art XIII.		
5	During the year, did the organization solicit of						—		٦
Der	to be sold to raise funds rather than to be ma						Yes		_ No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizat	ion answered "Ye	es" to Fo	orm 990, Part IV	, line 9, or		
1a	Is the organization an agent, trustee, custod		diary for contribution	ons or other asse	ts not in	cluded			
iu	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
-			g tablet				Amoun	t	
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					/?	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par									
	·	(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance	4,247,701.	3,824,418	. 3,478,	401.	3,325,140	5. 3	,088	,602.
	Contributions	15,000.	15,000	. 15,	000.	18,500) .	15	,000.
	Net investment earnings, gains, and losses	-130,444.	408,283	. 331,	017.	134,75	5 .	221	,544.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance	4,132,257.	4,247,701	. 3,824,	418.	3,478,403	. 3	,325	,146.
2	Provide the estimated percentage of the cur	rent year end balanc	ce (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	18.87	_%						
b	Permanent endowment 81.13	%							
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administere	d for the	organization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 990), Part IV, line 11a.	See Form 990, P	art X, lin	ie 10.			
	Description of property	(a) Cost or o		st or other		umulated	(d) Boo	k valu	e
		basis (investr	nent) basi	s (other)	depre	eciation			
	Land								
	Buildings								
	Leasehold improvements							<u> </u>	60
	Equipment			96,096.		30,334.		-	62.
-	Other			69,221.	4(08,585.			36.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		🕨		-	98.
						Schedu	le D (Forr	n 990) 2014

) (Form 990) 2014		JERSEY	SEEDS,	INC.
F	Part VII	Investments - 0	Other Se	ecurities.		

Part VII	Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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	2,665,215.	END-OF-YEAR MARKET VALUE
(C) FAMILY LIMITED		
(D) PARTNERSHIP	35,728.	END-OF-YEAR MARKET VALUE
(E) INVESTMENTS IN NEW		
(F) PROVIDENCE BALANCED		
(G) PORTFOLIO FUND	4,425,400.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,126,343.	
Dort VIII Investments Due many Deleted		

Part VIII Investments - Program Related.

Complete if the org	anization answered "Yes" to	o Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990	, Part X, col. (B) line 13.) 🕨		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Other Liabilities. Part X

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	►

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

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 NEW JERSEY SEEDS, INC.			22-	3181507 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per F		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	5,935,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_ 2a	-911,884.		
b	Donated services and use of facilities	_ 2b			
с	Recoveries of prior year grants	_ 2c			
d	Other (Describe in Part XIII.)	_ 2d			
е	Add lines 2a through 2d			2e	-911,884.
3	Subtract line 2e from line 1			3	6,846,952.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				6,846,952.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	4,337,704.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,337,704.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	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	4,337,704.

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

TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION,

CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE

	POLICY	IS TO	RECOGNIZE	INTEREST	AND	PENALTIES	ON
432054 10-01-14						:	Schedule D (Form 990) 2014

	NEW JERSEY SEEDS, INC.	22-3181507 Page 5
Part XIII Supplemental I	nformation (continued)	
UNRECOGNIZED TAX	BENEFITS IN INCOME TAX EXPENSE.	NO INTEREST AND
PENALTIES WERE RE	ECORDED DURING THE YEARS ENDED 201	15 AND 2014. THE TAX
YEARS SUBJECT TO	AUDIT BY FEDERAL AND STATE JURISI	DICTIONS ARE THE YEARS
ENDED AUGUST 31,2	2012 AND FORWARD. AT AUGUST 31,20	015 AND 2014, THERE ARE
NO SIGNIFICANT IN	NCOME TAX UNCERTAINTIES.	

Schedule D (Form 990) 2014

432055 10-01-14

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury

Schools

OMB No. 1545-0047

ZU

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.

Open to Public ction

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Internal	Revenue Service	Information about Sci	hedule E (Form	n 990 or 990-EZ) and its ins	tructions is at <u>www.irs.gov/f</u>	orm990.	Inspect	ion	
Name	e of the organizatio	n			-	Employer ide	ntificati	ion nu	mber
		NEW JERSEY	SEEDS,	INC.		22-	3181	507	
Par	tl								
								YES	NO
1	0	,	51	oolicy toward students by rning body?	statement in its charter, by	rlaws,	1	x	
2					oward students in all its bro	ochures,			
	catalogues, and o	ther written communication	ons with the p	public dealing with studen	t admissions, programs, an	d scholarships	2 2	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
	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.

4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		Х	
с	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?	4d	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:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
	Educational policies?			Х
	Use of facilities?			Х
g	Athletic programs?	5g		X
	Other extracurricular activities?			Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?			Х
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	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			

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

Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990 or 990-EZ) (2014)

7

432061 10-02-14

Х

	(Form 990 or 990-EZ) (2014) NEW				22-318
Part II	Supplemental Information	Provide the	explanations r	required by	Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
	Also provide any other additional i	nformation.			

432062 10-02-14 4090208 758	3553	SEEDS	3	2014	.05060	50 NEW	JERSEY					
422062 10 00 14								Sob	edulo E //	Form 900	0 or 990-EZ)	12014

SCHEDULE G	Quantama	ntol Information Deverding		dua ia		A		OMB No. 1545-0047
(Form 990 or 990-EZ)		ental Information Regarding e organization answered "Yes" to	-					2014
Department of the Treasury		organization entered more than \$1	5,000	on Fo	rm 990-EZ, line 6a.	,	_	Open to Public
Internal Revenue Service	Information a	Attach to Form 99 bout Schedule G (Form 990 or 990-EZ				ov/form	n 990.	Inspection
Name of the organization	мем тер	SEY SEEDS, INC.			-		Employeride	entification number
Fundraisi		Complete if the organization answ	ered "Y	′es" to	Form 990. Part IV. I			
required to c	omplete this par	t.						
a X Mail solicitation b X Internet and e c X Phone solicita d X In-person soli	ons email solicitations ations citations		ition of ition of I fundra	non-g gover aising	overnment grants nment grants events			
• • •	highest paid ind	Part VII) or entity in connection with p ividuals or entities (fundraisers) pure e organization.			-		X Yes	
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
SEMPEL BIXEL ASSOCI			Yes	No	100.055			255 644
N. FRANKLIN AVE, NU	TLEY, NJ	CAMPAIGN CONSULTING		X	432,265.		74,624,	. 357,641.
Total					432,265.		74,624.	. 357,641.
3 List all states in which		on is registered or licensed to solicit		oution		d it is e		
or licensing.								
•		ice, see the Instructions for Form	990 or	990-	EZ. S	Schedu	le G (Form §	990 or 990-EZ) 2014
432081 08-28-14	PART IV	FOR CONTINUATIONS						
			51					

 Schedule G (Form 990 or 990-EZ) 2014 NEW JERSEY SEEDS, INC.
 22-3181507 Pag

 Part II
 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

 Form 990-E7 lines 1 and 6b. List events with draiai 2 •+

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GOLF & TENNIS OUTIN	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	4	Gross receipts	678,445.			921,059
-						
	2	Less: Contributions	606,675.	203,144.		809,819
	3	Gross income (line 1 minus line 2)	71,770.	39,470.		111,240
	4	Cash prizes				
,	5	Noncash prizes				
22	6	Rent/facility costs	39,690.	68,772.		108,462
	7	Food and beverages				
'		Entertainment		24,019.		71,970
	9 10	Other direct expenses		· · ·		180,432
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from			🕨	-69,192
	rt I			990, Part IV, line 19, or re	eported 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 (ad col. (a) through col. (
				billigo/progressive billigo		
	4					
	1	Gross revenue				
		Gross revenue				
	2	Cash prizes				
	2					
	2 3	Cash prizes				
	2 3 4	Cash prizes				
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	%	Yes %	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		└── Yes% └── No	Yes% No	
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	└── Yes % └── No	No	No	
	2 3 4 5 6 7	Cash prizes	h 5 in column (d)	□ No	<u>No</u> <u>No</u>	
	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	h 5 in column (d)	□ No	<u>No</u> <u>No</u>	
	2 3 4 5 7 8	Cash prizes	Yes % No 5 in column (d) 7 from line 1, column (d)	□ No	<u>No</u> <u>No</u>	
	2 3 4 5 7 8 Ent	Cash prizes	Yes% No 1 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	□ No	No ►	Yes N
a	2 3 4 5 6 7 8 Ent Is t	Cash prizes	h 5 in column (d)	□ No	No ►	Yes N
a	2 3 4 5 6 7 8 Ent Is t	Cash prizes	h 5 in column (d)	□ No	No ►	Yes N
ab	2 3 4 5 6 7 8 Ent Is ti If "I	Cash prizes	h 5 in column (d)	No states?	No	
ab	2 3 4 5 6 7 8 Ent Is ti If "I 	Cash prizes	Yes% No 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No states? rminated during the tax y	No	
ab	2 3 4 5 6 7 8 Ent Is ti If "I 	Cash prizes	Yes% No 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No states? rminated during the tax y	No	
ab	2 3 4 5 6 7 8 Ent Is ti If "I 	Cash prizes	Yes% No 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No states? rminated during the tax y	No	
) a b	2 3 4 5 6 7 8 Ent Is to If "I We If "V	Cash prizes	Yes% No 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No states? rminated during the tax y	■ No ■	

52 14090208 758553 SEEDS 2014.05060 NEW JERSEY SEEDS, INC. SEEDS_1

Sch	edule G (Form 990 or 990-EZ) 2014 NEW JERSEY SEEDS, INC. 22	-318	1507	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	
	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 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a	a	9
b	An outside facility	13 k	5	9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
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 \blacktriangleright \$			
с	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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		7	
	retain the state gaming license?		Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e		
D -	organization's own exempt activities during the tax year > \$			
Ра	tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	III, lines §	9, 9b, 1	0b, 15b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:		
(I) NAME OF FUNDRAISER: SEMPEL BIXEL ASSOCIATES			
<u>.</u>				
(I) ADDRESS OF FUNDRAISER: 653 N. FRANKLIN AVE, NUTLEY, NJ 07	110		
3208	3 08-28-14 Schedule G (F 53	orm 990) or 99)-EZ) 201
90	208 758553 SEEDS 2014.05060 NEW JERSEY SEEDS, INC.		SEE	DS1

⁴³²⁰⁸⁴ 05-01-14 4090208	758553	SEEDS	2014.050	54 60 NEW	JERSEY	SEEDS,		
							Schedule G	à (Form 990 or 990-EZ

SCHEDULE I (Form 990)		Go	irants and Oth vernments, ar	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			ete if the organizatio on about Schedule I	Attach to For	m 990.		0	Open to Public Inspection
Name of the organizat	on NEW JERSE			(www.iis.goviioiiiias	0.	Employer identification number 22-3181507
Part I General Ir	nformation on Grants a							
criteria used to a	zation maintain records ward the grants or assis IV the organization's pro	stance?	-					xtion XYes No
Part II Grants an	d Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered	/es" to Form 990, Part	IV, line 21, for any
1 (a) Name and ad	hat received more than dress of organization vernment	(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
3 Enter total numb	er of section 501(c)(3) a er of other organization Reduction Act Notice	s listed in the line	1 table	ne line 1 table			•	Schedule I (Form 990) (2014

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(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	56	53,901.	0.		

56

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

Part III

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

Page 2

Schedule I (Form 990) NEW C Part IV Supplemental Information	JERSEY SEEDS, INC.	22-3181507 Page
	FINANCIAL AID PACKAGES. THESE	
TUITION GAPS, REGISTRAT	ION FEES, BOOKS, TRAVEL EXPENSE	S AND OTHER
INCIDENTALS.		
432291		Schedule I (Form 99
432291 05-01-14	57	
090208 758553 SEEDS	2014.05060 NEW JERSEY SEEDS	S, INC. SEEDS

14.05060 NEW JERSEY SEEDS, VC. _ **T**

SC	CHEDULE J Compensation Information		1	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	1/	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	14	P
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
Interr	al Revenue Service	► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe		
Nan	e of the organization		Employer ide			mber
		NEW JERSEY SEEDS, INC.	22-31	8150	7	
Pa	rt I Questions	Regarding Compensation				
	o				Yes	No
1a		e box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		e 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or cha					
	Travel for compa					
		ion and gross-up payments				
	Discretionary sp	ending account Personal services (e.g., maid, chauffeur, c	cnet)			
		, line de sus sheelynd, did the sussemination fallen, sumitter ralis, us suding as more su				
D	•	I line 1a are checked, did the organization follow a written policy regarding payment or		41-		
0		vision of all of the expenses described above? If "No," complete Part III to explain		. 1 b		
2	-	equire substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and onicers	, including the CEO/Executive Director, regarding the items checked in line 1a?		. 2		
3	Indicate which if any	, of the following the filing organization used to establish the compensation of the organiza	ation's			
5		tor. Check all that apply. Do not check any boxes for methods used by a related organization				
		on of the CEO/Executive Director, but explain in Part III.				
	Compensation c					
		mpensation consultant Compensation survey or study				
	Form 990 of oth		committee			
			ommittee			
4	During the year did a	ny person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a relation					
а	•	payment or change-of-control payment?		4a		х
b		ive payment from, a supplemental nonqualified retirement plan?		·		X
		ive payment from, an equity-based compensation arrangement?				X
_		s 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	, ,					
	Only section 501(c)	3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the rev					
а	The organization?			5a		Х
b	Any related organizat	ion?		5b		Х
		ib, describe in Part III.				
6	For persons listed in	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the net	earnings of:				
а	The organization?			6a		Х
		ion?				X
		3b, 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	5			
	not described in lines	5 and 6? If "Yes," describe in Part III		. 7		X
8		ported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		ion 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 5	3.4958-6(c)?		. 9		
LHA		luction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forr	n 990)) 2014

22-3181507

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) RONNI DENES	(i)	250,000.	0.	0.	8,077.	0.	258,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	172,040.	0.	0.	6,021.	11,398.	189,459.	0.
	(ii)	0.	0.	0.	0.	0.		0.
(3) ANDY HOGE	(i)	135,007.	0.	0.	4,725.	11,398.	151,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Name of the organization

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.

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

NEW JERSEY SEEDS, INC.

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

CHANGING THE LIVES OF HIGHLY-MOTIVATED STUNDENTS 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 TO BENCHMARK USING

SALARY SURVEYS FOR THE NON-PROFIT SECTOR IN THE NEW YORK METROPOLITAN AREA.

THIS REVIEW IS INCLUDED IN THE BOARD OF TRUSTEES' PROCESS FOR APPROVING

BUDGETED SALARY INCREASES FOR ALL STAFF DURING THE ANNUAL BUDGET CYCLE.

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OMB No 1545-0047

Open to Public

Inspection

Employer identification number 22 - 3181507

Δ

Employer identification number 22 - 3181507

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR PUBLIC

INSPECTION UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

NEW JERSEY SEEDS, INC.

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 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 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.

SEEDS_1

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2014 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
	FURNITURE & FIXTURES											
	TABLES	083102	SL	7.00	16	4,555.			4,555.	4,555.		0.
	OFFICE FURNITURE	103108	SL	7.00	16	97,060.			97,060.	97,060.		0.
		103108	SL	7.00	16	1,100.			1,100.	1,100.		0.
	COMPUTER/TELEPHONE WIRING	103108	SL	7.00	16	8,130.			8,130.	8,130.		Ο.
		073111	SL	7.00	16	20,706.			20,706.	9,121.		2,958.
		083111	SL	7.00	16	1,842.			1,842.	789.		263.
	CONFERENCE TABLE & WHITEBOARD	083111	SL	7.00	16	909.			909.	390.		130.
		043013	SL	7.00	16	1,320.			1,320.	252.		189.
		083013	SL	7.00	16	717.			717.	102.		102.
	REFRIGERATOR 2014 DISPOSAL	083114	SL	7.00	16	-1,100.			-1,100.			0.
		093013	SL	7.00	16	2,848.			2,848.	373.		407.
		083114	SL	7.00	16	9,175.			9,175.			1,311.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT					147,262.		0.	147,262.	121,872.	0.	5,360.
	TELEPHONE EQUIPMENT	103107	/SL	5.00	16	4,285.			4,285.	4,285.		0.
	SECURITY ENTRY SYSTEM	113007	'SL	5.00	16	9,945.			9,945.	9,945.		0.
	6 DELL LAPTOPS	013108	SL	5.00	16	11,472.			11,472.	11,471.		0.

428102 05-01-14

(D) - Asset disposed

2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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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
	SAVIN PRINTER	043008	SL	5.00	16	1,826.			1,826.	1,826.		0.
	OKI COPIER	043008	SL	5.00	16	2,900.			2,900.	2,900.		0.
	DELL NETWORK SERVER	060109	SL	5.00	16	4,480.			4,480.	4,480.		0.
	SERVER INSTALL EQUIPMENT	060109	SL	5.00	16	1,834.			1,834.	1,834.		0.
		060109	SL	5.00	16	499.			499.	499.		0.
	DISASTER RECOVERY HARDWARE	060109	SL	5.00	16	3,393.			3,393.	3,393.		0.
		060109	SL	5.00	16	7,200.			7,200.	7,200.		0.
	PROJECTORS AND CAMERAS	083109	SL	5.00	16	3,098.			3,098.	3,098.		0.
	6 DELL LAPTOPS	060110	SL	5.00	16	10,091.			10,091.	8,577.		1,514.
	DELL DESKTOPS 2	022810	SL	5.00	16	2,440.			2,440.	2,196.		244.
	HP NETWORK PRINTERS	103110	SL	5.00	16	2,061.			2,061.	1,580.		412.
	DELL LAPTOP 1 AND DESKTOP 2	022810	SL	5.00	16	8,642.			8,642.	6,049.		864.
		073111	SL	5.00	16	5,109.			5,109.	3,151.		1,022.
		083111	SL	5.00	16	2,313.			2,313.	1,388.		463.
		103112	SL	5.00	16	9,752.			9,752.	5,851.		1,950.
		113012	SL	5.00	16	3,693.			3,693.	2,032.		739.
	PHONE SYSTEM UPGRADES	033112	SL	5.00	16	8,825.			8,825.	4,413.		1,765.
	DELL LAPTOPS (5)	063012	SL	5.00	16	7,293.			7,293.	3,161.		1,459.

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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
	SERVER UPGRADES	073112	SL	5.00	16	9,662.			9,662.	4,025.		1,932.
	DELL COMPUTERS (2)	123112	SL	5.00	16	3,540.			3,540.	1,180.		708.
	IPADS (2)	073113	SL	5.00	16	1,822.			1,822.	394.		364.
	NEW NETWORK SERVERS	073113	SL	5.00	16	34,394.			34,394.	7,452.		6,879.
	IPADS (2)	093013	SL	5.00	16	2,354.			2,354.	432.		471.
	DELL COMPUTERS (5) CAMERA & VIDEO	053114	SL	5.00	16	9,540.			9,540.	477.		1,908.
		083114	SL	5.00	16	2,165.			2,165.			433.
	MACHINERY & EQUIPM TRANSPORTATION					174,628.		0.	174,628.	103,289.	0.	23,127.
	EQUIPMENT VEHICLES-HONDA											
		022809	SL	5.00	16	21,503.			21,503.	21,502.		0.
	TRANSPORTATION EQU	1				21,503.		0.	21,503.	21,502.	0.	0.
	OTHER BLACKBAUD SOFTWARE											
		010804	SL	3.00	16	42,978.			42,978.	42,978.		0.
	APPLICATION AND TRA BLACKBAUD	070105	SL	3.00	16	19,957.			19,957.	19,957.		0.
	APPLICATION AND TRA BLACKBAUD	060106	SL	3.00	16	24,667.			24,667.	24,667.		0.
	BLACKBAUD APPLICATION AND TRA DEVELOPMENT	022807	SL	3.00	16	25,957.			25,957.	25,957.		0.
	SOFTWARE	022807	SL	3.00	16	3,995.			3,995.	3,995.		0.
	BLACKBAUD APPLICATION AND TRA	022808	SL	3.00	16	11,610.			11,610.	11,610.		0.

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(D) - Asset disposed

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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
		080110	SL	3.00	16	950.			950.	950.		0.
	BLACKBAUD APPLICATION AND TRA	022811	SL	3.00	16	8,890.			8,890.	8,890.		0.
	NEW SEEDS WEBSITE FILEMAKER SOFTWARE	083111	SL	3.00	16	42,533.			42,533.	42,534.		0.
		083111	SL	3.00	16	2,500.			2,500.	2,500.		0.
	FILEMAKER SOFTWARE	030113	SL	3.00	16	73,266.			73,266.	36,632.		24,422.
		060113	SL	3.00	16	5,720.			5,720.	2,384.		1,907.
	INRESONANCE FILEMAKER SOFTWARE	113013	SL	3.00	16	9,468.			9,468.	2,367.		3,156.
	SERVER SOFTWARE UPGRADES	083114	SL	3.00	16	7,634.			7,634.			2,545.
	DELL COMPUTERS (6)	103114	SL	5.00	16	13,601.			13,601.	2,267.		2,267.
	DELL COMPUTERS (4)	013115	SL	5.00	16	7,867.			7,867.	787.		918.
		103114	SL	3.00	16	7,463.			7,463.	2,073.		2,073.
	INRESONANCE FILEMAKER SOFTWARE		SL	3.00	16	12,868.			12,868.	1,430.		1,430.
	* 990 PAGE 10 TOTAL OTHER					321,924.		0.	321,924.	231,978.	0.	38,718.
	* GRAND TOTAL 990 PAGE 10 DEPR					665,317.		0.	665,317.	478,641.	0.	67,205.