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DLN: 93493031001083

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

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

			endar year, or tax year beginning 01-0 C Name of organization	D1-2011 and ending 12-31-201	.1	D Employer	identification number
	eck if ap Tress ch	pplicable	STRUCTURED EMPLOYMENT ECONOMIC DEV	VELOPMENT		13-2875	
	ne char		Doing Business As			E Telephon	
	ial retur		SEEDCO			(212)47	3-0255
— Ter	mınated	d	Number and street (or P O box if mail is no 915 BROADWAY 17TH FLOOR	of delivered to street address) Room/si	uite	G Gross rece	ipts \$ 36,186,581
_	ended r olication	return pending	City or town, state or country, and ZIP + 4 NEW YORK, NY 10010				
		ľ	F Name and address of principal of	officer	H(a) Is th	ı s a group re	turn for
			BARBARA DWYER GUNN 915 BROADWAY 17TH FL		affilia		⊤Yes ▽ No
			NEWYORK, NY 10010		H(b) Are al	l affiliates inc	:luded?
				. F			list (see instructions)
		pt status	✓ 501(c)(3)	5) 4947(a)(1) or 527	H(c) Grou	p exemption	number ►
					1		I Maria de la
	n of org rt I	ganization Sumr	Corporation Trust Association Ot	her 📭	L Year of fo	mation 1976	M State of legal domicile N
Fa			-				
Governance	т	TO HELP	scribe the organization's mission or m LOW-INCOME PEOPLE AND COMM UNITIES FOR JOB SEEKERS, WORKI	UNITIES MOVE TOWARD ECO			
Ĕ ē	-						
် ၁	2 0	Check thi	is box দ if the organization disconti	nued its operations or disposed	of more than 2	5% of its ne	t assets
	l		f voting members of the governing boo				3 10
Activities &	l		of independent voting members of the o			_	1 1
	l		nber of individuals employed in calend				386
ĕ	l		nber of volunteers (estimate if necess elated business revenue from Part VII	• •		_	7a (
	l		ated business taxable income from Fo	, ,,			'a (
	<u> </u>	Tet uniter	ated basiness taxable income from to	1111 330 1, IIIIC 31 1 1	Prio	r Year	Current Year
	8	Contrib	outions and grants (Part VIII, line 1h)		1.115	45,345,65	
욜	9		m service revenue (Part VIII, line 2g)		12,99		
Revenue	10	=	ment income (Part VIII, column (A), li			628	+
<u> </u>	11	Otherr	evenue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)		1,977,22	1,803,038
	12		evenue—add lines 8 through 11 (must		e	47,336,50	36,076,007
	13		and similar amounts paid (Part IX, co			27,921,27	
	14		s paid to or for members (Part IX, colu				0 0
	15		s, other compensation, employee bene				
Expenses		5-10)				12,814,69	
<u>\$</u>	16a		sional fundraising fees (Part IX, colum			(0
五	b		draising expenses (Part IX, column (D), line 2	· -			
	17		expenses (Part IX, column (A), lines 1		•	6,572,209	
	18		xpenses Add lines 13-17 (must equa			47,308,17	
<u>양</u>	19	Revenu	ie less expenses Subtract line 18 froi	miline 12		28,32 of Current	5 -3,561,644 End of Year
Net Assets or Fund Balances	20	Totala	ssets (Part X, line 16)		 	ear 16,341,47	
A B	21		abilities (Part X, line 26)			10,942,42	
2 2 2 3	22		sets or fund balances Subtract line 2:			5,399,04	
Pai			ature Block				
Par Under know	rt III r penal ledge a ledge.	Signaties of peand belief,		return, including accompanying s	er) is based on	tatements, an	nd to the best of my
			or print name and title				
Paid		Preparer's signature	Paul Hammerschmidt		Check if self- employed 🕨 🦵	Preparer's ta (see instruct	xpayer identification number ions)
•	arer's	Firm's na	me (or yours BDO USA LLP			EIN 🕨	
1100 '	/IIIV					1	
Use (Jy	address, a	and ZIP + 4 100 PARK AVENUE				(212) 885-8000

Par	Statement of Program Check if Schedule O contains				দ
1	Briefly describe the organization's m	ission			
OPP IMPL COU SUPL ORG AND	UCTURED EMPLOYMENT ECONOMIORTUNITIES FOR PEOPLE, BUSINE LEMENTS INNOVATIVE PROGRAMS INTRY EACH YEAR, SEEDCO SUPPOPORTS 3) SMALL BUSINESS SERVICE ANIZATIONS IS CENTRAL TO SEED CULTURAL COMPETENCE NEEDED RE INVESTMENT IN THE ECONOMI	SSES, AND COMMUNITI AND SERVICES THAT E RTS COMMUNITIES IN ES CREATING AND MA DCO'S APPROACH THES TO PROVIDE DIRECTS	ES IN NEED OF ASBENEFIT WORKERS, THREE WAYS 1) WONG PARTNERS SE GROUPS HAVE TO RESIDE	SISTANCE AS SUCH, S FAMILIES, AND BUSIN DRKFORCE DEVELOPME SHIPS WITH COMMUNIT THE EXPERIENCE, HIST DENTS IN LOW-INCOME	EEDCO DESIGNS AND ESSES ACROSS THE ENT 2) WORK AND FAMIL' 'Y-BASED ORY, COMMUNITY TRUST
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .				┌ Yes ┌ No
	If "Yes," describe these new services	s on Schedule O			
3	Did the organization cease conducting services?		anges in how it condi	ucts, any program	┌ Yes ┌ No
_	If "Yes," describe these changes on				
4	Describe the organization's program expenses Section 501(c)(3) and 50 grants and allocations to others, the	1(c)(4) organizations and	l section 4947(a)(1)	trusts are required to rep	
4a	(Code) (Expenses	\$ 23,490,488 ıncl	uding grants of \$) (Revenue \$	0)
	WORKFORCE DEVELOPMENT - SEEDCO PRO INDIVIDUALS SEEDCO'S WORKFORCE DEVI BEGIN WITH JOB PLACEMENT AND MOVE OF TO-SERVE POPULATIONS SUCH AS LONG-TOWITH OTHER BARRIERS TO EMPLOYMENT SEFFECTIVE FOR BOTH JOB SEEKERS AND ENTROPED TO SEED THAT WORKERS HAVE THE NECESSARY SKI	ELOPMENT PROGRAMS PROVIDI N TO JOB RETENTION AND CAR IERM PUBLIC ASSISTANCE REG IN ADDITION, SEEDCO DESIGNS MPLOYERS WE DO THIS BY US O OUR STRATEGY TO USE A DE	E A BROAD RANGE OF JOE EER ADVANCEMENT WE ' IPIENTS, NONCUSTODIAL S AND OPERATES ITS WOI ING ALL AVAILABLE RESOL MAND-DRIVEN APPROACI	3 SEEKERS AND WORKERS WIT TAILOR THESE SERVICES SO TI PARENTS, PEOPLE WITH LOW I RKFORCE DEVELOPMENT PROC JRCES, INCLUDING THOSE OF	TH PATHS TO SUCCESS THAT HEY MEET THE NEEDS OF HARD- LEVELS OF LITERACY, AND THOSE BRAMS SO THAT THEY ARE DUR COMMUNITY-BASED AND
) (D	245.255.
4b	(Code) (Expenses WORK AND FAMILY SUPPORTS - EVEN WHE SEEDCO'S EARNBENEFITS PROGRAM SCREE HOUSEHOLDS GAIN ACCESS TO MUCH-NEE FAMILIES TO THE FULL RANGE OF BENEFITS STAMPS), AND CHILDCARE SUBSIDIES THE MANAGES A NATIONAL HOUSING COUNSELT FAMILIES ACROSS THE COUNTRY WITH IND MORTGAGE DELINQUENCY, TO ENSURE THE	M EMPLOYED, MANY WORKERS INS LOW-INCOME HOUSEHOLDS D BENEFITS SEEDCO USES TEC AFFORDABLE HEALTH INSUR SE BENEFITS CAN HELP PEOPLE NG NETWORK, FUNDED BY THE DIVIDUAL COUNSELING AND EDU	S TO ASCERTAIN ELIGIBILE CHNOLOGY AND CASE MAI ANCE, THE SUPPLEMENTA E IN NEED ATTAIN LONG- E U S DEPARTMENT OF H UCATION ON TOPICS SUC	ITY FOR PUBLIC AND PRIVATE NAGEMENT SERVICES TO CONI NL NUTRITION ASSISTANCE PRO FERM EMPLOYMENT AND FINAI OUSING AND URBAN DEVELOPI H AS HOME BUYING, RENTAL A	INCOME SUPPORT THIS HELPS JECT WORKERS AND THEIR JOGRAM (SNAP, FORMERLY FOOD NCIAL STABILITY SEEDCO ALSO MENT THE NETWORK PROVIDES SSISTANCE, AND PREVENTING
40	(Code) (Expenses	\$ 2,862,706 incli	uding grants of \$) (Revenue \$	0)
4 c	SMALL BUSINESS SERVICES - SEEDCO PROV SERVICES SEEDCO OPERATES THREE BUSI BUSINESS SERVICES THE CENTERS PROVII TECHNICAL ASSISTANCE - IN ADDITION TO PROVIDES ASSISTANCE TO FEDERAL, STATE SOLUTIONS THAT MAXIMIZE RESOURCES AI DELIVERY OF THEIR SERVICES WHILE OVER	IDES SMALL BUSINESSES WITH NESS SOLUTIONS CENTERS IN DE ENTREPRENEURS WITH BUS SEEDCO'S DIRECT SERVICE W E, AND LOCAL GOVERNMENTS, I ND FUNDING STREAMS THIS A	I CUSTOMIZED TECHNICA NEW YORK CITY UNDER SINESS COURSES AND ADV ORK, THE ORGANIZATION FUNDERS, AND NONPROF LLOWS CLIENTS TO CREA	AL ASSISTANCE, FINANCING AS CONTRACT TO THE NEW YORK VICE, AS WELL AS LEGAL AND F 'S CONSULTING AND TECHNIC IT AGENCIES SEEDCO WORKS TE INNOVATIVE AND PRACTICA	SISTANCE, AND RECRUITMENT CITY DEPARTMENT OF SMALL INANCIAL ASSISTANCE AL ASSISTANCE DIVISION WITH ITS CLIENTS TO DEVELOP L APPROACHES FOR THE
4d	Other program services (Describe (Expenses \$	in Schedule O) including grants of \$) (Revenue \$)
4e	Total program service expenses►\$	32,969,655			

Part IV	Checklis	t of F	Reauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. &	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O Contains a response to any question in this Part V	<u> </u>	• 1	
	5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 19			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1 a	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 or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
5a	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?	6a		No
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).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
•	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
J	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
U	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Se	ection A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νο
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		110
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶GA , MD , NY , TN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 JOHN EMMERT CFO 915 BROADWAY 17TH FL

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

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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(1) GEORGE A PRUITT CHAIRPERSON	1 0	х		Х				0	0	0
(2) LILLIAM BARRIOS-PAOLI VICE CHAIRPERSON	1 0	х		Х				0	0	0
(3) PAUL R FRANKE III TREASURER	1 0	х		Х				0	0	0
(4) JUDITH G CLABES SECRETARY	1 0	х		Х				0	0	0
(5) STANLEY BREZENOFF BOARD MEMBER	1 0	х						0	0	0
(6) MAURICE L COLEMAN BOARD MEMBER	1 0	х						0	0	0
(7) ROBERT P GILOTH BOARD MEMBER	1 0	х						0	0	0
(8) MITCHELL GORDON BOARD MEMBER	1 0	х						0	0	0
(9) DEMETRA SMITH NIGHTINGALE BOARD MEMBER	1 0	х						0	0	0
(10) SANDRA L PHILLIPS BOARD MEMBER	1 0	х						0	0	0
(11) BARBARA DWYER GUNN CEO/PRESIDENT	35 0			Х				378,275	0	18,733
(12) PAUL SCHUCHERT CFO	35 0			Х				185,405	0	4,396
(13) SOLOMON MALACH THRU 6302011 GENERAL COUNSEL	35 0					х		171,014	0	8,992
(14) GAIL QUAN SVP, HR & ADMINISTRATION	35 0					х		151,862	0	11,066
(15) TAMMY FOLK CONTROLLER	35 0					х		143,243	0	15,060
(16) NATASHA LIFTON SVP, EXTERNAL AFFAIRS	35 0					х		132,714	0	6,533
(17) RONALD KIRK VP, BUDGETS AND CONTRACTS	35 0					х		121,219	0	6,193

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

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er ai	e bo ıs bo nd a	x, oth		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	amo cor orga	npens rom t nızatı	ted fother ation he on and	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relate anıza		
															-
															-
								1							-
															-
															_
								<u> </u>							-
															-
															-
															_
															-
1b	Sub-Total		<u> </u> 	<u> </u>	<u> </u>	<u> </u>		<u> </u> ▶							1
С	Total from continuation sheets							 -							1
d 	Total (add lines 1b and 1c) . Total number of individuals (incl					ted	above) who	receive	1,283,732	0			70,973	
-	\$100,000 of reportable compen						u 20.0	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
3	Did the organization list any for	mer officer, direc	tor or t	ruste	e k	ev e	mplov	ee o	r highes	t compens	ated employee	•	es	No	-
	on line 1a? If "Yes," complete Sci	hedule J for such	ındıvıd	ual		•	•	•				3		No	
4	For any individual listed on line corganization and related organize individual										ch	4	'es		
5	Did any person listed on line 1a services rendered to the organiz										ı	5		No	
Se	ection B. Independent Con	tractors													-
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio													
	Nar	(A) ne and business add	dress							Descr	(B) uption of services	С	(C) ompen		-
64 BE	CA INC AVER STREET SUITE 195 YORK, NY 10004									SOFTWARE (CONSULTANT			629,216	
7 WO	ELANETZ FINK LLP RLD TRADE CENTER YORK, NY 10007									LEGAL				247,907	_
CENT 44 VA	RER FOR NONPROFIT MANAGEMENT NTAGE WAY VILLE, TN 37228									STRATEGIC F	PLANNING			130,561	-
	, 5											+			-
	Total number of independent cont \$100,000 of compensation from t			ot lir	nited	d to	those	liste	d above)	who receiv	ed more than				-

Form 99						Page 9
Part V	/1111	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a 165,	901			
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b				
%,g	С	Fundraising events 1c 207,	750			
<u>#</u>	d	Related organizations 1d				
E S	e	Government grants (contributions) 1e 31,147,	220			
rtio er s	f	All other contributions, gifts, grants, and similar amounts not included above	529			
き	g	Noncash contributions included in				
멸	١.	Innes 1a-1f \$ Total. Add lines 1a-1f	► 34,057,400			
<u> </u>	h					
e II	2a	PROGRAM AND PROCESSING FEES Business Co		245 256		
Program Service Revenue	b	PROGRAM AND PROCESSING LES	00099 215,256	215,256		
or GE	°					
<u>ا</u> ک	d					
Ž.	e					
lian.	f	All other program service revenue				
Š.	g	Total. Add lines 2a-2f	215,256			
	3	Investment income (including dividends, interest	213,230			
			▶ 313			313
	4	Income from investment of tax-exempt bond proceeds	• 0			
	5	Royalties				
		(I) Real (II) Persona	<u> </u>			
	6a b	Gross rents Less rental	_			
		expenses Rental income	_			
	c .	or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory				
	Ь	Less cost or other basis and sales expenses				
	c d	Sain or (loss) Net gain or (loss)	▶ o			
ē	8a	Gross income from fundraising events (not including				
Other Revenue		s207,750 of contributions reported on line 1c) See Part IV, line 18				
Ē	Ь		,375 ,574			
₹	c	Net income or (loss) from fundraising events				-93,199
	9a	Gross income from gaming activities See Part IV, line 19				
	b c	Less direct expenses b Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
	С		0			
		Miscellaneous Revenue Business Co				
	11a	MANAGEMENT FEES	1,614,928 10099 281,309			1,614,928
	b	MISCELLANEOUS INCOME 90	00099 281,309			281,309
	d	All other revenue				
	e	Total. Add lines 11a-11d	_			
	12	Total revenue. See Instructions	1,896,237 - 36,076,007	215,256	0	1,803,351

25

Form 990 (2011) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 11,587,371 11,587,371 Grants and other assistance to individuals in the United States See Part IV, line 22 4,701,509 4,701,509 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and 586,810 37,960 548,850 key employees . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 7 Other salaries and wages 12,226,979 9,351,197 2,521,472 354,310 Pension plan contributions (include section 401(k) and section 494,301 403(b) employer contributions) 379,616 100,234 14,451 1,187,157 878,022 275,980 33,155 Other employee benefits 944,786 694,754 223,646 26,386 10 Fees for services (non-employees) 11 Management 552,066 531,766 20,300 Legal 52,910 Accounting 328,034 275,124 152,630 152,630 Lobbying Professional fundraising See Part IV, line 17 . . 0 0 Investment management fees Other 1,094,986 152,390 g 856,634 85,962 Advertising and promotion . . . 185,500 180,401 4,882 217 12 535,357 215,875 1,651 13 Office expenses 317,831 270,498 292,824 14 Information technology 563,322 15 Royalties . . 1,422,011 16 723,518 628,436 70,057 272,516 238,122 28,630 17 5,764 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 104,595 82,450 22,145 130,356 130,356 20 21 Payments to affiliates . 22 Depreciation, depletion, and amortization 673,208 673,208 23 99,412 3,209 96,203 24 Other expenses Itemize expenses not covered above (List

miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)

combined educational campaign and fundraising solicitation

All other expenses 196,772 80,037 115,545 1,190 Total functional expenses. Add lines 1 through 24f 39,637,651 32,969,655 6,074,270 593,726 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 543,696 222,722 1 1 1.610.617 1.580.499 2 2 3 11,481,235 10,121,540 624.815 673.071 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 775 7 0 0 8 0 9 9 204.252 Prepaid expenses and deferred charges 10a 5,588,132 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 4,598,760 b Less accumulated depreciation 1,306,462 **10c** 989,372 11 0 11 0 12 0 12 Investments—other securities See Part IV, line 11 0 13 0 13 Investments—program-related See Part IV, line 11 . . 0 0 14 Intangible assets 14 773,873 15 162,685 15 16,341,473 13,954,141 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 3,544,248 17 5,245,874 17 Accounts payable and accrued expenses . 18 18 0 19 711,281 19 214,743 20 0 20 Ω 0 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 1.350.000 23 Secured mortgages and notes payable to unrelated third parties . . . 23 1,892,797 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 5,336,897 25 4,763,324 D 26 10,942,426 26 12,116,738 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,931,428 -65,312 Unrestricted net assets 3,467,619 28 1.902.715 28 Temporarily restricted net assets Fund 29 ol 29 0 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 5.399.047 33 1.837.403 34 Total liabilities and net assets/fund balances 16.341.473 13.954.141

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36,0	076,007
2	Total expenses (must equal Part IX, column (A), line 25)	2		39,6	537,651
3	Revenue less expenses Subtract line 2 from line 1	3		-3,5	561,644
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		5,3	399,047
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,8	337,403
Par	t XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight or audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b	Yes	

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STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT

As Filed Data -

DLN: 93493031001083

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

CORPORATION

h

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check

c Type III - Functionally integrated Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

the box that describes the type of supporting organization and complete lines 11e through 11h

Yes No 11g(i) 11g(ii) 11g(iii)

Type III - Other

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is th organizat col (i) org	e ion in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

-	under Part III. II ti	<u>ie organization</u>	ialis to quality u	nder the tests	iistea below, pie	ease cor	npiete F	art III.)
	ection A. Public Support endar year (or fiscal year beginning		(1) 2000	() 2000	(1) 2040			
	ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual	24,808,43	39,401,615	44,758,522	45,345,652	34,	057,400	188,371,625
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
,	furnished by a governmental unit							
	to the organization without							
	charge	24 000 45	20 404 645	44 750 500	45.245.652		057.400	100 074 605
4	Total. Add lines 1 through 3	24,808,43	39,401,615	44,758,522	45,345,652	34,	057,400	188,371,625
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							
6	(f) Public Support. Subtract line 5							
O	from line 4							188,371,625
S	ection B. Total Support	•		_				
Cal	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
_	beginning in)		39,401,615	44,758,522	45,345,652			188,371,625
7	A mounts from line 4 Gross income from interest,	24,808,436	39,401,613	44,736,322	45,545,652	34,	057,400	100,3/1,023
8	dividends, payments received							
	on securities loans, rents,	287,652	174,889	18,815	628		313	482,297
	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 (Explain in Part							
	IV) Do not include gain or loss	1,077,781	602,065	1,913,655	1,563,883	1,	896,237	7,053,621
	from the sale of capital assets							
11	Total support (Add lines 7							
	through 10)							195,907,543
12	Gross receipts from related activi	ties, etc (See ins	structions)			12		1,124,535
13	First Five Years If the Form 990 is	for the organizat	tion's first, second	, thırd, fourth, or 1	fifth tax year as a	501(c)(3		'
	check this box and stop here							▶┌
S	ection C. Computation of Pu	blic Support	Percentage					
14	Public Support Percentage for 201			11 column (f))		14		96 153 %
15	Public Support Percentage for 201	10 Schedule A, P	art II, line 14			15		96 434 %
16a	33 1/3% support test-2011. If th	e organization die	d not check the box	con line 13, and	line 14 is 33 1/3%		. check tl	
	and stop here. The organization qu	_		•			,	₽V
b	33 1/3% support test—2010. If th				Sa, and line 15 is :	33 1/3% (or more, o	- -
17-	box and stop here. The organization			-	00 12 1616	المرمم	1.4	▶□
L/a	10%-facts-and-circumstances test is 10% or more, and if the organiz							
	in Part IV how the organization me							ed
	organization							▶ □
b	10%-facts-and-circumstances tes							
	15 is 10% or more, and if the organize Explain in Part IV how the organize							
	supported organization	ation meets tile	iacts and circumst	ances lest ine	: organization qual	iiiles as a	Publicly	▶ □
18	Private Foundation If the organiza	ition did not chec	k a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and s	see	
	instructions		,		•			▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493031001083

OMB No 1545-0047

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

	_	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	rt V, line 46 (Political Ca	mpaign Activities),
then		mplete Parts I-A and B Do not complet	o Port I C		
	=	501(c)(3)) organizations Complete Pari		/ Do not complete Part I-B	
Se	ction 527 organizations Complete	e Part I-A only		·	
	-	s," to Form 990, Part IV, Line 4, or		,	•
	, ,, , —	t have filed Form 5768 (election under t have NOT filed Form 5768 (election u	, , ,	•	•
		s," to Form 990, Part IV, Line 5 (Pre			
	ction 501(c)(4), (5), or (6) organi	·	,	, , ,	,,
	me of the organization UCTURED EMPLOYMENT ECONOMIC DE	EVELOPMENT		Employer iden	tification number
	RPORATION	EVELOT PIEM		13-2875743	
Par	t I-A Complete if the or	ganization is exempt under :	section 501(c) or is a section 527	organization.
1		ganızatıon's dırect and ındırect politic	cal campaign acti	vities on behalf of or	
_	in opposition to candidates for	public office in Part IV			
2	Political expenditures			•	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization unc	der section 4955	.	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4 955 ▶	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		ganization is exempt under s	section 501(c) except section 501	l(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o	organization's funds contributed to otl	her organizations	for section 527	¢.
3		tures Add lines 1 and 2 Enter here a	and on Form 1120		→
4	Did the filing organization file F				Yes No
5		nd employer identification number (EI	(N) of all costion	E27 political organizations	•
5		or each organization listed, enter the			
		ns received that were promptly and di			
	separate segregated fund or a	political action committee (PAC) If a	additional space i	s needed, provide informa	tion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of political
				filing organization's	contributions received and promptly and
				funds If none, enter -0-	directly delivered to a
					separate political organization If none,
					enter - 0 -

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
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Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		210,527
j	Total lines 1c through 1i			210,527
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	A Complete if the appropriation is accomptuately position FO4/a)/4) and the	- FA1/-		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

	'		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART II-B, LINE 1I		SEECDCO HIRED CONSULTANTS TO ASSIST WITH ASSESSING THEIR VISIBILITY WITH THE FEDERAL GOVERNMENT, ADVANCING THE SEEDCO POLICY AGENDA AND OUTREACH STRATEGY AT THE FEDERAL LEVEL, DEVELOPING INITIATIVES, INCLUDING EARMARKS, TO OBTAIN FINANCIAL ASSISTANCE, AND MARKETING SEEDCO TO BECOME A GENERAL SERVICES ADMINISTRATION VENDOR TO FEDERAL AGENCIES INCLUDED ARE PAYMENTS TO CAPALINO & COMPANY AND MANATT, PHELPS, PHILLIPS FOR NYC AND NYS GOVERNMENT RELATIONS

1

DLN: 93493031001083

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

ntema	al Revenue Service		orm 990. ► See separate instructions.	20		Inspec	tion
	me of the organization RUCTURED EMPLOYMENT ECO	DNOMIC DEVELOPMENT		Emplo	yer ident if icat	ion numb	er
	RPORATION				875743		
Pa		ns Maintaining Donor Ac answered "Yes" to Form 99	dvised Funds or Other Similar F	unds o	r Accounts.	Comple	te if the
	organization	answered tes to form 55	(a) Donor advised funds	(b) Funds and ot	her accou	ınts
1	Total number at end of	÷year					
2	Aggregate contribution	ns to (during year)					
3	Aggregate grants from	(during year)					
4	Aggregate value at en	d of year					
5	_		_	nor advis	ed	┌ Yes	┌ No
6	used only for charitabl	le purposes and not for the ben			purpose	┌ Yes	┌ No
Pa	rt III Conservatio	n Easements. Complete	ıf the organization answered "Yes"	to Form	990, Part IV	, lıne 7.	
2	Preservation of la Protection of natu Preservation of op Complete lines 2a-2d	nd for public use (e g , recreati iral habitat pen space I if the organization held a quali	on or pleasure) Preservation of a	certified	historic struct	ure	
_	Total number of conce	vrvation oacoments			Held at the	End of the	e Year
							
	-	•					
_			. ,	-			
3			erred, released, extinguished, or terminat	ed by the	organization d	luring	
5				ıdlıng of v	riolations, and	☐ Yes	┌ No
6	Staff and volunteer ho	urs devoted to monitoring, insp	pecting and enforcing conservation easer	nents dui	ng the year ►		
7	A mount of expenses II	ncurred in monitoring, inspectii	ng, and enforcing conservation easement	s during	the year		
8			2(d) above satisfy the requirements of se	ction		┌ Yes	┌ No
9	balance sheet, and inc	clude, if applicable, the text of t	the footnote to the organization's financia				
0.51				or Oth	or Similar /	ccotc	
Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Purpose(s) of conservation easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substance of the conservation easement reported on line 2(d) above satisfy the requirements of section							
1a	art, historical treasure	es, or other similar assets held	for public exhibition, education or resear	ch in furt			e,
b	historical treasures, o provide the following a	r other similar assets held for imounts relating to these items	public exhibition, education, or research			•	
	(i) Revenues included	l in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in	ı Form 990, Part X			F \$		
2				or financ	ıal gaın, provid	e the	
а	Revenues included in	Form 990, Part VIII, line 1			► \$		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	torio	cal Tr	easu	res, or C	<u> ther</u>	<u> Similar Asse</u>	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne foll	_		_		se of its collectio	n	
а	Public exhibition		d	Γ	Loan	or exch	nange prog	rams			
b	Scholarly research		e	\vdash	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	ıın hov	v they	furthe	r the o	rganızatıor	ı's ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am	ements. Comple	ete ıf	the o	organi	zation			es" to Form 990	Ο,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions o	or other ass	sets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng ta	ıble		Г	I	A		
_							F	4	Amo	unt	
٦ C	Beginning balance						-	1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo		e 21?						Г	Yes	│ No
	If "Yes," explain the arrangement in Part XIV							_			
Pa	t V Endowment Funds. Complete	f the organizatioi (a)Current Year		were Prior Y			orm 990, o Years Back			NEOUr Vo	ears Back
1a	Beginning of year balance	(a)Current feat	(0)	riioi Y	cai	(C)IW	o reals back	(u)	mee rears back (€	Ji Our 16	ais DdCK
ь	Contributions							+			
c	Investment earnings or losses							+			
d	Grants or scholarships							+			
e	Other expenditures for facilities							+			
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon t	that a	re held	d and a	dmınıstere	d for t	the	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" to 3a(II), are the related organization							•	3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	υ, Pa	Τ ΄					Γ		
	Description of property				Cost or s (inves		(b) Cost or basis (oth		(c) Accumulated depreciation	(d) Bo	ook value
1a	and										
b I	Buildings		•								
c I	easehold improvements		•				1,44	9,020	1,317,997		131,023
d I	Equipment			1			1 348	7,904	2,721,736	1	766,168
	equipment		•				3,40			 	
e (Other							1,208	559,027		92,181

Part VII Investments—Other Securities. Se (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		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desc	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	e 15)	.
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
REFUNDABLE CONTRACT ADVANCES	643,847	
DUE TO AFFILIATE	4,119,477	
DOE TO MITTERATE	7,117,4//	
Total (Column (h) should assist Free 200, Deat V 1/20 (1, 25)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4 ,763,324	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,076,007
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	39,637,651
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,561,644
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,561,644
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	36,186,581
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	110,574
3	Subtract line 2e from line 1	3	36,076,007
4	A mounts 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 XIV) 4b		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	36,076,007
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	
1	Total expenses and losses per audited financial statements	1 1	39,748,225
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		
c	Other losses		
d	Other (Describe in Part XIV) 2d 110,574		
e	Add lines 2a through 2d	2e	110,574
3	Subtract line 2e from line 1	3	39,637,651
4	A mounts 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 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	39,637,651
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART X, LINE 2		UNDER FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ASC 740, "INCOME TAXES", TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED SHOULD IT BE CHALLENGED BY A TAXING AUTHORITY THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT CORPORATION (THE "REPORTING ORGANIZATION") DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2011, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES THE REPORTING ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER THE CODE, HOWEVER, IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED UNDER THE CODE THE TAX YEARS ENDING 2008, 2009, 2010 AND 2011 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES
PART XII, LINE 2D AND PART XIII, LINE 2D		SPECIAL EVENT EXPENSES

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As Filed Data -

DLN: 93493031001083

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

SCHEDULE G

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

	ne of the organization	ECONOMIC DEVEL	ODMENT					Employer ider	ntification number
	LUCTURED EMPLOYMENT I RPORATION	ECONOMIC DEVEL	OPMENI					13-2875743	
Pā	rt I Fundraising Ac	tivities. Complete	e if the o	organiza	tion a	nswered "Yes"	to Form	າ 990, Part IV	, line 17.
1	Indicate whether the orgai	nızatıon raısed funds	through a	any of the		_			
а	Mail solicitations			е		Solicitation of noi	_	_	
b	Internet and e-mail so	olicitations		f		Solicitation of go		=	
C	Phone solicitations			g		Special fundraisir	ng event	S	
d	In-person solicitation	5							
2a b	Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas	i Form 990, Part VII st paid individuals or) or entity entities	/ in conne (fundraise	ction vers) pu	with professional rsuant to agreem	fundraisi ents und	ing services? ler which the fui	
	(i) Name and address of individual or entity (fundraiser)		(iii) Did (iv fundraiser have custody or control of contributions?			(iv) Gross receipts from activity		mount paid to etained by) iiser listed in col (i)	(vi) A mount paid to (or retained by) organization
_									
Tot	al			•					
3	List all states in which the licensing	organization is regis	stered or	licensed t	to solic	it funds or has b	een notif	ied it is exempt	from registration or

	t II	Fundraising Events. Com more than \$15,000 on Form	plete if the organizati 990-EZ, line 6a. List	on answered "Yes" to events with gross rec	Form 990, Part IV, III eipts greater than \$5	ne 18, or reported ,000.
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			FALL BENEFIT		0	col (c))
d)			(event type)	(event type)	(total number)	
еж	1	Gross receipts	225,125			225,125
Revenue	2	Less Charitable contributions	207,750			207,750
	3	Gross income (line 1 minus line 2)	17,375			17,375
	4	Cash prizes				
တ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
Ď D	7	Food and beverages	28,020			28,020
Direct	8	Entertainment				
ă	9	Other direct expenses .	82,554			82,554
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(110,574)
	11	Net income summary Combine lii	nes 3 and 10 ın column (d)		-93,199
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (Gross revenue				
s e	2 (Cash prizes				
Expenses	3 1	Non-cash prizes				
	4 F	Rent/facility costs				
Direct	5 (Other direct expenses				
	6 \	Volunteer labor	┌ Yes	Г Yes	┌ Yes	
	7 [Direct expense summary Add lines	s 2 through 5 ın column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌	
9	Ente	r the state(s) in which the organiza	ition operates gaming ac	tivities		
a b	Is th	ne organization licensed to operate	gaming activities in eac	h of these states?		· Fyes Fno
_						
_						

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3				
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity								
	formed to administer charitable (gamıng?		· · · · F Yes F	- No				
13	Indicate the percentage of gamii	ag activity operated in		1 1					
a				13a					
b									
14		f the person who prepares the organiza							
	Name ►								
	Address ►								
	revenue?	ntract with a third party from whom the			- No				
		ed by the third party 🟲 \$							
С	If "Yes," enter name and address	S							
	Name 🟲								
	Address ►								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation I	\$ \$							
	Description of services provided	>							
17 a		Employee er state law to make charitable distribu		· · ·	- No				
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-				
_		activities during the tax year > \$		hadala C /					
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see					
	Identifier	ReturnReference	Explana	tion					
		•	•						

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DLN: 93493031001083 OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

STRUCTURED EMPLOYMENT ECON						13-2875743	
Part I General Information	n on Grants and	l Assistance					
1 Does the organization maintain the selection criteria used to av	vard the grants or as	sıstance [?]					F Yes
2 Describe in Part IV the organiza							
Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Addıtıonal Data Table							
2 Enter total number of section 50	O1(c)(3) and govern	ment organizations list	ed in the line 1 table .			🕨	80
3 Enter total number of other orga	ınızatıons lısted ın th	e line 1 table				<u> </u>	3
			_	0			L T /E 000\ CC11

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

		,			
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) Participant Transportation - TN Workforce Prog	14181		4,320,220	MARKET VALUE	Trans Subsidies
(2) Participant Incentives FOR NY Asset Building Prog	4146	276,027	45,954	MARKET VALUE	Trans Subsidies
(3) Participant Payments FOR TN Workforce Program	69		24,471	MARKET VALUE	MED/Trans Subsidies
(4) Participant Incentives FOR NY Workforce Programs	1045	1,920	20,133	MARKET VALUE	Trans Sub/GIFT CARDS
(5) Participant Incentives for National Asset Programs	600		12,784	MARKET VALUE	GIFT CARDS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PART I, LINE 2		SEEDCO MONITORS GRANTS TO RECIPIENTS THROUGH A COMBINATION OF FINANCIAL REPORTS, WRITTEN
		REPORTS, AND/OR SITE VISITS, DEPENDING ON THE PROGRAM THROUGH WHICH THE ORGANIZATION IS
		FUNDED SEEDCO ALSO REVIEWS AUDITED FINANCIAL STATEMENTS AND OMB A-133 REPORTS OF GRANTEES, IF
		APPLICABLE, AND FOLLOWS UP ON FINDINGS WITH RECIPIENTS WHO HAVE MATERIAL WEAKNESSES OR
		SIGNIFICANT DEFICIENCIES IN THEIR INTERNAL CONTROLS TO EXAMINE THEIR CORRECTIVE ACTION PLANS

Schedule I (Form 990) 2011

STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT

DLN: 93493031001083

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

COF	RPORATION		13-2875743			
Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all to Compensation committee Independent compensation consultant Form 990 of other organizations					
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a	Yes	
ь	Participate in, or receive payment from, a suppleme	ntal non	iqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-b			4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr		•			
5	Only 501(c)(3) and 501(c)(4) organizations only me For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in	paid or a	accured pursuant to a contract that was			
	ın Part III	3 -	· · · · · · · · · · · · · · · · · · ·	8	Yes	
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	9		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	.SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	ıncentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) BARBARA DWYER GUNN	(I) (II)	352,870 0	12,000 0	13,405	18,733		397,008)	
(2) PAUL SCHUCHERT	(I) (II)	184,020	000	1,385	4,396		189,801)	
(3) SOLOMON MALACH THRU 6302011	(I) (II)	92,525 0	0	78,489			180,006	1	
(4) GAIL QUAN	(I) (II)	148,770 0	0	3,092	11,066		162,928		
(5) TAMMY FOLK	(I) (II)	142,949 0	0	294	10,325		158,303 0 0)	
	'		<u> </u>						
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	+		<u> </u>		+				
	+				†				
		,	1						

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
PART I, LINE 4A		SOLOMON MALACH, GENERAL COUNSEL, RECEIVED A SEVERANCE PACKAGE UPON HIS DEPARTURE IN THE AMOUNT OF \$77,460 WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION
PART I, LINE 8		BARBARA GUNN, CHIEF EXECUTIVE OFFICER (CEO) AND PRESIDENT OF SEEDCO Date of written employment contract March 29, 2010, approved by Board of Directors Employment position Term of contract 3 years with successive one-year periods extension option unless terminated in writing by either party Compensation arrangement - base compensation \$345,000, voluntarily reduced to \$284,000 in March 2012 - incentives discretion award determined in the sole and absolute discretion by the Seedco Board of Directors - medical insurance & other fringe benefits entitled to participate in all employee benefit plans and programs made available to all employees Other significant terms - Upon eligibility, Seedco will contribute to Seedco's 401(a) pension plan on Ms Gunn's behalf the same percentage contribution that is made for all other employees (7%) Should Seedco reduce its contribution level below seven (7%), Seedco will pay the difference between seven percent (7%) and the lower contribution rate to Ms Gunn as additional compensation - Establish a non-qualified deferred compensation plan from Commencement Date for each of the first five years of Ms Gunn's employment Seedco will place in the trust an amount equal to ten percent (10%) of Ms Gunn's base salary Ms Gunn has no rights to the deferred comp amount prior to the earlier to occur of the day before (i) Ms Gunn's death or disability or (ii) the fifth (5) anniversary of the Commencement Date

Schedule J (Form 990) 2011

DLN: 93493031001083

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

. Inspection

Name of the organization STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT CORPORATION

Employer identification number

13-2875743

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B		FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT DRAFT FORM 990 WAS REVIEWED BY THE ORGANIZATION'S CFO AND THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS IN DRAFT VIA ELECTRONIC MAIL, WITH AN OPPORTUNITY FOR THEM TO COMMENT OR MAKE INQUIRY BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C		THE GENERAL COUNSEL SERVES AS AN ADVISOR TO DIRECTORS AND KEY EMPLOYEES REGARDING POTENTIAL CONFLICTS, BOTH DURING THE ANNUAL RECERTIFICATION PROCESS AND AS THEY ARISE. AS NECESSARY, THE GENERAL COUNSEL BRINGS MATTERS PERTAINING TO KEY EMPLOYEES, OFFICERS, AND DIRECTORS TO THE PRESIDENT FOR DISCUSSION WITH THE BOARD, ADVISES WHEN DIRECTORS MUST REMOVE THEMSELVES FROM VOTING ON ORGANIZATION MATTERS, AND, WITH THE PRESIDENT, MAKES DETERMINATIONS ON MATTERS PERTAINING TO POTENTIAL CONFLICTS CONCERNING STAFF MEMBERS WHO ARE NOT KEY EMPLOYEES
FORM 990, PART VI, SECTION B, LINES 15A AND 15B		FOR ALL EMPLOYEES OF THE ORGANIZATION EXCEPT THE PRESIDENT, SEEDCO HAS A SALARY STRUCTURE THAT CONSISTS OF JOB GRADES WITH A MINIMUM, MIDPOINT, AND MAXIMUM THIS STRUCTURE PROVIDES COMPETITIVENESS WITH THE EXTERNAL MARKET THROUGH COMPARISON WITH RELEVANT MARKET INFORMATION AN INDEPENDENT CONSULTANT USED SURVEYS PUBLISHED BY ABBOT, LANGER AND ASSOCIATES AND PRM CONSULTING GROUP TO BENCHMARK SEEDCO'S SALARIES, THE AVERAGE OF NONPROFIT ORGANIZATIONS OF COMPARABLE SIZE IN THE NEW YORK REGION IS THE MARKET TARGET FOR SALARY COMPENSATION A POOL FOR SALARY INCREASES AND BONUSES FOR ALL STAFF IS PROPOSED IN THE ORGANIZATION'S ANNUAL BUDGET THIS POOL IS SUBSEQUENTLY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS WHEN IT APPROVES THE ORGANIZATION'S ANNUAL BUDGET THE PRESIDENT REVIEWED AND APPROVED THE SALARIES AND BONUSES OF ALL STAFF OF THE ORGANIZATION COMPENSATION (SALARY AND BONUS) FOR THE PRESIDENT IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON ITS ASSESSMENT OF THE COMPANY'S OVERALL PERFORMANCE AND THE PRESIDENT'S PERFORMANCE AGAINST INDIVIDUAL GOALS ANY BONUSES DISTRIBUTED OUTSIDE OF THE REGULAR SALARY INCREASE PROCESS IS APPROVED BY THE BOARD
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 MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GEORGE A PRUITT TITLE CHAIRPERSON HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LILLIAM BARRIOS-PAOLI TITLE VICE CHAIRPERSON HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAUL R FRANKE III TITLE TREASURER HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JUDITH G CLABES TITLE SECRETARY HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BARBARA DWY ER GUNN TITLE CEO/PRESIDENT HOURS 1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493031001083

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service					Ins	spectio	n						
Name of the organization STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT CORPORATION				Employer iden 13-2875743	tification number								
Part I Identification of Disregarded Entities (Comp	Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)												
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) d-of-year assets	(f) Direct controlling entity								
			+										
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during (a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 12(b)(13 rolled						
						Yes	No						
(1) SEEDCO FINANCIAL SERVICES INC 915 BROADWAY 17TH FL NEW YORK, NY 10010 59-3814814	FINANCING	NY 501(C)(3)		7			No						
(2) NON-PROFIT ASSISTANCE CORPORATION													
915 BROADWAY 17TH FL	DEVELOPMENT	NY	501(C)(3)	9			No						
NEW YORK, NY 10010 13-3952047													

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

				•		• •										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets			Disproprtionate		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	I				
(1) EMPOWERMENT REINVESTMENT FUND LLC 915 BROADWAY 17TH FL NEW YORK, NY 10010 04-3671771	FINANCING	NY	SEEDCO FIN SRVC	RELATED	1,942,127	1,248,440		No			No	1 000 %				
										<u> </u>						
										<u> </u>	\Box					
										<u> </u>						
		_		_					1 1157 11							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
							dula D (5 000) 2

(6)

Par	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)				
ı	lote. Complete line 1 if any entity is listed in Parts II, III or IV				Ye	S No		
1 Du	ing the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?					
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
b	b Gıft, grant, or capıtal contribution to related organization(s)							
C	c Gıft, grant, or capıtal contribution from related organization(s)							
d	d Loans or loan guarantees to or for related organization(s)							
e	oans or loan guarantees by related organization(s)			1e	Ye	5		
f	ale of assets to related organization(s)			1f		No		
g	urchase of assets from related organization(s)			1 g		No		
h	xchange of assets with related organization(s)			1h	1	No		
i l	ease of facilities, equipment, or other assets to related organization(s)			1 i		No		
j l	ease of facilities, equipment, or other assets from related organization(s)			1j		No		
k	erformance of services or membership or fundraising solicitations for related organization(s)			1k	Ye	5		
I F	erformance of services or membership or fundraising solicitations by related organization(s)			11		No		
m	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	n Ye	5		
n	n Sharing of paid employees with related organization(s)							
0	Reimbursement paid to related organization(s) for expenses			10	<u> </u>	No		
р	Reimbursement paid by related organization(s) for expenses			1p	Ye	<u> </u>		
q	ther transfer of cash or property to related organization(s)			19		No		
r	r Other transfer of cash or property from related organization(s)							
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	ncluding covered relati	onships and transact	ion thresholds				
	(a)	(b) Transaction	(c)	(d) Method of determ	ınına əi	mount		
	Name of other organization	type(a-r)	Amount involved	involve		nount		
(1) 2)								
2)								
3)				 				
•								
4)								
-								
5)								

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of End-of-year total income assets		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

DLN: 93493031001083

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

> Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates **Identifying number**

STRUCTURED EM	1PLOYM	С	Business of activity to which this form relates							Identifying number		
DEVELOPMENT CORPORATION				GENERAL	DEPRECIATI	ON				1	3-2875743	
Part I Ele		To Expense (ou have any li		-			u con	nplete F	Part I.			
1 Maximum amo										1	\$ 500,000	
2 Total cost of s	ection 1	79 property plac	ced in service (see instruc	ctions) .					2		
3 Threshold cos	t of sect	ion 179 property	y before reducti	on in limita	ation (see instr	uctions	;) .			3	\$ 2,000,000	
4 Reduction in li	mıtatıon	Subtract line 3	from line 2 If a	zero or less	s, enter - 0 -					4		
5 Dollar limitation						D- Ifm	arried	filina				
separately, se										5		
. ,,												
6	(a) [Description of pr	roperty		(b) Cost (bu		use	(c) E	lected co	ost		
7 Listed propert	y Enter	the amount from	line 29 .			•	7					
8 Total elected	cost of s	ection 179 prop	erty Add amou	nts ın colu	mn (c), lines 6	and 7				8		
9 Tentative dedi	uction E	nter the smaller	of line 5 or line	8.						9		
10 Carryover of d	ısallowe	d deduction from	ı lıne 13 of your	2010 For	m 4562 .					10		
11 Business income I	limitation	Enter the smaller of	business income (not less than	zero) or line 5 (se	ee instru	ctions)			11		
12 Section 179 e										12		
13 Carryover of d						. >		<u> </u>	-	12		
							13					
Note: Do not us					•			tunclude	listed ni	onert	y) (See instructions)	
14 Special deprec	ciation al	llowance for qua								14	y y (see mstractions y	
, ,		•										
15 Property subject			election .				•		•	15		
16 O ther deprecia			Da mat maked							16	673,208	
Part III MAG	CRS De	preciation (I	Do not inclua	•	roperty.) (Se ction A	e inst	ructio	ns.)				
17 MACRS deduc	tions for	assets placed i	n service in tax			011				17		
18 If you are el	ecting t	o group any a	ssets placed	ın service	during the t	ax yea	ar into	one o	_			
		ints, check hei							.▶	<u> </u>		
Section	B-ASS	ets Placed in			1 lax Year	USING	tne	Gener	ат рер	recia	ition System	
(a) Classificat property	ion of	(b) Month and year placed in service	(c) Basis deprecia (business/inv use only—see inst	tion estment	(d) Recovery period	(e) C	onvent	tion (f) Metho	d	(g)Depreciation deduction	
19a 3-year proper	ty											
b 5-year proper	ty											
c 7-year proper	ty											
d 10-year prope												
e 15-year prope												
f 20-year prope		-										
g 25-year prope					25 yrs	 	4.54		S/L			
h Residential re property	ntal				27 5 yrs	+	4 M		S/L			
					27 5 yrs	1	<u>им</u> им		S/L S/L			
i Nonresidential property	reai				39 yrs	+	4 M					
	Sectio	n C—Assets Plac	ced in Service D	uring 2011	Tax Year Using			tive Den		Svst	 em	
20a Class life					TUX TOUT COM			1110 20,	S/L	10,00		
b 12-year		<u>-</u>			12 yrs				S/L			
c 40-year					40 yrs		ММ		S/L			
	ummar	y (see instruc	tions)		, , , , , , , , , , , , , , , , , , ,				· · · · · · · · · · · · · · · · · · ·			
21 Listed propert										21		
22 Total. Add ame		m line 12, lines lines of your ret							ter here	22	673,208	
23 For assets sho	own abov	-	service during	the current	-	e	23					

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomoŁ	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	. Г _{No}		2	4b If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		(f) Recover period	y M∈	(g) ethod/ ventior		(h Depreci deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allo 50% in a qualified busi	· · · · · · · · · · · · · · · · · · ·		erty placed	in service (during the	tax year	and u	used moi	e than	25						
26 Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+			+		
27 Property used 50%	orless in a		iness us	e										_		
		%							S/L - S/L -		_			4		
		%							S/L -							
28 Add amounts in co	olumn (h), lır	nes 25 throug	ıh 27 En	ter here a	and on lu	ne 21, _l	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														se vehic	les	
					a)	(1		1	(c)		(c			2)		f)
year (do not inclu-			_	Vehi	cle 1	Vehi	cle 2	. V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	mıles drıven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles	drıven													
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle us owner or related p		y by a more th	nan 5%													
36 Is another vehicle			e? .													
Section	on C—Que	stions for	Emplo	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees	ı	
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
37 Do you maintain a employees? .		cy statement											our •	<u> </u>	es	No
38 Do you maintain a	written polic	cy statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t						ers, dire	ector	s, or 1	% or m	nore o	wners		• •	-	-+	
39 Do you treat all us						•	٠. ٠	•	• .	•	. •		•	-		
40 Do you provide movehicles, and reta				oyees, ol	btain info	ormatio •	n froi	m your • •	emplo •	yees .	about •	the us	e of the	e		
41 Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
Part VI Amo	rtization															
(a) Description of c	costs	(b) Date amortization begins	n	(A mort a mo	ızable			(d) Code ection		(e) mortiz period ercen	ation d or			(f) rtızatı hıs ye		
42 A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns)		<u> </u>	3.3011	30					
		, ==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	,	,		,									
						-+			\dashv							
43 Amortization of co	sts that beg	jan before you	ur 2011 t	ax year					•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

Additional Data

Software ID:

Software Version:

EIN: 13-2875743

Name: STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT

CORPORATION

Form 990, Special Condition Description:

Special Condition Description

Software ID: Software Version:

EIN: 13-2875743

Name: STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT

CORPORATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tennessee Community Services Agency1604 W REELFOOT AVE UNION CITY,TN 38261	62- 1413010	501(C)(3)	1,953,478				Workforce
PORTER-LEATH (CHILDREN'S BUREAU INC)868 North Manassas ST MEMPHIS,TN 38107	58- 1409385	501(C)(3)	1,870,133				Workforce DEV /

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bridges USA Inc 477 North 5th Street Memphis,TN 38105	23- 7081488	501(C)(3)	1,632,569				WORKFORCE
Kairos Services Inc3523 Lamar Avenue Memphis,TN 38118	26- 3502542	501(C)(3)	1,541,579				WORKFORCE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Management 4041 Knight Arnold Road Memphis, TN 38118	62- 1434530	501(C)(3)	486,477				WORKFORCE
Northern Manhattan Improvement Corp 76 Wadsworth Avenue NEW YORK, NY 10033	13- 2972415	1 501((*)(3)	410,087				Workforce Dev /

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BronxWorks Inc60 East Tremont Bronx,NY 10453	13- 3254484	1 5017631	312,686				Workforce Dev /
Brooklyn Housing and Family Services 415 Albemarle Road Brooklyn, NY 11218	11- 2412584	501(C)(3)	228,093				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memphis Area Legal Services109 N Main St 2nd FL Claridge HS Memphis,TN 38103	62- 0841436	501(C)(3)	175,513				ASSET BUILDING
D&E A Financial Education & Training Institute 4820 Jonesboro RD Forest Park, GA	58- 2515058	501(C)(3)	129,065				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Children's Aid Society105 E 22nd ST STE 902 NEW YORK, NY 10010	13- 5562191	501(C)(3)	124,083				ASSET BUILDING
Cypress Hills Local Development Corp 625 Jamaica Avenue Brooklyn, NY 11208	11- 2683663	I 501(C)(3)	118,854				Workforce Dev /

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEEDCO Financial Services Inc915 Broadway 18th FL NEW YORK, NY 10010	59- 3814814	501(C)(3)	113,090				ASSET BLDG/COMMUNITY
Urban Strategies Inc720 Olive ST 2600 St Louis, MO 63101	43- 1141027	501(C)(3)	107,584				Asset Building

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Associated Catholic Charities1966 Greenspring DR SUITE 200 Timoninum, MD 21093	52- 0591538	501(C)(3)	89,655				ASSET BUILDING
Binghampton Development Corporation3000 Walnut Grove RD at Tillman Memphis,TN 38111	20- 0062075	501(C)(3)	89,380				ASSET BUILDING

(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government					appraisal, other)	assistance	
The Center for Working Families Inc447 Windsor ST STE 304 Atlanta, GA 30312	43- 2071145	501(C)(3)	86,731				ASSET BUILDING
Ridgewood Bushwick Senior Citizens Council INC555 Bushwick Avenue Brooklyn, NY 11206	11- 2453853	501(C)(3)	86,513				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Nicks Alliance2 Kingsland AVE 1st FL Brooklyn,NY 11211	51- 0192170	501(C)(3)	85,682				ASSET BUILDING
The IMPACT Group 1255 Lakes PKWY BLDG 100 STE 110 Lawrenceville, GA 30043	58- 2055819	501(C)(3)	80,804				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Paraprofessional Healthcare Institute 349 East 149th ST 5th FL BRONX,NY 10451	13- 3575492	501(C)(3)	80,500				WORKFORCE
Exchange Club Family Center139 Thomspon Lane Nashville,TN 37211	62- 1237360	501(c)(3)	80,354				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of the Coastal Empire428 Bull Street Savannah, GA 31401	58- 0623603	501(C)(3)	75,000				ASSET BUILDING
Dominion Financial Management INC 660 Fitzhugh Blvd STE 108 Smyrna,TN 37167	56- 2140536	501(C)(3)	62,233				ASSET BUILDING

(a) Name and address of organization	(b) EIN	section	(d) A mount of cash grant	non-cash	valuation	(g) Description of	(h) Purpose of grant
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Worcester East Side Community Development Corp 409 Shrewsbury St Worcester, MA 01604	04- 3280116	501(C)(3)	60,364				ASSET BUILDING
Housing Conservation Coordinators Inc 777 Tenth Avenue NEW YORK, NY 10019	51- 0141489	501(C)(3)	58,948				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Highbridge Community Life Center Inc979 Ogden Avenue BRONX,NY 10452	13- 3015539	501(C)(3)	56,550				WO RKFO RCE
Urban Restoration Enhancement Corp PO Box 73032 Baton Rouge, LA 70874	72- 1223347	501(C)(3)	55,528				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Corporation to Develop Communities of Tampa Inc1907 E Hillsborough AVE Tampa,FL 33610	59- 3150608	1 501(0)(3)	50,343				ASSET BUILDING
CAMBA Inc1720 Church Avenue Brooklyn, NY 11226	11- 2480339	1 501((*)(3)	49,739				Workforce Dev /

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Belair-Edison Neighborhoods Inc 3412 Belair Road Baltimore, MD 21213	52- 1755185	501(C)(3)	47,433				ASSET BUILDING
The Works Incorporated1471 Genesis Circle Memphis,TN 38106	62- 1751430	501(C)(3)	47,279				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fifth Ward Community Redevelopment Corp PO Box 21502 Houston,TX 77226	76- 0288037	501(C)(3)	46,901				ASSET BUILDING
Bon Secours of Maryland Foundation Inc26 North Fulton AVE Baltimore, MD 21223	52- 1732800	501(C)(3)	44,962				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Christ Community Health Services Inc 2595 Central Avenue Memphis,TN 38104	62- 1583270	501(C)(3)	42,874				ASSET BUILDING
Harlem Congregations for Comm Improvement Inc2854 F Douglas Blvd NEW YORK, NY 10039	13- 3516262	501(C)(3)	42,605				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Episcopal Community Development Inc31 Mulberry Street Newark, NJ 07102	22- 3072251	501(C)(3)	42,383				ASSET BUILDING
Job Opportunities Task Force111 Water Street Baltimore, MD 21202	52- 2278450	1 5017631	40,000				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memphis Housing Resource Center INC2400 Poplar Ave STE 220 Memphis,TN 38112	62- 1601035	501(C)(3)	39,067				ASSET BUILDING
Family Services Agency628 W BWAY STE 300 North Little Rock,	71- 0237511	501(C)(3)	38,851				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southeast Community Development Corp 3700 Eastern Avenue Baltimore, MD 21224	52- 1034466	501(C)(3)	38,273				ASSET BUILDING
The Development Corporation of Northwest Baltimore 3521 W Belvedere AVE Baltimore, MD 21215	52- 1585905	501(C)(3)	37,905				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Frayser Community Development Corp 3684 N Watkins Memphis, TN 38127	58- 2158058	501(C)(3)	36,404				ASSET BUILDING
Neighborhood Housing Services of Baltimore819 Park Avenue Baltimore, MD 21201	52- 1007666	501(C)(3)	35,266				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Hampden Family Center Inc 1104 W 36th Street Baltimore, MD 21211	52- 1911153	501(C)(3)	35,000				ASSET BUILDING
Community Assistance Network Inc7900 E Baltimore Street Dundalk, MD 21224	52- 0823186	501(C)(3)	34,655				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
Saint Vincent de Paul Society Inc 2050-C C Tucker RD Atlanta, GA 30341	58- 0967972	1 5017637	33,955				ASSET BUILDING
Phipps Community Development Corp 902 Broadway 13th FL NEW YORK, NY 10451	13- 2707665	1 5017(*)(3)	33,058				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Sullivan Center 643-645 Dill AVENUE SW ATLANTA, GA 30310	58- 1641941	501(C)(3)	32,950				ASSET BUILDING
Community Development Council of Greater Memphis1548 Poplar Avenue Memphis, TN 38104	62- 1514675	501(C)(3)	31,777				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Financial Counselors of AmericaPO Box 111124 Memphis,TN 38111	62- 1851924	1 5017(**)(3)	29,142				ASSET BUILDING
The Community College of Baltimore County 800 S Rolling RD Bldg R Room 204 Baltimore, MD 21228	52- 1977456		28,301				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Groundwork Inc595 Sutter Avenue Brooklyn, NY 11207	73- 1625176	I 501(C)(3)	27,623				ASSET BUILDING
NEWSED Community Development Corp 1029 Santa Fe Drive Denver, CO 80204	74- 2275534	I 501(c)(3)	27,548				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Settlement Society of New York184 Eldridge Street New York, NY 10002	13- 5562374	1 5017(3)	27,465				ASSET BUILDING
Humboldt Park Social3051 W Armitage Ave Chicago, IL 60647	36- 3731388	1 5017631	25,697				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANNA Inc828 Evarts Street NE Washington, DC 20018	52- 1260698	501(C)(3)	25,152				ASSET BUILDING
Neighborhood Housing Opportunities1548 Poplar Avenue Memphis, TN 38104	62- 1368173	1 5017(**)	22,861				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Jackson CDC 1060 J R Lynch Street Jackson, MS 39201	58- 1947657	501(C)(3)	22,758				ASSET BUILDING
Families of Incarcerated Individuals Inc1380 Poplar Avenue Memphis, TN 38104	58- 1982435	501(C)(3)	21,833				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Atlanta Workforce Development Agency Board818 Pollard Blvd Atlanta, GA 30315	58- 1336367	501(C)(3)	21,621				ASSET BUILDING
Southeast Memphis Community Development Corp 3150 Lenox Park Blvd Memphis, TN 38115	20- 0565167	501(C)(3)	19,851				ASSET BUILDING

(a) Name and address	(b) EIN	(c) IRC Code	(d) A mount of	(e) A mount of	(f) Method of	(g) Description	(h) Purpose of
of organization		section	cash grant	non-cash	valuation	of	grant
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Cooperative Home Care Associates 349 E 149th ST 5 Bronx, NY 10451	13- 3238142		19,052				Workforce
Alabama A&M University Comm Development Corp 117 Wholesale Avenue Huntsville, AL 35811	31- 1659380	1 5017637	18,025				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
People's Organization for Social Equality Inc 1034 31st Street Kenner, LA 70062	72- 1209712	501(C)(3)	17,855				ASSET BUILDING
Southeast Chicago Development Commission2938 E 91st ST STE 106 Chicago II 60617	36- 3165936	501(C)(3)	16,172				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Asian American Resource Foundation Inc 2855 Rolling Pin Lane Suwanee, GA 30024	58- 2321987	1 501(0)(3)	16,060				ASSET BUILDING
Association House of Chicago1116 North Kedzie AVE Chicago.IL 60651	36- 2166961	501(C)(3)	12,694				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities Community Services1011 First Avenue NEW YORK, NY 10022	13- 5562185	1 5017(**)(3)	11,011				ASSET BUILDING
Urban Health Plan 1065 Southern BLVD BRONX,NY 10459	23- 7360305	I 501(C)(3)	10,754				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Union Settlement Association Inc237 E 104th ST NEW YORK, NY 10029	13- 1632530	1 50177731	10,168				Workforce Dev /
Single Parent Alliance and Resource Center 4650 Jimmy Carter Blvd Suite 116B Norcross, GA	58- 2605168	501(C)(3)	9,750				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Westside Community Development Corp PO Box 1969 Tuscaloosa, AL 35403	63- 1188022	I 501(C)(3)	9,704				ASSET BUILDING
Orange Mound Development Corp 2395 Park Avenue Memphis, TN 38114	62- 1507096	I 501(C)(3)	9,587				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Near West Side Community Development Corp 216 South Hoyne AVE Chicago,IL 60612	36- 3607203	1 501((*)(3)	9,442				ASSET BUILDING
28TH Legislative District & Community Dev CORPPO Box 4703 Chattanooga,TN 37405	62- 1548179	501(C)(3)	8,688				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities of the Archdiocese of Atlanta680 W Peachtree St NW Atlanta, GA 30308	58- 1097003	501(C)(3)	8,512				ASSET BUILDING
A Share Initiative Inc5508 Citrus BLVD Harahan, LA 70123	20- 2258602	501(C)(3)	7,269				ASSET BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Economic Development and Industrial Corp43 Hawkins Street Boston, MA 02114	04- 2519577		65,000				Technical
The Works Station 70 N Plains Road The Plains, OH 45780	31- 6400063	501(C)(3)	65,000				Technical

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mid-South Peace and Justice Center 1000 South Cooper St Memphis,TN 38104	62- 1140695	501(C)(3)	6,475				ASSET BUILDING
The Bronx Defenders860 Courtlandt Avenue Bronx,NY 10451	13- 3931074	501(C)(3)	5,286				Workforce

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oak Hill Community Development Corporation74 Providence Street Worcester, MA 01604	22- 2599363	1 501 (C)(3)	5,250				ASSET BUILDING