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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning July 1, 2014, and ending June 30, 2015

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <u>The Sharing Tree, Inc.</u> | | D Employer identification number <u>30-0694650</u> |
| | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>218 East 3rd Avenue</u> | | E Telephone number <u>850-264-4035</u> |
| | City or town, state or province, country, and ZIP or foreign postal code <u>Tallahassee, FL, 32303</u> | | F Group Exemption Number ▶ |
| | | | |

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ TheSharingTreeFL.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other Non-Profit Organization

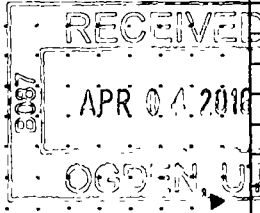
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| Revenue | | Expenses | | Net Assets | |
|---------|--|----------|--------|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 2 | | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| 3 | Membership dues and assessments | 3 | | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 4 | | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 5a | | | |
| b | Less: cost or other basis and sales expenses | 5b | | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | | | |
| 6 | Gaming and fundraising events | | | | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | | | |
| b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 2,798 | | |
| c | Less: direct expenses from gaming and fundraising events | 6c | 350 | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | 17,976 | | |
| b | Less: cost of goods sold | 7b | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | | |
| 8 | Other revenue (describe in Schedule O) | 8 | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | | | |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | | | |
| 11 | Benefits paid to or for members | 11 | | | |
| 12 | Salaries, other compensation, and employee benefits | 12 | | | |
| 13 | Professional fees and other payments to independent contractors | 13 | | | |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | | | |
| 15 | Printing, publications, postage, and shipping | 15 | | | |
| 16 | Other expenses (describe in Schedule O) | 16 | | | |
| 17 | Total expenses. Add lines 10 through 16 | 17 | | | |



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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 92,988 | 91,373 |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | 4,900 | 2,000 |
| 25 Total assets | 97,888 | 93,373 |
| 26 Total liabilities (describe in Schedule O) | | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 97,888 | 93,373 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Divert materials from the landfill, redistribute, educate, cre

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

| | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |
|---|--|
| 28 To redistribute materials to local educators free of charge while also inspiring waste reduction in the classroom. The Sharing Tree has given away nearly \$500,000 in classroom materials (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| 29 To divert waste from our local landfill by redistributing and reusing materials. The Sharing Tree has diverted over 630,000 pounds from our local landfill, turning them into educational tools and works of art (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 To be a resource center for the community at large, providing materials for little to no charge as well as providing a unique and authentic educational experience inspired by our trash to treasure mission. Every year we provid thousands of dollars of education and materials to other organizations (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) | 32 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| Amy Bradbury 218 East 3rd Avenue, Tallahassee, FL, 32303 | Board Chair, 10 hours/ month | | | |
| Sean Buzzetta 218 East 3rd Avenue, Tallahassee, FL, 32303 | Treasurer 10 hours/ month | | | |
| Tessa Schreiner 218 East 3rd Avenue, Tallahassee, FL, 32303 | Secretary 5 hours/ month | | | |
| John VanGieson 218 East 3rd Avenue, Tallahassee, FL, 32303 | Board Member 5 hours/ month | | | |
| Corbin DeNagy 218 East 3rd Avenue, Tallahassee, FL, 32303 | Board Member 5 hours/ month | | | |
| Dana Noles 218 East 3rd Avenue, Tallahassee, FL, 32303 | Board Member 5 hours/ month | | | |
| Laura Rogers 218 East 3rd Avenue, Tallahassee, FL, 32303 | Board Member 5 hours/ month | | | |
| Jim Davis 218 East 3rd Avenue, Tallahassee, FL, 32303 | Board Member 5 hours/ month | | | |
| Donna Wright 218 East 3rd Avenue, Tallahassee, FL, 32303 | Board Member 5 hours/ month | | | |
| Melinda Miles 218 East 3rd Avenue, Tallahassee, FL, 32303 | Board Member 5 hours/ month | | | |
| Carly Sinnadurai 218 East 3rd Avenue, Tallahassee, FL, 32303 | Executive Director 40 hours/ week | 30,360 | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No ✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47 Yes No ✓

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 ✓

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a ✓

b If "Yes," was the related organization a section 527 organization? 49b ✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Amy Bradbury), Date (2/11/16), Type or print name and title (Amy Bradbury, Board Chair)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No