

2010 TAX RETURN

CLIENT COPY

Client: O1782139

Prepared for: ODIERO LTD
POST OFFICE BOX 824
BLACKSBURG, VA 24063
(540) 392-2002;

Prepared by: DIANE W. GREEN
DIANE W. GREEN, CPA P.C.
200 COUNTRY CLUB DR SUITE B-1
BLACKSBURG, VA 24060
(540) 951-8915

Date: NOVEMBER 13, 2011

Comments:

Route to: _____

2010 Exempt Org. Return
prepared for:

ODIERO LTD
POST OFFICE BOX 824
BLACKSBURG, VA 24063

Diane W. Green, CPA P.C.
200 Country Club Dr Suite B-1
Blacksburg, VA 24060

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200 COUNTRY CLUB DR SUITE B-1
BLACKSBURG, VA 24060
(540) 951-8915

Client O1782139
November 13, 2011

ODIERO LTD
POST OFFICE BOX 824
BLACKSBURG, VA 24063
(540) 392-2002;

FEDERAL FORMS

Form 990-EZ
Schedule A
Schedule O

2010 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)
Supplemental Information
Depreciation Schedules
IRS e-file Signature Authorization

Form 8879-EO

FEE SUMMARY

Preparation Fee

ODIERO LTD

54-1782139

	2010	2009	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	9,357	14,731	-5,374
PROGRAM SERVICE REVENUE.....	9,390	13,371	-3,981
OTHER REVENUE.....	470	0	470
TOTAL REVENUE.....	19,217	28,102	-8,885
EXPENSES			
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	1,998	65	1,933
OCCUPANCY/RENT/UTILITIES/MAINTENANCE.....	0	2,940	-2,940
PRINTING, PUBLICATIONS, AND POSTAGE.....	18	2,991	-2,973
OTHER EXPENSES.....	17,001	23,757	-6,756
TOTAL EXPENSES.....	19,017	29,753	-10,736
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	200	-1,651	1,851
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	-2,996	-1,172	-1,824
OTHER CHANGES IN NET ASSETS/FUND BAL.....	21	-173	194
NET ASSETS/FUND BAL. AT END OF YEAR.....	-2,775	-2,996	221

2010

GENERAL INFORMATION

PAGE 1

ODIERO LTD

54-1782139

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH O

CARRYOVERS TO 2011

NONE

ODIERO LTD

54-1782139

**BALANCE SHEET
OTHER NOTES AND LOANS RECEIVABLE [O]**

EMPLOYEE ADVANCES.....	\$	42.
TOTAL	\$	<u>42.</u>

**BALANCE SHEET
ACCOUNTS PAYABLE AND ACCRUED EXPENSES**

CREDIT CARDS.....	\$	1,500.
CHECKS IN EXCESS OF BALANCES.....		202.
TOTAL	\$	<u>1,702.</u>

ODIERO LTD

54-1782139

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
1	2002 FORD VAN	1/02/08		12,379							12,379	3,714	S/L HY	5	.20000	2,476
TOTAL AUTO / TRANSPORT EQUIP				12,379		0	0	0	0	0	12,379	3,714				2,476
TOTAL DEPRECIATION				<u>12,379</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,379</u>	<u>3,714</u>				<u>2,476</u>
GRAND TOTAL DEPRECIATION				<u>12,379</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,379</u>	<u>3,714</u>				<u>2,476</u>

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2010

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

ODIERO LTD

54-1782139

Name and title of officer

MIKE ROSENZWEIG

DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b <u>19,217.</u>
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DIANE W. GREEN, CPA P.C. to enter my PIN 51782 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 54221161946
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DIANE W. GREEN Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2010

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , **2010**, **and ending** ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ODIERO LTD POST OFFICE BOX 824 BLACKSBURG, VA 24063	D Employer identification number 54-1782139
		E Telephone number (540) 392-2002;
		F Group Exemption Number..... ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.SEEDSGUYS.ORG

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

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 19,217.

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	1 Contributions, gifts, grants, and similar amounts received.....	1	9,357.
	2 Program service revenue including government fees and contracts.....	2	9,390.
	3 Membership dues and assessments.....	3	
	4 Investment income.....	4	
	5a Gross amount from sale of assets other than inventory.....	5a	
	b Less: cost or other basis and sales expenses.....	5b	
	c 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		
c Less: direct expenses from gaming and fundraising events.....	6c		
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		
b Less: cost of goods sold.....	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8 Other revenue (describe in Schedule O)..... SEE SCHEDULE O.....	8	470.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9	19,217.	
EXPENSES	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	1,998.
	14 Occupancy, rent, utilities, and maintenance.....	14	
	15 Printing, publications, postage, and shipping.....	15	18.
	16 Other expenses (describe in Schedule O)..... SEE SCHEDULE O.....	16	17,001.
17 Total expenses. Add lines 10 through 16..... ▶	17	19,017.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	200.	
ASSETS	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).....	19	-2,996.
	20 Other changes in net assets or fund balances (explain in Schedule O)..... SEE SCHEDULE O.....	20	21.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	-2,775.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

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	812.	22
23 Land and buildings		23
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	8,665.	24 6,231.
25 Total assets	9,477.	25 6,231.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	12,473.	26 9,006.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-2,996.	27 -2,775.

Part III Statement of Program Service Accomplishments (see the instrs 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? SEE SCHEDULE O
 Describe what was achieved in carrying out the organization's exempt purposes. 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 and section 4947(a)(1) trusts; optional for others.)

28 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
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 address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ANNA SPILLEN 733 EAST AMHERST PLACE ENGLEWOOD, CO 80113-1659	BOARD MEMBER 0	0.	0.	0.
DR. MICHAEL ROSENZWEIG P. O. BOX 824 BLACKSBURG, VA 24060	DIRECTOR 62.00	0.	0.	0.
DR. ROBERT H. JONES CHAIR BIOLOGY DEPT VPI & SU BLACKSBURG, VA 24061	BOARD MEMBER 0.10	0.	0.	0.
DONNA E. DOUGLAS HAWK'S RIDGE, 352 SHORT RD N.W RINER, VA 24149	BOARD MEMBER 0.10	0.	0.	0.
DR. DON LANGREHR 1705 GINGER LANE BLACKSBURG, VA 24060	BOARD MEMBER 0	0.	0.	0.
DR. BRUCE PARKER 841 HUTCHESON ROAD BLACKSBURG, VA 24060	BOARD MEMBER 0	0.	0.	0.
CHRISTINE PARKER 841 HUTCHESON ROAD BLACKSBURG, VA 24060	BOARD MEMBER 0	0.	0.	0.
JILL SIBLE 1350 MOCKINGBIRD DRIVE BLACKSBURG, VA 24060	BOARD MEMBER 0.25	0.	0.	0.
RHEA EPSTEIN 1430 JEFFERSON FOREST LANE BLACKSBURG, VA 24060	BOARD MEMBER 0	0.	0.	0.
MARK HARPIN 13049 BRIXTON PLACE SAN DIEGO, CA 92130	BOARD MEMBER 0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

Check if the organization used Schedule O to respond to any question in this Part V. X

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed ▶ NONE		

42 a The organization's books are in care of ▶ ODIERO, LTD. Telephone no. ▶ (540) 552-3914
 Located at ▶ P. O. BOX 824, BLACKSBURG VA ZIP + 4 ▶ 24063

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)		X
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.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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.

	Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

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.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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 and 4947(a)(1) nonexempt charitable trusts 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		Date		
	MIKE ROSENZWEIG		DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DIANE W. GREEN	DIANE W. GREEN			N/A
	Firm's name	Firm's EIN			
	DIANE W. GREEN, CPA P.C.	N/A			
Firm's address	Firm's EIN		Phone no.		
200 COUNTRY CLUB DR SUITE B-1 BLACKSBURG, VA 24060	N/A		(540) 951-8915		

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization ODIERO LTD	Employer identification number 54-1782139
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **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)**.
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% 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. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e 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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 supported organization?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	11,661.	87,463.	12,387.	14,731.		126,242.
2 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.	6,350.	8,003.	28,426.	13,371.		56,150.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	18,011.	95,466.	40,813.	28,102.	0.	182,392.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b 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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						182,392.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.	18,011.	95,466.	40,813.	28,102.	0.	182,392.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	18,011.	95,466.	40,813.	28,102.	0.	182,392.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ODIERO LTD

54-1782139

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SEEDS, THE PROGRAM ARM OF ODIERO, LTD. (NOW SEEK EDUCATION, EXPLORE, DISCOVER - SEEDS, INC.), PROVIDES SUPPLEMENTAL CURRICULUM DEVELOPMENT, PROGRAMS, AND TRAINING IN BIOLOGY, GEOGRAPHY, AND ENVIRONMENTAL SCIENCE. SEEDS PROVIDES YOUTH PROGRAMS AFTER SCHOOL AND DURING THE SUMMER, AND AS COMMUNITY SERVICE. SEEDS DEVELOPS PROGRAMS FOR THE EDUCATIONAL INSTITUTIONS OF THE REGION. SEEDS HAS A MISSION TO PROVIDE HANDS-ON EXPERIENTIAL LEARNING ACTIVITIES AND PROGRAMS TO NURTURE AND EMPOWER THE DESIRE FOR YOUTH TO LEARN. IN ADDITION, SEEDS TEACHES HOW SUSTAINABLE USE OF OUR ENVIRONMENT WILL STRENGTHEN THE ECONOMY OF SOUTHWEST VIRGINIA. SEEDS PROGRAMS INVESTIGATE "HANDS-ON" HOW CONSERVATION AND ENVIRONMENTAL SCIENCE WORK. ON LOCAL TRIPS, REGIONAL TRAVEL, INTERNATIONAL TRAVEL, AND IN THE CLASSROOM, SEEDS EXPLORES THE WORLD AROUND US "FIRST-HAND." SEEDS EMPHASIZES THE PROCESS OF LEARNING BY DOING PROGRAMS FOR SMALL GROUPS. SEEDS PARTNERS WITH THE TOWN OF BLACKSBURG TO OPERATE A NATURE AND LEARNING DISCOVERY CENTER IN A TOWN-OWNED HISTORIC BUILDING CALLED THE PRICE HOUSE.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SEEDS SUMMARY OF ACTIVITIES FOR 2010

SUMMER FIELD CAMPS: THESE ARE MULTIPLE-DAY CAMPS THAT HAVE A NEW THEME EACH TIME. CAMPERS AND THEIR LEADERS EXPLORED THE REGION'S ECOLOGICAL AND CULTURAL VALUE.

2010 CAMPS:

20 CHILDREN JUNE - JULY CO-ED AGES 7-9

30 CHILDREN JULY - AUGUST CO-ED AGES 10-12

247 VISITORS TO THE PRICE HOUSE JUNE, JULY, PART AUGUST.

Name of the organization

Employer identification number

ODIERO LTD

54-1782139

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SUPPLEMENTAL CURRICULUM: SEEDS WORKED WITH SCHOOLS AND SCHOOL GROUPS PROVIDING SUPPLEMENTAL CURRICULUM THAT MEETS THE NEEDS OF ACCELERATED, VERY ACTIVE, AND CURIOUS STUDENTS ALIKE.

2010 EXAMPLES:

75 MIDDLE, HIGH SCHOOL, AND COMMUNITY MEMBERS PARTICIPATED IN SEEDS' FRESHWATER HERITAGE OF BLACKSBURG - STREAM EDUCATION AND CLEAN-UP PROGRAMS.

21 1ST AND 2ND GRADERS AND 2 TEACHERS FROM THE BLACKSBURG MONTESSORI SCHOOL PRODUCED TWO EXHIBITS FOR THE NATURE CENTER. ONE EXHIBIT WAS ON FRUITS AND SEEDS, ANOTHER ONE DEALT WITH INTERPRETING THEIR OWN FACE AND HEAD FEATURES BY USING OBJECTS FROM NATURE FOUND IN THE SCHOOLYARD.

COMMUNITY OUTREACH: SEEDS IS OPERATING AND MANAGING ACTIVITIES AT THE SEEDS-BLACKSBURG NATURE CENTER LOCATED AT THE TOWN'S HISTORIC PRICE HOUSE. THIS PARTNERSHIP WAS A NATURAL FIT," SAID DIRECTOR OF PARKS AND RECREATION, DEAN CRANE.

"THE SEEDS MISSION TO TEACH KIDS ACTIVE CITIZENSHIP IN A SUSTAINABLE SOCIETY MARRIES PERFECTLY WITH OUR GOALS FOR THE NATURE CENTER." THE CENTER OFFERS EDUCATIONAL ENRICHMENT PROGRAMS, HANDS-ON LEARNING EXHIBITS, AND A PLACE FOR CHILDREN AND COMMUNITY MEMBERS TO LEARN ABOUT SUSTAINABLE LIVING, CIVIC ENGAGEMENT, AND ENVIRONMENTAL STEWARDSHIP. IT'S ALSO AN IDEAL LOCATION FOR FIELD TRIPS, SMALL PRESENTATIONS, AND WORKSHOPS TO COMPLEMENT THE PRE-K-COLLEGE CURRICULUM. IT IS OPEN 12 HOURS A WEEK DURING THE SCHOOL YEAR.

741 TOTAL VISITS DURING OUR FIRST YEAR OF OPERATION 20 APRIL 2010 - 31 DEC.

483 PK-12 YOUTH;

23 TEACHERS;

Name of the organization

Employer identification number

ODIERO LTD

54-1782139

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

159 ADULTS;

76 VIRGINIA TECH STUDENTS;

1 ERC KIT LOAN (BIRD KIT AND SPECIMENS).

THE VIRGINIA TECH SCIENCE OUTREACH PROGRAM IS A CONTRIBUTING PARTNER FOR RESOURCES AND STUDENT VOLUNTEERS. THE VIRGINIA TECH CENTER FOR STUDENT ENGAGEMENT AND COMMUNITY PARTNERSHIPS WILL BE A "PIPELINE" FOR STUDENTS TO ENGAGE IN MEANINGFUL TEACHING/SCHOLARSHIP PROJECTS.

THE VIRGINIA TECH SCIENCE OUTREACH PROGRAM IS A CONTRIBUTING PARTNER FOR RESOURCES AND STUDENT VOLUNTEERS. THE VIRGINIA TECH CENTER FOR STUDENT ENGAGEMENT AND COMMUNITY PARTNERSHIPS WILL BE A "PIPELINE" FOR STUDENTS TO ENGAGE IN MEANINGFUL TEACHING/SCHOLARSHIP PROJECTS.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

ODIERO LTD

54-1782139

**FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

INSURANCE REIMBURSEMENT.....	\$	470.
TOTAL	\$	<u>470.</u>

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	310.
BANK SERVICE CHARGES.....		194.
COMPUTER SERVICES.....		381.
DEPRECIATION.....		2,476.
DUES & SUBSCRIPTIONS.....		50.
GIFTS FOR VOLUNTEERS.....		15.
INSURANCE.....		2,891.
INTEREST.....		908.
OFFICE EXPENSES.....		1,231.
PROGRAM EXPENSES: BOOKS.....		171.
PROGRAM EXPENSES: CONSULTANTS.....		1,000.
PROGRAM EXPENSES: OTHER.....		3,071.
PROGRAM EXPENSES: PAYROLL TAX.....		224.
PROGRAM EXPENSES: SUMMER MATLS.....		608.
PROGRAM EXPENSES: TEACHER PAY.....		2,932.
PROGRAM EXPENSES: VAN.....		439.
TAXES, LICENSES, REGISTR.....		100.
TOTAL	\$	<u>17,001.</u>

**FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PRIOR PERIOD ADJUSTMENTS.....	\$	21.
TOTAL	\$	<u>21.</u>

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES.....	\$ 8,665.	\$ 6,189.
NOTES AND LOANS RECEIVABLE.....	0.	42.
TOTAL	<u>\$ 8,665.</u>	<u>\$ 6,231.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 2,378.	\$ 1,702.
PAYABLE TO OFFICERS, DIRECTORS, ETC.....	1,649.	1,149.
SECURED MORTGAGES AND NOTES PAYABLE.....	8,446.	6,155.
TOTAL	<u>\$ 12,473.</u>	<u>\$ 9,006.</u>