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For calendar year 2015, or tax year beginning 01-01-2015

Department of the Treasury

Internal Revenue Service

#### DLN: 93491270004566

, and ending 12-31-2015

OMB No 1545-0052

2015

Open to Public Inspection

# Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

F Information about Form 990-PF and its instructions is at <u>www.ifs.gov/form990pf</u>.

	e of four		A Employer identification number							
TH	E MUSTA	RD SEED FOUNDATION		61-1390910						
Num	ber and	street (or P O box number if mail is not delivered to street address)	Room/suite	<b>B</b> Telephone number (see instruction	s)					
	BIG RU			(859) 223-1585						
Citi	or town	state or province, country, and ZIP or foreign postal code		C If exemption application is pendin	a check here. ► C					
		CY 40503		g, check here F						
G Ch	eck all	that apply   Initial return   Initial return of a fo	rmer public charity	<del></del>	_					
• • • •	icek an	Final return A mended return	inter public charity	<b>D 1.</b> Foreign organizations, check he	• •					
		Address change Name change		2. Foreign organizations meeting test, check here and attach co	mputation P					
		oe of organization 「Section 501(c)(3) exempt private 947(a)(1) nonexempt charitable trust 「Other taxable		<b>E</b> If private foundation status was tunder section 507(b)(1)(A), chec	. —					
		t value of all assets at end  JAccounting method		F If the foundation is in a 60-mont	h termination					
of y	ear <i>(fr</i>	om Part II, col. (c), Other (specify)	ho on each hacie	under section 507(b)(1)(B), check	. —					
		<b>4</b> 00,031	De OII Casii Dasis.)							
Pai	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	Revenue and	Net investment Adjusted net	Disbursements for charitable					
		necessarily equal the amounts in column (a) (see instructions)	expenses per (a) books	(b) income (c) income	purposes (d) (cash basis only)					
	1	Contributions, gifts, grants, etc , received (attach			(d) (cash basis only)					
	•	schedule)	1,053,554							
	2	Check ► ☐ If the foundation is <b>not</b> required to attach								
		Sch B								
	3	Interest on savings and temporary cash investments	14	14						
	4	Dividends and interest from securities			-					
	5a	Gross rents								
	b	Net rental income or (loss)								
₽.	6a	Net gain or (loss) from sale of assets not on line 10								
Revenue	b	Gross sales price for all assets on line 6a								
Re	7	Capital gain net income (from Part IV, line 2)		0						
	8	Net short-term capital gain			-					
	9	Income modifications			-					
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold								
	С	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
	12	Total.Add lines 1 through 11	1,053,568	14						
	13	Compensation of officers, directors, trustees, etc	0	0	0					
	14	Other employee salaries and wages								
şeş.	15	Pension plans, employee benefits								
en:	16a	Legal fees (attach schedule)	e <del>e</del>	4.707	. ===					
Expenses	b	Accounting fees (attach schedule)	<b>%</b> 3,574	1,787	1,787					
ا و ا	С	Other professional fees (attach schedule)								
Administrative	17	Interest								
돌	18	Taxes (attach schedule) (see instructions)								
TII	19	Depreciation (attach schedule) and depletion								
₽	20	Occupancy								
and	21	Travel, conferences, and meetings								
ਲ ਹ	22 23	Printing and publications	<b>%</b> 327,143	439	326,704					
Operating		Total operating and administrative expenses.	327,173	,57	320,704					
ង ក្ន	24	Add lines 13 through 23	330,717	2,226	328,491					
ဝီ	25	Contributions, gifts, grants paid	678,467	, l	678,467					
	26	Total expenses and disbursements. Add lines 24 and								
		25	1,009,184	2,226	1,006,958					
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expenses and disbursements	44,384							
	b	Net investment income (if negative, enter -0-)		0						
	С	Adjusted net income(If negative, enter -0-)								

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(a) BOOK Value 41,667	( <b>b</b> ) Book Value 86,051	
	2	Savings and temporary cash investments	, 1, 557	33,331	
	3	Accounts receivable -			
	3	Less allowance for doubtful accounts -			
	4	Pledges receivable			
	4	Less allowance for doubtful accounts			
	_	Grants receivable			
	5	<u> </u>			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ă	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) -			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲			
	15	Other assets (describe 🟲)			
	16	<b>Total assets</b> (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	41,667	86,051	86,051
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě.	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
_	21	Mortgages and other notes payable (attach schedule)			
┙	22	O ther liabilities (describe			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here 🕨 🗀			
φ		and complete lines 24 through 26 and lines 30 and 31.			
욁	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
	26	Permanently restricted			
Fund Balances		Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Ř	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	41,667	86,051	
Net	30	Total net assets or fund balances(see instructions)	41,667	86,051	
Z	31	Total liabilities and net assets/fund balances(see instructions)	41,667	86,051	
			11,007	00,031	
	rt III		/- \		
1		Total net assets or fund balances at beginning of year—Part II, column (			44.66=
_		with end-of-year figure reported on prior year's return)			41,667
2		Enter amount from Part I, line 27a			44,384
3		Other increases not included in line 2 (itemize)		_ 3	0
4		Add lines 1, 2, and 3			86,051
5		Decreases not included in line 2 (itemize)		- 5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II, column (b), lın	e 30 <b>.   6  </b>	86,051

the Part VI instructions

b c d e (e) Gross sales price (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g)  a  b C d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 (j) as of 12/31/69 (j) as of 12/31/69 (k) over col (j), if any  b C d d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (j) as of 12/31/69 (j) as of 12/31/69 (j) as of 12/31/69 (k) over col (j), if any col (k), but not less than -0-) or col (k), but not less than -0-) or for col (k), but not col (k), but not less than -0-) or for col (k), but not col (k)		the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	(6)	Date acquired (mo , day, yr )	Date sold (d) (mo , day, yr )		
c d d e  (e) Gross sales price (f) Corallowable) (g) plus expense of sale (h) (e) plus (f) minus (g)  a b c d d e  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (g) as of 12/31/69 (g) as of 12/31/69 (g) over col (j), if any  a b c d d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (g) over col (j), if any  a b c d d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (g) over col (j), if any  a b c Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (g) over col (j), if any  b Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (g) over col (j), if any  a b Complete only for assets showing gain in column (h) and owned by the foundation on 2/31/69 (g) over col (j), if any  a b Complete only for assets showing gain in column (h) and owned by the foundation (k), but not less than 0-1 or (l) or (l) Cosses (from col (h))  b Complete only for assets showing gain in column (c) (k) over col (j), if any  a b Complete only for assets showing gain in column (g), and owned by the foundation (loss) (k), but not less than 0-1 or (l) Cosses (from col (h))  a b Complete only for assets showing gain in column for over column (g), and for any large in foundation (loss) (h), but not less than 0-1 or (l)  Complete only for assets showing gain or (loss) as defined in sections 12/21/50 (k), but not less than 0-1 or (l)  Complete only for assets showing gain or (loss) (loss), and or (loss), and or (loss), and or (loss) (loss), and or (loss)	1a								
d e  (e) Gross sales price  (f) (or allowable)  (g) plus expense of sale  (h) (e) plus (f) minus (g)  b  c  d e  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) F M V as of 12/31/69  Adjusted basis (j) as of 12/31/69  (k) over col (j), if any  a  b  c  d e  2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 7  If (loss),	b								
e  (e) Gross sales price  (f) Depreciation allowed (g) plus expense of sale  (h) (e) plus (f) minus (g)  b  c  d  e  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FM V as of 12/31/69  Adjusted basis (j) as of 12/31/69  (k) over col (j), if any  b  c  d  e  2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7  If gain, also enter in Part I, line 8	с								
(e) Gross sales price  (f) (or allowable)  (g) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (a) plus expense of sale  (h) (e) plus (f) minus (g)  (i) plus expense of sale  (h) (e) plus (f) minus (g)  (i) plus (f) minus (g)  (ii) plus (f	d								
(e) Gross sales price  (f) (or allowable)  (g) plus expense of sale  (h) (e) plus (f) minus (g)  b  c  d  e  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) F M V as of 12/31/69  Adjusted basis (j) as of 12/31/69  (k) over col (j), if any  b  c  d  e  2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 7  3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) 1f (loss), enter -0- in Part I, line 8  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income  (For optional use by domestic private foundations and painty in the base period?  Yes \( \times \) No  1 Tyes \( \times \) No  Base period years Calendar  Adjusted quality under section 4940(e) Do not complete this part  Distribution ratio	e								
b c d d Gains (Col (h) gain minus col (k), but not less than -0-) or (l) F M V as of 12/31/69 Adjusted basis Excess of col (i) (k) over col (j), if any a sof 12/31/69	(e) Gross sales price								
c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FM V as of 12/31/69  Adjusted basis Excess of col (i) (k) over col (j), if any  b c d e  2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 8 If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8 If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8 If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If gain, also enter in Part I, line 7 If (loss), enter -0 - in Pa	a								
d e  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FM V as of 12/31/69  Adjusted basis Excess of col (i) (j) as of 12/31/69  (k) over col (j), if any  (l) Losses (from col (h))  b  c  d e  2 Capital gain net income or (net capital loss)  Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 in Part I, line 8  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)  If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Adjusted basis Excess of col (ii) (k) over col (j), if any (l) Losses (from col (h))  Losses (from col (h))  Col (k), but not less than -0-) or (lik), but not less than -0-) or col (k), but not less than -0-) or col (k), but not less than -0-) or coll	b								
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FMV as of 12/31/69  Adjusted basis Excess of col (i) (j) as of 12/31/69  (k) over col (j), if any  (l) Losses (from col (h))  a  b  c  d  e  2 Capital gain net income or (net capital loss)  3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 in Part I, line 8	c								
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FMV as of 12/31/69  Adjusted basis Excess of col (i) (k), but not less than -0-) or (k) over col (j), if any  B  C  d  e  Capital gain net income or (net capital loss)  Net short-term capital gain or (loss) as defined in sections 12/22(5) and (6)  If gain, also enter in Part I, line 8. column (c) (see instructions) If (loss), enter -0- in Part I, line 8	d								
(i) F M V as of 12/31/69  Adjusted basis (j) as of 12/31/69  (k) over col (j), if any  (l) Losses (from col (h))  a  b  c  d  e  2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8	e								
(i) F M V as of 12/31/69  Adjusted basis (j) as of 12/31/69  (k) over col (j), if any  (l) Losses (from col (h))  a  b  c  d  e  2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8	Complete only for assets	showing gain in column (h) and owne	ed by the foundation	n on 12/31/69		Gains (Col	(h) gain minus		
b c d e  2 Capital gain net income or (net capital loss)		A djusted basis	Exc	ess of col (ı)		col (k), but not less than -0-) <b>o</b>			
C d e  2 Capital gain net income or (net capital loss)	a								
d e  2 Capital gain net income or (net capital loss)	b								
2 Capital gain net income or (net capital loss)  3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-  in Part I, line 8	с								
2 Capital gain net income or (net capital loss)  3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	d								
2 Capital gain net income or (net capital loss) { If (loss), enter -0 - in Part I, line 7 } 2  3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	e								
(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income ) If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part  1 Enter the appropriate amount in each column for each year, see instructions before making any entries.  (a)  (b)  (c)  (d)  Distribution ratio	If gain, also enter in				} }				
If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part  1 Enter the appropriate amount in each column for each year, see instructions before making any entries  (a)  (b)  (c)  (d)  Distribution ratio	Part V Qualification I	Jnder Section 4940(e) for R	educed Tax on	Net Investme	nt I	ncome			
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part  1 Enter the appropriate amount in each column for each year, see instructions before making any entries  (a)  (b)  (c)  (d)  Distribution ratio			ection 4940(a) tax	on net investment	incor	ne)			
(a) (b) (c) (d) Base period years Calendar Adjusted qualifying distributions Net value of popularitable-use assets Distribution ratio				•	eriod?	>	┌ Yes ┌ No		
Base period years Calendar Adjusted qualifying distributions Net value of popularitable-use assets Distribution ratio	$oldsymbol{1}$ Enter the appropriate amo	unt ın each column for each year, se	ee instructions befo	ore making any en	tries				
year (or tax year beginning in)   ' ' ' '   (col (b) divided by col (c))		<b>(b)</b> Adjusted qualifying distributions	(c) Net value of nonchar	ritable-use assets	(d)				
2014 819,117 67,987 12 048142	2014	819,117		67,987			12 048142		
2013 720,795 152,861 4 715362									
2012     428,213     150,352     2 848070		·		· · · · · · · · · · · · · · · · · · ·					
				84,780					
2010 593,592 132,620 4 475886				132,620					
3 A verage distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by	<b>3</b> Average distribution	ratio for the 5-year base period—div	vide the total on lin			31 455813			
the number of years the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 4 51,581				_	_				
			•	·			324,504		
	- , , , ,						324,304		
			-	. : : : · · · <b>·</b>			324,504		
					-		1,006,958		

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

	990-PF (2015)  t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	940(e).	. or 4948—se	e pag	= 18 of	the inst	ructio		age <b>4</b>		
1a	Exempt operating foundations described in section 4940(d)(2), check here			<u>ነ</u>							
Id	and enter "N/A" on line 1	'									
	Date of ruling or determination letter			\							
	(attach copy of letter if necessary-see instructions)										
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V,	, check		J	1				0		
	here 🟲 🔽 and enter 1% of Part I, line 27b			• '							
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations	ations 6	enter 4% of								
2	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Othe	rc							
2	enter -0-)	idation	3 only other	.13	2				0		
3	Add lines 1 and 2				3				0		
4	· · · · · · · · · · · · · · · · · · ·										
_	enter -0-) <b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, e	ntor O			5				0		
5		inter - o	'	•	5				0		
6	Credits/Payments 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	I								
a	Exempt foreign organizations—tax withheld at source	6b									
b	Tax paid with application for extension of time to file (Form 8868)	6c									
C	Backup withholding erroneously withheld										
d	Total credits and payments Add lines 6a through 6d	6d			7				0		
7	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2										
8 9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed.				9						
_	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount										
10	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b>	it over	Refunded		10						
11 Par	t VII-A Statements Regarding Activities		Kei uliueu		11						
	During the tax year, did the foundation attempt to influence any national, state	or los	al logiclatio	nord	<u> </u>			Yes	No		
1a		2, 01 100	ar registatio	ili ol ul	u		1a	165	No		
L	It participate or intervene in any political campaign?						та	$\vdash$	140		
b	for definition)?	politica	i puiposes (	See III	Structi	UIIS	1b		No		
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and co	nuec of any i	nateria	 Ic	•	10				
	published or distributed by the foundation in connection with the activities.	and co	pics or arry r	nacciia	13						
c	Did the foundation file <b>Form 1120-POL</b> for this year?										
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo			r ·		-	1c				
_	(1) On the foundation $\blacktriangleright$ \$0 (2) On foundation managers										
е	Enter the reimbursement (if any) paid by the foundation during the year for pol				osed						
	on foundation managers 🕨 \$0		•								
2	Has the foundation engaged in any activities that have not previously been rep	ported	to the IRS?				2	Yes			
	If "Yes," attach a detailed description of the activities.										
3	Has the foundation made any changes, not previously reported to the IRS, in it	ts gove	erning instru	ment,	articles	5					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	formed of	copy of the c	hanges			3		No		
4a	Did the foundation have unrelated business gross income of \$1,000 or more d						4a		No		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction du						5		No		
	If "Yes," attach the statement required by General Instruction T.										
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45)sa	tisfied eithe	r							
	By language in the governing instrument, or										
	ullet By state legislation that effectively amends the governing instrument so the	nat no n	nandatory d	irectio	ns						
	that conflict with the state law remain in the governing instrument?						6	Yes			
7	Did the foundation have at least $$5,000$ in assets at any time during the year	?If "Yes	s," complete	Part II	, col. (c	),					
	and Part XV.						7	Yes			
8a	Enter the states to which the foundation reports or with which it is registered ( $% \left( 1\right) =\left( 1\right) \left( 1\right) =\left( 1\right) \left( 1\right$	see ins	structions)								
	<u>KY</u>										
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99										
	General (or designate) of each state as required by General Instruction G? $\it If$						8b	Yes			
9	Is the foundation claiming status as a private operating foundation within the r		_								
	or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s	see inst	ructions for	Part X	۲( ۱۲		_				
	If "Yes," complete Part XIV						9	$\vdash\vdash\vdash$	No		
10	Did any persons become substantial contributors during the tax year? <i>If "Yes, and addresses.</i>		ı a scnedule	usting	tneir n	ames	10		NI		
	and addresses.	• •					10		No		

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶T H CALLAHAN Telephone no ▶(859	1233	-2585	
	Located at ►200 BIG RUN ROAD LEXINGTON KY  ZIP+4 ►40503	, 200		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here	• •		
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? $ extstyle  ex$			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days )			
Ь	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	41		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1.		Na
_	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$ )			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
a	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<b>▶</b> 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Рa	L£ ATT-R	Statements Rega	raii	ig Activities for	VVII	iich Form 4/20	may	y be kequirea ( <i>con</i>	tınu	ea,	,	
5a	During the	year dıd the foundatıo	n pay	orıncurany amoun	t to							
	<b>(1)</b> Carry o	n propaganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45 (e	e)) <sup>?</sup>	✓ No	0		
	(2) Influence	e the outcome of any	spec	ific public election (	see	section 4955), or to	car	ry				
	on, dire	ctly or indirectly, any	vote	r registration drive?.								
	(3) Provide	a grant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		☐ Yes │	✓ No	0		
		a grant to an organiza							_			
							•	<b>T</b> Yes	✓ No	0		
		for any purpose other							_			
		onal purposes, or for t								0		
b								exceptions described in				
								instructions)?			5b	
	O rganızatıo	ns relying on a curren	t not	ice regarding disast	eras	ssistance check here	e					
C		er is "Yes" to question										
	tax because	e it maintained expend	liture	responsibility for th	ne gr	ant?	•	<b>  Yes</b>	_ No	٥		
	If "Yes," att	ach the statement requ	ıred l	by Regulations section	n 53.	4945-5(d).						
6a	Did the four	ndation, during the yea	ır, re	ceive any funds, dire	ectly	or indirectly, to pay	prer	miums on				
	a personal l	benefit contract?						Tyes	✓ No	0		
b	Did the four	ndation, during the yea	ır, pa	y premiums, directly	orı	ndırectly, on a perso	nal	benefit contract?			6b	No
	If "Yes" to 6	ib, file Form 8870.										
7a	At any time	during the tax year, v	vas t	he foundation a party	y to a	a prohibited tax shel	ter t	ransaction?   <b>Yes</b>	✓ No	o <b>E</b>		
b	If yes, dıd t	he foundation receive	any	proceeds or have an	y ne	t income attributable	e to t	the transaction?			7b	
Da			t Of	ficers, Directors	s, Tı	rustees, Founda	tio	n Managers, Highly	Pai	id E	mploy	ees,
	a	nd Contractors			-							
1	List all offic	ers, directors, trustee	s, foi	undation managers a	nd t	heir compensation (	see i		1			
				Title, and average	(c)	Compensation( <b>If</b>		<b>(d)</b> Contributions to		Fx	pense ac	count
	(a) Name and address		/h>	hours per week devoted to position		not paid, enter -0-)	е	mployee benefit plans	(e)		her allow	
			(0)	devoted to position		<del>-0-)</del>	and	d deferred compensation	†			
	S SAWYER		4	ECTOR		0		C				0
	BIG RUN RC		4 0 (	J								
	INGTON, KY IFLAND	40503										
	BIG RUN RC	1 A D	-	DIRECTOR 4 00		0		C	'			0
	INGTON, KY		` ` `	4 00								
	RT V SARTIN		DIR	ECTOR	0			(	0			0
200	BIG RUN RC	) A D	2 0 0		Ĭ							-
	INGTON, KY											
ГНС	CALLAHAN		DIR	ECTOR		0		C				0
	BIG RUN RC		4 0 (	)								
	INGTON, KY											
2	Compensatio	on of five highest-paid	emp	oloyees (other than	thos	e included on line 1—	see	instructions). If none, e	nter	"NO	NE."	
		(a)		Title, and aver				Contributions to employee benefit		Fχ	pense ac	count
Naı		ss of each employee ; than \$50,000	paid	hours per we		(c) Compensatio	n	plans and deferred	(e)		her allow	•
	more	than \$50,000		(b) devoted to pos	LION			(d) compensation				
10 N	1E											
				]								
				1								
									+			
				1								
									+			
				-								
				<u> </u>					-			
int =	u number of o	ther employees haid o	Wer	\$50.000					1			^

and Contractors (continued)  3 Five highest-paid independent contractors for professional ser	vices (see instructions). If none, enter "NONF".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
<b>Total</b> number of others receiving over \$50,000 for professional serv	vices	0
Part IX-A Summary of Direct Charitable Activities	:	
List the foundation's four largest direct charitable activities during the tax year Inc organizations and other beneficiaries served, conferences convened, research pape		Expenses
1SUPPORT FOR TEAM IN THE MIDDLE EAST FOR LIVING & I	' '	
TRAINING PROGRAM TO TRAIN FUTURE STAFF WORKERS ARABIAN PENINSULA	FOR VARIOUS CAMPUS LOCATIONS IN	724,762
2IN PURSUIT OF ITS GOAL OF ESTABLISHING SUSTAINABI	E AND INDEPENDENT COMMUNITIES IN	724,702
UGANDA, THE FOUNDATION IS FUNDING A FEASIBILITY S	STUDY FOR THE DEVELOPMENT,	
CONSTRUCTION, AND OPERATION OF A RENEWABLE ENE PLANT IN UGANDA THAT WILL EMPLOY THE PEOPLE OF U		
AND INFRASTRUCTURE FOR THOSE COMMUNITIES AND T		277,592
3		
4		
Part IX-B Summary of Program-Related Investme	·	
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0

#### Part X Minimum Investment Return

PG	(All domestic foundations must complete this part. Foreign foundations, see instruction	ıs.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	52,366
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	52,366
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	52,366
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	785
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	51,581
6	Minimum investment return. Enter 5% of line 5	6	2,579
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cei check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	2,579
2a	Tax on investment income for 2015 from Part VI, line 5 2a		
b	Income tax for 2015 (This does not include the tax from Part VI ) 2b		
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,579
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	2,579
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	2,579
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,006,958
	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,006,958
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,006,958
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIIII Undistributed	Income (see instr	uctions)				
			<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015	
1	Distributable amount for 2015	from Part XI, line 7					2,579
2	Undistributed income, if any, a	s of the end of 2015					
а	Enter amount for 2014 only.				0		
b	Total for prior years 20	_, 20, 20		0			
3	Excess distributions carryove	r, ıf any, to 2015					
а	From 2010	586,961					
b	From 2011	620,450					
C	From 2012	420,695					
d	From 2013	713,152					
	From 2014	815,718	0.456.076				
	<b>Total</b> of lines 3a through e		3,156,976				
4	Qualifying distributions for 201						
	XII, line 4 🕨 \$				0		
	Applied to 2014, but not more				0		
Ь	Applied to undistributed incom (Election required—see instruc			0			
С	Treated as distributions out of required—see instructions).		0				
d	Applied to 2015 distributable	amount					2,579
е	Remaining amount distributed	out of corpus	1,004,379				
5	Excess distributions carryove	r applied to 2015	0				0
	(If an amount appears in column same amount must be shown	* 77					
6	Enter the net total of each colindicated below:	lumn as					
а	Corpus Add lines 3f, 4c, and 4	e Subtract line 5	4,161,355				
	Prior years' undistributed incor						
	line 4b from line 2b			0			
C	Enter the amount of prior years						
	income for which a notice of de	•					
	been issued, or on which the se tax has been previously asses	` '		0			
d	Subtract line 6c from line 6b 7						
_	—see instructions			0			
е	Undistributed income for 2014	Subtract line					
	4a from line 2a Taxable amou	nt—see			0		
_	instructions				O .		
Т	Undistributed income for 2016 lines 4d and 5 from line 1. This						
	be distributed in 2015						0
7	Amounts treated as distributio	ns out of					
	corpus to satisfy requirements						
	section 170(b)(1)(F) or 4942(		0				
0	be required - see instructions)  Excess distributions carryove						
0	applied on line 5 or line 7 (see		586,961				
9	Excess distributions carryover	· · · · · · · · · · · · · · · · · · ·					
-	Subtract lines 7 and 8 from line		3,574,394				
10	Analysis of line 9						
	Excess from 2011	620,450					
	Excess from 2012	420,695					
	Excess from 2013	713,152					
	Excess from 2014	815,718					
е	Excess from 2015	1,004,379					

- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid	d During the Year or Ap	proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year COLLEGE MINISTRY SUPPORT 200 BIG RUN ROAD LEXINGTON, KY 40503	NONE	N/A	MINISTRY TO COLLEGE STUDENTS ABROAD	678,467
Total	<u> </u>	<u> </u>		678,467
<b>b</b> Approved for future payment				
	-			

Form 990-PF (2015)  Part XVI-A Analysis of Income-Produc	ing Activitie	:S			Page <b>12</b>		
Enter gross amounts unless otherwise indicated	I	usiness income	Excluded by section	າ 512, 513, or 514	(e) Related or exemp function income		
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See Instructions )		
a b							
c d							
e f							
<ul> <li>g Fees and contracts from government agencies</li> <li>2 Membership dues and assessments</li> <li>3 Interest on savings and temporary cash investments</li></ul>			14	14			
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate							
<ul><li>a Debt-financed property.</li><li>b Not debt-financed property.</li></ul>							
6 Net rental income or (loss) from personal property							
7 Other investment income							
Net income or (loss) from special events Gross profit or (loss) from sales of inventory							
Other revenue a							
c							
e		0		14 13	14		
(See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to		plishment of E	xempt Purpos	es			
Explain below how each activity for whether the accomplishment of the foundation's instructions )							
					_		

Part X	VII	Information Re Noncharitable					nsactio	ons and I	Relationships	With			
		anization directly or in 1 (c) of the Code (othe	ndirectly e	engage	ın any of	the following						Yes	No
organ	ıızatıo	ns?											
<b>a</b> Trans	fers f	om the reporting foun	dation to	a noncl	narıtable	exempt orgar	nization o	f					
(1)	Cash.										1a(1)		No
(2)	Other	assets									1a(2)		No
<b>b</b> Other	r trans	actions											
(1) 9	Sales	of assets to a noncha	ritable exe	empt or	ganızatıo	n					1b(1)		No
<b>(2)</b> F	urcha	ses of assets from a	noncharıt	able ex	empt orga	anızatıon				•	1b(2)		No
<b>(3)</b> F	Rental	of facilities, equipme	nt, or othe	erasset	s						1b(3)		No
<b>(4)</b> F	Reimb	ursement arrangemen	ts								1b(4)		No
<b>(5)</b> L	oans	or loan guarantees.									1b(5)		No
<b>(6)</b> Pe	erform	ance of services or m	embershı	or fun	draising s	solicitations.					1b(6)		No
<b>c</b> Sharı	ng of f	acılıtıes, equipment, r	mailing lis	ts, oth	erassets	, or paıd empl	oyees.				1c		No
of the	good trans	er to any of the above s, other assets, or set saction or sharing arra  (b) Amount involved	rvices giv ingement	en by tl , show i	ne reporti n column	ng foundation	of the fo	oundation r oods, other	eceived less than	n fair marke ces receive	et value ed	!	nts
(=, =		(2)	(0)				. (-	,			9		
							_						
							_						
descr	ıbed ı	dation directly or indir n section 501(c) of th implete the following s (a) Name of organization	e Code (c schedule		an sectio		or in sec			otion of relati		s 🔽	No
	the be	r penalties of perjury, est of my knowledge a nation of which prepar ***** gnature of officer or ti	nd belief, er has any	ıt ıs tru	e, correc		te Decla			May t return with t below	r) is bas he IRS di he prepai	sed on scuss th	all us vn
											nstr )? 🗸	Yesi N	lo
	F	rint/Type preparer's LEIGH MCKEE	name	Prepa	rer's Sıgn	ature	Date		Check if self- employed ►	PTIN P	001698	345	
Paid Prepai Use	rer [	irm's name ► DEAN DORTON ALLE	N FORD I	PLLC			•		Firm's EIN ► 2	7-385825	2		
Only	1	irm's address ► .06 W VINE STREET .0507		Phone no (859) 255-2341									

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

JOHN S SAWY	FR

RICKIFLAND

# **TY 2015 Accounting Fees Schedule**

Name: THE MUSTARD SEED FOUNDATION

**EIN:** 61-1390910

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,574	1,787		1,787

### TY 2015 Activities not Previously Reported Explanation

Name: THE MUSTARD SEED FOUNDATION

**EIN:** 61-1390910

**Explanation:** THE FOUNDATION HAS WORKED FOR A NUMBER OF YEARS WITH

NGOS IN UGANDA ASSISTING WITH HEALTH CARE, CHILD

WELLNESS, SCHOOL AND EDUCATION PROGRAMS, AND

COMMUNITY AND BUSINESS DEVELOPMENT, WHILE MAINTAINING A FAITH-BASED APPROACH. THE FOUNDATION'S GOAL IS TO HELP

FOSTER A SUSTAINABLE AND INDEPENDENT COMMUNITY LED BY THE MEN AND WOMEN WHO CALL THAT COMMUNITY HOME. THE FOUNDATION WANTS TO SHIFT FROM THE OLD MODEL OF GIVING MONEY TO NGOS TOWARDS A DIFFERENT MODEL THAT FOCUSES

EFFORTS AND ENERGIES ON EMPLOYMENT AND BUSINESS OPPORTUNITIES AS SUSTAINABLE BUILDING BLOCKS FOR

COMMUNITY DEVELOPMENT. THE BELIEF IS THAT WITH

PROFITABLE BUSINESSES RUN BY UGANDANS, THERE WILL BE MEANINGFUL JOBS, WHICH MEANS INCOMES TO PROVIDE FOR

FAMILIES, EDUCATION, AND COMMUNITY DEVELOPMENT.

#### DLN: 93491270004566

### **TY 2015 Other Expenses Schedule**

Name: THE MUSTARD SEED FOUNDATION

**EIN:** 61-1390910

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATIVE EXPENSE	185	93		92
BANK FEES	692	346		346
MISSION EXPENSES	277,592	0		277,592
TRAINING PROGRAM FOR MISSIONARY LEADERS	46,295	0		46,295
MISCELLANEOUS	1,760	0		1,760
POSTAGE	459	0		459
FILING FEES	35	0		35
UTILITIES	125	0		125

efile GRAPHIC print - DO NOT PROCESS

THE MUSTARD SEED FOUNDATION

As Filed Data -

#### DLN: 93491270004566

## Schedule B

Name of the organization

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

**Employer identification number** 

	[61-1390910				
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990	EZ				
Form 990-PF	<b>▽</b> 501(c)(3) exempt private foundation				
	□ 501(c)(3) taxable private foundation				
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or operty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
under so received	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support test of the regulations stions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that from any one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or <b>(2)</b> 2% of the amount on (i) Form 990 ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II				
during th	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
during the box purpose	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, eyear, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If schecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year				

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization **Employer identification number** THE MUSTARD SEED FOUNDATION 61-1390910 Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed Part I (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution See Additional Data Table Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contribution) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash \$ (Complete Part II for noncash contribution)

Schedule B (Form	990, 990-EZ, or 990-PF) (2015)		Page 3
Name of organization THE MUSTARD SEED FOUNDATION		Employer identification number	
		61-1390910	
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)
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hedule B (Form 990	), 990-EZ, or 990-PF) (2015)		Page <b>4</b>
me of organization E MUSTARD SEED			Employer identification number
total mor line entry of \$1,000	e than \$1,000 for the year from any o	ntions to organizations describ one contributor. Complete colu III, enter the total of exclusively mation once. See instructions	ned in section 501(c)(7), (8), or (10) that mns (a) through (e) and the following religious, charitable, etc., contributions
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-  -			
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) c.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·  -	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.   -	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
-			

# Software ID: Software Version:

**EIN:** 61-1390910

Name: THE MUSTARD SEED FOUNDATION

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAPITOL HILL BAPTIST CHURCH 525 A STREET NE	\$ 103,825	Person F Payroll F Noncash
	WASHINGTON, DC 20002		(Complete Part II for noncash contribution)
2	CEDAR SPRINGS PRESBYTERIAN CHURCH		Person
	9132 KINGSTON PIKE KNOXVILLE, TN 379235273	\$ 31,800	Noncash
3	CHATLOS FOUNDATION		(Complete Part II for noncash contribution )  Person
	PO BOX 915048	\$ 10,000	Payroll 「 Noncash
	LONGWOOD, FL37921		(Complete Part II for noncash contribution )
4	NANCY WEAVER 2 SUNSET CIRCLE  LITTLE ROCK, AR72207	\$ 21,500	Person F Payroll P Noncash
			(Complete Part II for noncash contribution )  Person
5	SUSAN DELAP 3401 SPRINGHILL DRIVE SUITE 340	\$ 73,000	Payroll Noncash
	NORTH LITTLE ROCK, AR72117  THE CHAPEL AT SAWGRASS		(Complete Part II for noncash contribution )
6	PO BO X 3205		Person F Payroll F
	POINTE VEDRA BEACH, FL320043205	\$ 5,000	Noncash  (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE CHURCH OF THE GOOD SHEPHERD		Person 🗸
	3741 GARRETT ROAD	\$ 28,600	Payroll
	DURHAM, NC 277072401	\$ 20,000	Noncash
	DORNAM, NC 277072401		(Complete Part II for noncash contribution )
8			Person 🔽
<u>u</u>	THOMAS DUPREE		Payroll
	125 S MILL STREET	\$ 15,000	Noncash
	LEXINGTON, KY 40507		
			(Complete Part II for noncash contribution )
9	FBC GRAND CAYMAN		Person 🔽
<del>3</del>			Payroll
	920 CREWE ROAD PO BOX 10175	\$ 9,524	Noncash
	GRAND CAYMAN, KY1-1002CJ		
			(Complete Part II for noncash contribution )
10	MT VERNON BAPTIST		Person 🔽
10			Payroll
	850 MT VERNON HIGHWAY NW	\$ 15,188	Noncash
	SANDY SPRINGS, GA 30327		
			(Complete Part II for noncash contribution )
11			Person 🔽
11	B RAY THOMPSON JR		Payroll
	4624 CHAMBLISS AVENUE	\$ 35,000	Noncash
	KNOXVILLE, TN 37919		
			(Complete Part II for noncash contribution )
13	JOHN ALBERT HAMMACK TRUST		Person 🔽
12			Payroll
	422 OSPREY POINT	\$ 12,200	Noncash
	PONTE VEDRA BEACH, FL32082		
			(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DOOR OF HOPE		Person 🔽 Payroll 🗆
	3517 NE 9TH AVE	\$ 6,500	Noncash
	PORTLAND, OR972122121		(Complete Part II for noncash contribution )
14	HINSON MEMORIAL BAPTIST		Person 🔽 Payroll 🗆
	PO BOX 14186	\$ 6,030	Noncash
	PORTLAND, OR972930186		(Complete Part II for noncash contribution )
15	REDEEMER DUBAI		Person 🔽
	PO BOX 359	\$ 9,843	Payroll Noncash
	MAYFLO WER, AR72106		(Complete Part II for noncash contribution )
16	SECOND PRESBYTERIAN CHURCH		Person V Payroll V
	4055 POPLAR AVENUE	\$ 8,083	Noncash
	MEMPHIS, TN 381117699		(Complete Part II for noncash contribution )
17			Person  ☐ Payroll  ☐
	NANCY STILES 3322 INDIAN LAKE DR	\$ 15,461	Noncash
	LOUISVILLE, KY 40241		(Complete Part II for noncash contribution )
18	NORTHPOINTE BAPTIST		Person 🔽
	405 AMBER LIGHT CIRCLE	\$ 8,050	Payroll Noncash
	DELAWARE, OH430155091		(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SAWYER FAMILY FOUNDATION		Person 🔽 Payroll 🔽
	3209 LYON COURT	\$ 120,000	Noncash
	LEXINGTON, KY 40513		(Complete Part II for noncash contribution )
20			Person 🔽
	JOHN AND BRENDA SAWYER 3209 LYON COURT	\$ 140,000	Payroll 「 Noncash
	LEXINGTON, KY 40513		
	CALVARY CHAPEL		(Complete Part II for noncash contribution )  Person
21			Payroll
	2401 W CYPRUS CREEK ROAD	\$ 9,200	Noncash
	FORT LAUDERDALE, FL 33309		(Complete Part II for noncash contribution )
22	CAMDEN AVENUE BAPTIST CHURCH		Person 🔽
	2030 CAMDEN AVENUE	\$ 5,738	Payroll Noncash
	SAN JOSE, CA 951242031		(Complete Part II for noncash contribution )
23	CHURCH OF THE MESSIAH		Person 🔽
	PO BOX 8608	\$ 5,815	Payroll <sup> </sup> Noncash
	JACKSONVILLE, FL32239		(Complete Part II for noncash contribution )
24	CHRIST UNITED METHODIST CHURCH		Person F
	4488 POPLAR AVENUE	\$ 20,000	Payroll 「 Noncash
	MEMPHIS, TN 38117		NONCASA
			(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	FELLOWSHIP BIBLE CHURCH		Person 🔽 Payroll 🗆
	PO BOX 7123	\$ 5,000	Noncash
	LITTLE ROCK, AR722237123		(Complete Part II for noncash contribution )
26	FORREST FAMILY OFFERING		Person V Payroll
	6236 LOCHLEVIN COVE	\$ 8,000	Noncash
	MEMPHIS, TN 38119		(Complete Part II for noncash contribution )
27	ROBERT FREDERICH		Person
	16 INGLESIDE AVENUE	\$ 10,000	Noncash
	PENNINGTON, NJ08534		(Complete Part II for noncash contribution )
28	GRACE HEARTLAND CHURCH		Person 🔽 Payroll 🗆
	801 PEAR ORCHARD ROAD	\$ 7,200	Noncash
	ELIZABETHTOWN, KY 42701		(Complete Part II for noncash contribution )
29	HIGH POINT CHURCH		Person V Payroll V
	7702 OLD SAULK ROAD	\$ 7,059	Noncash
	MADISON, WI53717		(Complete Part II for noncash contribution )
30	HIGH POINTE BAPTIST CHURCH		Person 🔽
	12030 DESSAU ROAD	\$ 10,000	Payroll Noncash
	AUSTIN, TX78754		(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	HOPE CHRISTIAN COMMUNITY FOUNDATION		Person 🔽
	4515 POPLAR AVENUE STE 324	± 11 000	Payroll
		\$ 11,000	Noncash
	MEMPHIS, TN 381177507		(Complete Part II for noncash contribution )
32	INDEPENDENT PRESBYTERIAN CHURCH		Person 🔽
			Payroll
	4738 WALNUT GROVE ROAD	\$ 9,750	Noncash
	MEMPHIS, TN 38117		
			(Complete Part II for noncash contribution )
33			Person 🔽
	MARILYN LAWRENCE		Payroll
	79 HIGHPOINT DRIVE	\$ 5,675	Noncash
	GULF BREEZE, FL 32561		(Complete Part II for noncash contribution )
	MARCO PRESBYTERIAN CHURCH OF MARCO ISLAND FLORIDA		Person F
35			Payroll
	875 W ELKCAM CIRCLE	\$ 17,036	Noncash
	MARCO ISLAND, FL34145		(Complete Part II for noncash contribution )
	MULBERRY VENTURES LLC		Person V
	<del> </del>		Payroll $\Gamma$
	510 SANDERLIN AVE STE 205	\$ 5,000	Noncash
	MEMPHIS, TN 38117		
			(Complete Part II for noncash contribution )
36			Person 🔽
36	JEFFREY SPITLER		Payroll
	UNIT 7100 BOX 409	\$ 7,869	Noncash
	DPO AE, NY 09842		
			(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	STERLING PARK BAPTIST CHURCH		Person <b>▽</b>
	_		Da
	FOL NO DELL VO DIVIDO A D		Payroll
	501 NORTH YORK ROAD	\$ 5,000	Noncash
	STERLING, VA 20164		
			(Complete Part II for
			noncash contribution
			Person ✓
	RAYMOND TOMS		Payroll
	242 BOWLES FARM ROAD	\$ 20,500	Noncash
	STATESVILLE, NC 28625		113.164511
	STATESVILLE, NC 20025		(Complete Part II for noncash contribution
			Person 🔽
	$\dashv$		<u> </u>
	BRAD DECOSTE		Payroll
	10336 BOLTON CT	\$ 10,000	Noncash
	CHARLOTTE, NC 28269		
	,		(Complete Part II for