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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or Private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All the organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

63 63

SCANNED WAR

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Please use IRS Address label or Name change SEEDS TO THE WORLD, INC. print or 68-0240009 type Initial return Room/suite E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Specific S. AURORA STREET 209-466-6377 Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption Application pending STOCKTON, CA 95203 Number > Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► NA H Check ► X if the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \triangleleft (insert no.) \square 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Light the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 72,949. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 66,505. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 6,444. Investment income 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c_ Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances ETVED 6c Less: cost of goods sold 7b زي و Gross profit or (loss) from sales of in the lory (Supposed) in 70 (Trum 8 Other revenue (describe က် R 72,949. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 9 STMT 2 15,608. 10 Grants and similar amounts paid (attach schedule 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 8,159. 13 Professional fees and other payments to independent contractors 13 14 50. Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 7.909. 15 4,040. 16 Other expenses (describe SEE STATEMENT 16 17 <u>35,766.</u> Total expenses. Add lines 10 through 16 17 37,183. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 246,829. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 20 21 284,012. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 46,829. 34,012. 22 Cash, savings, and investments 22 23 Land and buildings 200,000. 250,000. 24 Other assets (describe LOAN RECEIVABLE 24 246,829. 25 284,012. 25 Total assets 0. 26 Total liabilities (describe 0. 26 246,829. 284,012. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| | | Z (2009) | SE: | EDS TO TH | E WO | RLD, | INC. | | · · · · · · · · · · · · · · · · · · · | 68- | 02400 |) 0 9 Page 2 |
|--------------|--------------|-------------|-------------|--------------------|---|-------------|-----------------------|---------------------------------------|---------------------------------------|----------|--------------------------|---|
| | | | | | | | | nts (See the instructions for | | | E | xpenses |
| Wh | at is the | organızatı | on's prima | ry exempt purpose? | SEE | <u>ATTA</u> | CHED 1 | MISSION STATEM | ENT. | | 1 | or section 501(c)(3) |
| De | scribe v | vhat was | achieved | in carrying out th | e organi: | zation's | exempt pu | rposes. In a clear and cond | ise manner, descr | ıbe | | 4) organizations and 17(a)(1) trusts, optional |
| the | service | es provid | ed, the nu | mber of persons | benefite | d, and o | ther releva | nt information for each prog | gram title | | for others) | |
| 28 | APP | ROXI | MATEL' | Y 41 SHIP | <u>MENT</u> | S OF | SEED | , CLOTHING, TO | YS, AND | | | - |
| | MED | ICAL | SUPP | LIES WERE | SEN | т то | VARIO | OUS 3RD WORLD | COUNTRIES | | | |
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| | (Grant | s \$ | |) If th | ıs amou | nt includ | les foreign | grants, check here | > | | 28a | 35,766. |
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| | (Grant | s \$ | |) If th | is amou | nt includ | les foreign | grants, check here | | | 29a | |
| 30 | | | | | | | . <u></u> . <u></u> . | grantoj direcki i jere | | | 100 | |
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| | (Grant | - ¢ | | \ If th | ie amouii | nt includ | les foreign | grants, check here | | \neg | 30a | |
| 21 | | | canucae | (attach schedule) | is airioui | il il loldo | ies ioreign | grants, check here | | ليجيبيا | 30a | |
| 01 | (Grant | | SCI VICES (| • | | nt in alice | laa fararan | | | \Box | | |
| 20 | | | | expenses (add lin | | | | grants, check here | | 느 | 31a | 25 766 |
| 16 | art IV | l ist c | of Office | ers Directors | es ∠oa u Truet | ees a | nd Kev F | Employees. List each one ex | | <u> </u> | 32 | <u>35,766.</u> |
| ட | ait iv | 1 2.000 | J. 011100 | 5.0, 500.010 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | iid itcy L | List each one ev | ven if not compensated | | | |
| | | | | | | | | (b) Title and average hours | (c) Compensation | | ontributions employee | (e) Expense |
| | | | (8 | a) Name and addres | 3 | | | per week devoted to | (If not paid, enter | | fit plans & | account and |
| | | | | | | | | position | -0) | 1 | eferred | other allowances |
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| | | . AUF | | STOCKTON | <u>, CA</u> | <u>952</u> | 03 | 4.00 | 0. | | 0. | 0. |
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| 932° 02-0 | 172 08-10 | | | · - | - | | | | | | Form | 990-EZ (2009) |

Form **990-EZ** (2009)

| <u> </u> | Octob information (Note the statement requirements in the instructions for Part V.) | | Yes | No |
|----------|---|---------------|-----|----------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | X |
| | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not | | | |
| | reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, | | | ĺ |
| | and proxy tax requirements? | 35a | 1 | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | N/ | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | | |
| | complete applicable parts of Sch. N | 36 | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | x |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | |
| | in a prior year and still outstanding at the end of the period covered by this return? | 38a | | х |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | İ |
| а | Initiation fees and capital contributions included on line 9 |] . | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 ▶ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the | | | |
| | year or is it 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 | 40b | | X |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | | | |
| | or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | | | |
| | organization • | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | | _X_ |
| | List the states with which a copy of this return is filed. CA | | | |
| | The organization's books are in care of \triangleright RAY BAGLIETTO Telephone no. \triangleright 209-46 | | | |
| | Located at ► 301 S. AURORA STREET, STOCKTON, CA ZIP+4 ► 9 | <u>520</u> | 3 | |
| | 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 | $\overline{}$ | Yes | |
| | account)? | 42b | | <u> </u> |
| | If "Yes," enter the name of the foreign country: | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | <u> </u> |
| | If "Yes," enter the name of the foreign country: | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | / - | | Ш |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | | |
| | | Γ | Yes | Na |
| AA | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | 162 | 140 |
| | Form 990-EZ | ,, | | v |
| | · | 44 | | <u> </u> |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 519/h)/19/9 if "Vac." Form 000 must be | i i | | |
| | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | Х |

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|------|------|-----|--------|
| Form | 990- | F7. | (2009) |

SEEDS TO THE WORLD INC

68-0240009 Page 4

Form 990-EZ (2009)

| Part V | Section 501(c)(3) organizations and section | 4947(a)(1) nonexempt | | | section | on 50° | |
|------------------------|--|---|--|--|------------------|---------------------------|------|
| | organizations and section 4947(a)(1) nonexempt charitable and 51. | e trusts must answer question | ns 46-49b and con | nplete the table | s for | lines (| 50 |
| 46 Did 1 | the organization engage in direct or indirect political campaign activities | s on behalf of or in opposition to o | candidates for public | | | Yes | No |
| | e ⁷ If "Yes," complete Schedule C, Part I | | | | 46 | <u> </u> | X |
| | the organization engage in lobbying activities? If "Yes," complete Sc | | | ļ | 47 | <u> </u> | X |
| | e organization a school as described in section 170(b)(1)(A)(ii)? If "Ye | | | - | 48 | ļ | X |
| | the organization make any transfers to an exempt non-charitable related | d organization? | | } | 49a | | X |
| | es," was the related organization a section 527 organization? | | | | 49b | <u> </u> | L |
| | plete this table for the organization's five highest compensated employ \$100,000 of compensation from the organization. If there is none, ent | | s, trusiees and key er | npioyees) who ea | icii re | ceiveu | more |
| | (a) Name and address of each employee paid more than \$100,000 NONE | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contribution to employee benefit plans & deferred compensation | (| e) Expectount er allov | |
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| 51 Com | I number of other employees paid over \$100,000 iplete this table for the organization's five highest compensated indepension. If there is none, enter "None." NONE | ndent contractors who each recer | ved more than \$100, | ,000 of compensa | ition f | rom th | е |
| | (a) Name and address of each independent contractor paid mor | e than \$100,000 | (b) Type of ser | vice (c |) Con | pensa | tion |
| | | - | | | | _ | |
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| | | | | | | | |
| d Tota | I number of other independent contractors each receiving over \$100,00 | 00 | | | | | |
| <u>u</u> 10ta | | | | | | | |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of prepare (other than officer) is based on all Signature of other | accompanying schedules and statemen I information of which preparer has any | ts, and to the best of my knowledge | knowledge and bel | ef, it is | true, | |
| Paid | Type or print name and title Preparer's signature | Date # # Che | Ck if self- | arer's identifying nu | mber (| See inet | r) |
| Preparer's Use Only | TAGODA LENZ C COMPANI | 3/3/40 emp | bloyed EIN | | | | |
| | if self-employed), address, and ZIP+4 STOCKTON, CA 95219 | | Phon no. | | 57 | _ 26 | 91 |
| May the IE | RS discuss this return with the preparer shown above? See instructions | | | | Σ γ _ε | | J No |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SEEDS TO THE WORLD, INC. Employer identification number 68-0240009

| Part I | Reason | for Public Char | ity Status (All organiz | zations mu | st comple | te this par | t.) See ins | tructions. | | | | |
|---------------|-------------------|------------------------|--|-------------------|--------------|--|--------------|--------------------|--|--------------|-----------|------------|
| he orgar | nization is not a | a private foundation | because it is: (For lines | 1 through | 11, check | only one b | oox.) | | | | | |
| 1 🔲 | A church, co | nvention of churche | s, or association of chur | ches desc | nbed in se | ection 170 | (b)(1)(A)(i) |). | | | | |
| 2 🔲 | A school des | cribed in section 17 | '0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | |
| з 🔲 | A hospital or | a cooperative hosp | tal service organization | described | n section | 170(b)(1) | (A)(iii). | | | | | |
| 4 🔲 | A medical res | search organization | operated in conjunction | with a hos | pital desc | rıbed ın se | ection 170 | (b)(1)(A)(i | ii). Enter th | ne hospital | 's name |) , |
| | city, and stat | te: | | | | | | | | _ | | |
| 5 🔲 | An organizat | on operated for the | benefit of a college or u | niversity ov | wned or o | perated by | a governi | mental un | it describe | ed in | | |
| | section 170 | (b)(1)(A)(iv). (Compl | ete Part II.) | | | | | | | | | |
| 6 🗀 | A federal, sta | ate, or local governm | ent or governmental uni | t described | d in sectio | on 170(b)(| 1)(A)(v). | | | | | |
| 7 | An organizat | on that normally rec | eives a substantial part | of its supp | ort from a | governme | ental unit o | or from the | general p | ublic desc | nbed in | |
| | _ | (b)(1)(A)(vi). (Comple | · · | • • • | | • | | | | | | |
| в 🔲 | | | ection 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | | | |
| 9 X | - | | eives: (1) more than 33 | | • | rom contr | ibutions. n | nembersh | p fees. an | d aross red | ceipts fr | om |
| | _ | - | nctions - subject to certa | | | | | | • | - | • | |
| | | • | axable income (less sec | - | • | • | | | | - | | |
| | | 509(a)(2). (Complete | • | | , | | | , 3 | | | -, | |
| ю 🗀 | | | perated exclusively to te | st for publi | ıc safetv. S | See secti o | on 509(a)(4 | 4). | | | | |
| 11 🗔 | • | - | perated exclusively for the | • | - | | | • | v out the i | ourposes c | f one o | r |
| | _ | <u> </u> | ations described in secti | | | | | | • | • | | |
| | | • | organization and compl | | | | , | | , | | | |
| | a Type | · · · · · · - | ¬ - | с 🔲 Тур | - | | tegrated | | d \square | Type III - C | Other | |
| e | • • | | at the organization is not | | | - | - | r more dis | gualified p | • • | | |
| - — | | • | han one or more publicly | | - | • | | | • | | | |
| f | | - | tten determination from | • • • | _ | | | | - (-)(-) | | (/(-/- | |
| • | - | rganization, check tl | | | | F, ., F- | ,, | | | | | |
| g | • | • | organization accepted ar | nv aift or co | ontributior | n from anv | of the follo | owina ner | sons? | | | |
| 9 | - | | lirectly controls, either al | | | • | | | | | Yes | No |
| | • • • | = | upported organization? | iono or tog | 007 ****** | porcono | | (, a | ,, 20.011, | 11g(i) | 100 | 110 |
| | | - · | n described in (i) above? | | | • • • • | | • • • • | | 11g(ii) | | |
| | • • | · • | person described in (i) | | 27 | | • | •• | • •• | 11g(iii) | | |
| h | • • | - | about the supported or | | | • • • | | | | <u> </u> | | |
| •• | 1 TOVIGE LITE I | Ollowing information | about the supported of | garnzation | (3). | | | | | | | |
| 42) Manual | | | (iii) Type of | (iv) Is the o | roanization | (v) Did yo | u notify the | (vi) ls | the | | | |
| | of supported | (ii) EIN | organization | | | organizat | | organizáti | on in col. | | ount of | |
| org | anization | | (described on lines 1-9 | governing | | | r support? | (i) organiz U.S | rea in the | Sup | port | |
| | | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
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| Schedule A (Form 990 or 990-EZ) 2009 | | | | | | Page 2 |
|---|--------------|-----------------|--------------|------------------|------------------|-----------|
| Part II Support Schedule for O | rganizations | s Described in | Sections 170 | (b)(1)(A)(iv) an | d 170(b)(1)(A)(\ | /i) |
| (Complete only if you checked | | | | | | |
| Section A. Public Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |

| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | i | |
| | 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 | | | • | | _ | |
| Cal | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| Ĭ | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | etc. (see instruct | ions) | L | | 12 | -r |
| | First five years. If the Form 990 is for | • | | d. fourth, or fifth t | ax vear as a sectio | | |
| | organization, check this box and stop | - | o., occoo, | 2, 100.1, 01 | | 55 . (5)(5) | ▶□ |
| Se | ction C. Computation of Publi | | rcentage | | • | | |
| 14 | Public support percentage for 2009 (li | ne 6, column (f) c | livided by line 11, o | column (f)) | | 14 | % |
| | Public support percentage from 2008 | | | (,, | •• | 15 | % |
| | 33 1/3% support test - 2009.If the or | • | • | line 13. and line | 14 is 33 1/3% or m | · | |
| | stop here. The organization qualifies a | - | | | | | ▶□ |
| Ŀ | 33 1/3% support test - 2008.If the or | | _ | | l line 15 is 33 1/3% | or more, check th | is box |
| _ | and stop here. The organization quali | - | | | | | ▶□ |
| 17= | 10% -facts-and-circumstances test | | | | e 13, 16a. or 16b. a | and line 14 is 10% | or more. |
| | and if the organization meets the "fact | | | | | | • |
| | meets the "facts-and-circumstances" | | • | • | • | | ▶ □ |
| | 10% -facts-and-circumstances test | • | | | • | 17a. and line 15 is 1 | |
| • | more, and if the organization meets th | | | | | • | |
| | organization mosts the "facts and organization | | | | • | | ` |

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|--------------------|----------------------|------------------------|---------------------|-------------------|-----------|
| 9 Amounts from line 6 | 56,383. | 50,944. | 55,703. | 75,740. | 66,505. | 305,275. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,544. | 10,817. | 6,610. | 10,614. | 6,444. | 39,029. |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 4,544. | 10,817. | 6,610. | 10,614. | 6,444. | 39,029. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | | | • | • | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | 60,927. | 61,761. | 62,313. | 86,354. | 72,949. | 344,304. |
| 14 First five years. If the Form 990 is for | the organization's | first, second, third | d. fourth, or fifth ta | x vear as a section | 501(c)(3) organiz | ation. |

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

15

16

17

88.66

83.38

11.34

%

%

%

ightharpoons X

check this box and stop here

Section C. Computation of Public Support Percentage

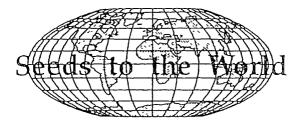
16 Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))



Warehouse - Shipping
Phone (209) 466-6377 • FAX (209) 466-6377 • 301 South Aurora • Stockton, Ca. 95203
Seeds to the World is a 501 (c) 3 Non-Profit

Ray Baglietto Seed Gatherer

Dave Brewer St Mary's Interlaith Dining Floom

Joe Cecchini Wesimar Insurance Services

Clarance Knutsen Allomey

Melvin Hansen North Stockton Rotary Club

lan Lockhar**t** Past President, California Seed Association

Joe Baglietto Baglietto Seeds

Roger Pirie Past President, Pacilic Seed Association

Frank Rauzi Meal Consultani

William Sousa San Joaquin County Diocese of Saciamento

William Trezza Bank of Agriculture & Commerce

Porus Austin CFO Seeds to the World

Bruce Pardella - Sec Trea Sr Mary's Interfaith

MISSION STATEMENT

STATEMENT OF PURPOSE

In response to the food shortage problem in many parts of the world due to war, famine, or any other natural or man-made calamity, SEEDS TO THE WORLD, INC was organized to address this problem.

What SEEDS TO THE WORLD, INC. does is gather surplus seed from all available sources, primarily seed companies, and ships this surplus seed to responsible groups. When the seed reaches its predetermined destination based on the need of the local populace for food sufficiency, the local groups with which the organization cooperates distributes the seeds for planting.

Along with the seed sent, SEEDS TO THE WORLD, INC. provides advice as to the proper planting, cultivation, irrigation, and harvesting of the crops to the individuals receiving the donated seed.

These seeds are distributed only through responsible organizations or individuals and are not sold as commercial product to those in need of the seed.

If is the hope of SEEDS TO THE WORLD, INC. that through its efforts of providing the requisite materials and knowledge to the poor and needy people of the world, the dramatic and devastating effects of hunger, and ultimately death, can be alleviated.

| FORM 990-EZ | STATEMENT | | | |
|---|------------------------|-------------------------|--------------------|------------|
| DESCRIPTION | | | AMOUNT | |
| DUES AND SUBSCRIPTION LICENSES AND PERMITS TRAVEL SUPPLIES | TS . | | 1; 1,8; 1,2; | 26. |
| ADVERTISING TOTAL TO FORM 990-EZ, | LINE 16 | | 4,04 | 39. 40. |
| FORM 990-EZ | CASH GRANTS AND ALLOCA | ATIONS | STATEMENT | 2 |
| CLASS OF ACTIVITY/DON | EE'S NAME AND ADDRESS | DONEE'S RELATIONSHIP | AMOUN | r |
| GRANT DOROTHY DAY FUND | | NONE | 5,00 | 00. |
| STOCKTON, CA 95203 | | | | |
| GRANT SARAH'S TLC SCHOOL | | NONE | 1,00 | 00. |
| STOCKTON, CA 95203 | | | | |
| GRANT ONE TLC SCHOOL VARIOUS STOCKTON, CA 95203 | | NONE | 1,00 | 00. |
| GRANT STOCKTON COLLEGIATE VARIOUS STOCKTON, CA 95203 | | NONE | 1,00 | 00. |
| GRANT SR MAGDALEN KILANE | | NONE | 1,00 | 00. |
| STOCKTON, CA 95203 | | | | |
| GRANT TUPENDANE COTTAGE | | NONE | 1,00 | 00. |
| STOCKTON, CA 95203 | | | | |

| SEEDS TO THE WORLD, INC. | | 68-0240009 |
|--|------|------------|
| GRANT RAE ANN O'NEILL | NONE | 1,000. |
| STOCKTON, CA 95203 | | |
| GRANT MARY KNOLL SOCIETY | NONE | 1,000. |
| STOCKTON, CA 95203 | | |
| GRANT SALVATION ARMY | NONE | 1,218. |
| STOCKTON, CA 95203 | | |
| GRANT RED RHINO | NONE | 1,000. |
| STOCKTON, CA 95203 | | |
| GRANT VARIOUS ORGANIZED CHARITIES | NONE | 1,390. |
| STOCKTON, CA 95203 | | |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 15,608. |

| FOI | RM 990-EZ | INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | - | STATE | MENT | 3 |
|-----|-------------|---|---|-------|------|----|
| A) | DIRECTLY OF | GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCHLY, TO PAY PREMIUMS ON A PERSONAL NTRACT? | [|] YES | [X] | NO |
| B) | | GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? |] |] YES | [X] | NO |