AGO 4/20/2015

053253

Office Use Only: Fiscal Year 2014

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Check all items attached (if applicable)
- [X] Schedule A-1
- [X] Schedule A-2
- [ ] Schedule RO
- [ ] Probate Account
- [X] Copy of IRS Return
- [X] Audited Financial Statements/Review
- [X] Filing Fee
- [ ] Amended Articles/ By-Laws

Report for the Fiscal Period: 10/01/13 to 09/30/14

Attorney General's Account #: 053253

Federal ID #: 45-3064098

When did the organization first engage in charitable work in Massachusetts? 08/22/2011

Has the organization applied for or been granted IRS tax exempt status? [ ] Yes [ ] No

If yes, date of application OR date of determination letter: _____

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [ ] Yes [X] No

15 MAR -5 PM 2:53

Organization Data

Name: SEED GLOBAL HEALTH c/o Ms. Vanessa Kerry

Mailing Address: 100 CAMBRIDGE STREET, 15TH FLOOR, NO. 1541A

City: BOSTON State: MA ZIP: 02114

Phone Number: 617-520-4472 Fax Number: _____

Email: VKERRY@SEEDGLOBALHEALTH.ORG Website: WWW.SEEDGLOBALHEALTH.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	8
Type of Organization (Table 2)	20	Organization Purpose Code 2	21

Please check box if final return prior to dissolution: [ ]

Office Use Only: Payment Received

SEED GLOBAL HEALTH 45-3064098

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 08/22/2011

2. Where was the organization created? BOSTON, MA

3. What is the form of organization? *(check one)*

Corporation	[X]	Testamentary Trust	[ ]
Unincorporated Association	[ ]	Inter Vivos Trust	[ ]

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.* [ ] Yes [X] No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	3,346,869.
B.	Gross support and revenue	3,347,354.
C.	Program services and similar amounts paid out	1,723,855.
D.	Fundraising expenses	268,173.
E.	Management and general expenses	207,860.
F.	Payments to affiliates	0.
G.	Total expenses	2,199,888.
H.	Net assets or fund balances at the end of the year	2,467,782.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	JENNIFER GOLDSMITH CAO	40.00	78,495.	0.	0.
2.	MADISON LOUIS DIRECTOR OF COMMUNICATIONS	40.00	41,024.	0.	0.
3.	ELIZABETH CUNNINGHAM PROGRAM MANAGER	40.00	34,968.	0.	0.
4.	KIRAN MITHA DIRECTOR OF PARTNERSHIPS & PROGR	40.00	18,750.	616.	0.
5.	MARY KATE O'MALLEY JR. PROGRAM MANAGER	40.00	11,930.	0.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).* [ ] Yes [X] No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	BLOOM STRATEGIES	221,144.	FUNDRAISING
2.	SADATH SAYEED	62,500.	CONTRACTED SERVICES
3.	BURNESS COMMUNICATIONS	57,765.	COMMUNICATIONS
4.	DEVELOPMENT GUILD	41,469.	SEARCH FIRM
5.	MASSACHUSETTS GENERAL HOSPITAL	499,057.	CONTRACTED SERVICES

9. Bank(s) in which the organization's funds are deposited *(include bank addresses and phone numbers)*:

Bank	Address	Phone Number
BANK OF AMERICA	161 CAMBRIDGE STREET BOSTON, MA 02114	617-723-4260

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other *(specify)*: _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: DR. VANESSA KERRY

Street Address: 100 CAMBRIDGE STREET, 15T

City: BOSTON State: MA ZIP Code: 02114

Phone Number: 617-643-6853

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? [X] Yes [ ] No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? [X] Yes [ ] No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	[ ]
an organization which: (a) does not raise more than $5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. *(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)*	[ ]

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? [ ] Yes [X] No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

NAME AND ADDRESS	TITLE
CHARLENE ENGELHARD 645 FIFTH AVENUE NEW YORK, NY 10022	TRUSTEE
DR. PAUL FARMER 641 HUNTINGTON AVE BOSTON, MA 02115	TRUSTEE
DR. VANESSA KERRY 100 CAMBRIDGE STREET, 15TH FLOOR, STE 1541A BOSTON, MA 00114	CEO
DR. FITZHUGH MULLAN 2121 K STREET NW SUITE 210 WASHINGTON, DC 20037	PRESIDENT, CHAIRMAN
JOHN R. DREXEL 119 MCGHEE HILL ROAD MILLERTON, NY 12546	TRUSTEE
THOMAS FRY 535 BOYLSTON STREET, 7TH FLOOR BOSTON, MA 02118	TRUSTEE
JOEL LAMSTEIN 44 FARNSWORTH STREET #3 BOSTON, MA 02210	TRUSTEE
LISA SCHWARTZ 453 HARRIS ROAD BEDFORD HILLS, NY 10507	TRUSTEE

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NAME AND ADDRESS	TITLE
AARON WILLIAMS 701 13TH STREET NW WASHINGTON, DC 20005	TRUSTEE

NAME AND ADDRESS	TITLE
ELIZABETH WILLIAMS 2311 15TH STREET NW WASHINGTON, DC 20009	TRUSTEE

FORM PC PAGE 4 LINE 18 STATEMENT 2

NAME	AREA OF RESPONSIBILITY
DR. VANESSA KERRY	RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

100 CAMBRIDGE STREET, FL BOSTON, MA 02114

NAME	AREA OF RESPONSIBILITY
DR. VANESSA KERRY	RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

100 CAMBRIDGE STREET, FL BOSTON, MA 02114

NAME	AREA OF RESPONSIBILITY
DR. VANESSA KERRY	RESPONSIBLE FOR FUNDRAISING

ADDRESS

100 CAMBRIDGE STREET, FL BOSTON, MA 02114

NAME	AREA OF RESPONSIBILITY
DR. VANESSA KERRY	CUSTODY OF FINANCIAL RECORDS

ADDRESS

100 CAMBRIDGE STREET, FL BOSTON, MA 02114

NAME	AREA OF RESPONSIBILITY
DR. VANESSA KERRY	AUTHORIZED TO SIGN CHECKS

ADDRESS

100 CAMBRIDGE STREET, FL BOSTON, MA 02114

NAME	AREA OF RESPONSIBILITY
JENNIFER GOLDSMITH	AUTHORIZED TO SIGN CHECKS

ADDRESS

100 CAMBRIDGE STREET, FL BOSTON, MA 02114

20. Has this organization or any of its officers, directors, or employees:
If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds? ☐ Yes ☒ No
If yes, please attach an explanation.

22. Have donor-restricted funds been loaned to unrestricted funds? ☐ Yes ☒ No
If yes, please attach an explanation.

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

If you answered **yes** *for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	☐ Yes	☒ No
B.	Has your organization leased assets to or leased assets from a related party?	☐ Yes	☒ No
C.	Has your organization been indebted to a related party?	☐ Yes	☒ No
D.	Has your organization allowed a related party to be indebted to it?	☐ Yes	☒ No
E.	Has your organization made or held an investment in a related party?	☐ Yes	☒ No
F.	Has your organization furnished goods, services, or facilities to a related party?	☐ Yes	☒ No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	☐ Yes	☒ No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	☐ Yes	☒ No
I.	Has your organization transferred income or assets to or for use by a related party?	☐ Yes	☒ No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	☐ Yes	☒ No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	☐ Yes	☒ No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	☐ Yes	☒ No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	☐ Yes	☒ No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: 27 Feb. 2015

Printed Name: DR. VANESSA KERRY

Title: CEO

Name of Preparer: KIRKLAND ALBRECHT & FREDRICKSON, LLC

Address 10 FORBES ROAD WEST

City BRAINTREE State MA ZIP Code 02184

Phone Number 781-356-2000

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

_____

_____

Types of solicitation activities in which you expect to engage *(check all that apply)*:

Mass Mailing	☐	Via the Internet	X
Door-to-door	☐	Raffle, beano, bingo or gaming event	☐
Entertainment event	☐	Sale of goods other than by telephone	☐
Telemarketing without sale of goods or ads	☐	Individual Mailings	X
Telemarketing with sale of goods	☐	Corporate solicitations	☐
Telemarketing with sale of ads	☐	Grant Proposals	X

☐ Other *(specify)*: _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	☐	Own employees	X
Professional fundraising counsel*	☐	Volunteers	X
Commercial co-venturer*	☐		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

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Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: DR. VANESSA KERRY CEO

Address 100 CAMBRIDGE STREET, 15TH FLOOR

City BOSTON State MA ZIP Code 02114

Name and Title: MICHELLE SURETTE DIRECTOR OF FINANCE AND ADMINISTRATI

Address 100 CAMBRIDGE STREET, 15TH FLOOR

City BOSTON State MA ZIP Code 02114

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: DR. VANESSA KERRY CEO

Address 100 CAMBRIDGE STREET, 15TH FLOOR

City BOSTON State MA ZIP Code 02114

Name and Title: MICHELLE SURETTE DIRECTOR OF FINANCE AND ADMINISTRATI

Address 100 CAMBRIDGE STREET, 15TH FLOOR

City BOSTON State MA ZIP Code 02114

Name and Title:

Address

City State ZIP Code

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Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage *(check all that apply)*:

Mass Mailing		Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event	X	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	
Telemarketing with sale of ads		Grant Proposals	X

☐ Other *(specify)*:

Identify the method or methods you expect to use for the fundraising *(check all that apply)*:

Professional solicitor*		Own employees	X
Professional fundraising counsel*		Volunteers	X
Commercial co-venturer*			

* Provide applicable names and addresses:

Professional Solicitor Name:

Address

City State ZIP Code

Professional Fundraising Counsel Name: NON-PROFIT LEADERSHIP, LLC

Address 6218 MOUNTAIN BROOK WAY

City ATLANTA State GA ZIP Code 30301

Commercial Co-Venturer Name:

Address

City State ZIP Code

SEED GLOBAL HEALTH 45-3064098

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: DR. VANESSA KERRY CEO

Address 100 CAMBRIDGE STREET, FLOOR 15

City BOSTON State MA ZIP Code 02114

Name and Title: MICHELLE SURETTE DIRECTOR OF FINANCE AND ADMINISTRATI

Address 100 CAMBRIDGE STREET, FLOOR 15

City BOSTON State MA ZIP Code 02114

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: DR. VANESSA KERRY CEO

Address 100 CAMBRIDGE STREET, FLOOR 15

City BOSTON State MA ZIP Code 02114

Name and Title: MICHELLE SURETTE DIRECTOR OF FINANCE AND ADMINISTRATI

Address 100 CAMBRIDGE STREET, FLOOR 15

City BOSTON State MA ZIP Code 02114

Name and Title:

Address

City State ZIP Code

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Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: 17 February 2015

Print Name: DR. VANESSA KERRY

Title: CEO

Signature: _____ Date: _____

Print Name: _____

Title: _____