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## Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsonng 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 asserts less than \$500,000

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

| de dicoc difficult from calc of about out of main months.   |                | A F      | or the       | 2010 calendar year, or tax year beginning January 1, , 2010, and ending  | Dec Dec   | ember 3       | 1 , 20 10              |  |  |
|---|----------------|----------|--------------|--|---|---------------|------------------------|--|--|
| Name autorigo   Name and street (or PC) box, if mail is not delivered to street address)   Room/suits   E Telephone number   4805 Walton Heath Dr.  |                | Вс       | heck if ap   | oplicable C Name of organization   | D Empl  | oyer iden     | tification number      |  |  |
| Transient   |                |          | Address c    | shange Support for Educational and Economic Development aka SEED   | Support for Educational and Economic Development aka SEED |               |                        |  |  |
| Aparticular method   Aparticular method   City or fown, state or country, and 2/P + 4   Garland, Texas 75044-5122   F Group Exemption   Number   Reck   City or fown, state or country, and 2/P + 4   F Group Exemption   Number   F Group Exemption   Number   F Group Exemption   Number   F Group Exemption                                  |                |          | Name cha     | Number and street (or P.O box, if mail is not delivered to street address) Room/suite  | E Telep   | hone num      | ber                    |  |  |
| Angeleton pending   Carly of town, state or country, and 20° + 14°   Angeleton pending   Carly of town, state or country, and 20° + 14°   Angeleton pending   Carly of town, state or country, and 20° + 14°   Angeleton pending   Carly of town, state or country, and 20° + 14°   Angeleton pending   Carly of town, state or country, and 20° + 14°   Angeleton pending   Carly of the organization is not a section 50°(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 99-0-2 or form 990 per turn is not required though Form 990-Ne (p-postering may be required (see instructions), But if the organization chooses to file a return, be sure to file a complete return.    Add line 55, 6e, and 75, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Inc. 25, column (g) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II, Inc. 25, column (g) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II, Inc. 25, column (g) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II, Inc. 25, column (g) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II, Inc. 25, column (g) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II, Inc. 25, column (g) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II, Inc. 25, column (g) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II, Inc. 27,000.00    Program service revenue including government fees and contracts   |                | <b>2</b> | nıtıal retur | m 4805 Walton Heath Dr.,   |   | 972-          | 697-6998               |  |  |
| Accounting Method:     Cash   Account Other (specify)   |                | =        |              | City or town, state or country, and ZIP + 4  | F Grou  | ıp Exemi      | otion                  |  |  |
| Accounting Method:  |                | =        |              | Carland Tayon 75044 5122   | 1   |               |                        |  |  |
| Website:   www.sedhydus.a.org   Trave.tempt status (check only one) -   251(c)(3)   501(c)(1)   4 (insert no.)   4847(a)(1) or   527   (From 990, 990-EZ, or 990-PF).   |                | _        |              |  | H Check I   | ▶ ∏ if t      | he organization is not |  |  |
| Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4847(a)(1) or ☐ 527  |                |          |              |  |   |               | •                      |  |  |
| K Check   |                |          |              |  | (Form 9   | 90, 990-      | EZ, or 990-PF).        |  |  |
| 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 (8) below) are \$500,000 or more, file form 990 letted of Form 990-EZ  Part II 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  Contributions, girls, grants, and similar amounts received  Program service revenue including government fees and contracts  2 0.00  3 Membership dues and assessments  4 1.000  5 Gross amount from sale of assets other than inventory  b Less: cost or other basis and sales expenses  C adin or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Garning and fundraising events  a Gross income from gaming (attach Schedule G if free and sales of the fundraising events (not including \$ 0.00 of contributions from fundraising events (not including \$ 0.00 of contributions from fundraising events (not including \$ 0.00 of contributions from fundraising events (not including \$ 0.00 of contributions for four fundraising events (not including \$ 0.00 of contributions for four fundraising events (not including \$ 0.00 of contributions for four fundraising events (not including \$ 0.00 of contributions for four fundraising events (not including \$ 0.00 of contributions for four fundraising events (not including \$ 0.00 of contributions for four fundraising events (not including \$ 0.00 of contributions for four four fundraising events (not including \$ 0.00 of contributions for four fundraising events (not including \$ 0.00 of contributions for four fundraising events (not fundraising ev                |                |          |              | The state of the s | re normally   | not more      | than \$50,000. A       |  |  |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (i) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ    Part I  |                | F        | orm 99       |  |   |               |                        |  |  |
| Inne 25, column (8) below) are \$500,000 or more, file from 990 instead of Form 990-EZ   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   2   6,7,40.00  |                |          |              |  |   |               |                        |  |  |
| 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  |                | L A      | dd lines     | s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass  | sets (Part II,  |               |                        |  |  |
| Check if the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts  Remote and assessments  Investment income Investment in                              |                | line     | 25, coli     | umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ   |   | <b>▶</b> \$   | 67,740.00              |  |  |
| Check if the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts  Remote and assessments  Investment income Investment in                              |                | Pa       | art I        | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the   | ne instruc  | ctions f      | or Part I.)            |  |  |
| Program service revenue including government fees and contracts  3 Membership dues and assessments  4 0.00  Investment income  5a Gross amount from sale of assets other than inventory  5a Gross amount from sale of assets other than inventory  5a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  b Gross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events  d Net income or (loss) from gaming and fundraising events  6 0.00  7 a Gross sales of inventory, less returns and allowances  7 a 0.00  7 b Less: cost of goods sold  6 c 0.00  7 b 0.00  7 c 0.00  7 c 0.00  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 0.00  15 0.00  16 0.00  17 0.00  18 0.00  19 0.00  10 0.00  11 0.00  11 0.00  12 0.00  13 0.00  14 0.00  15 0.00  16 0.00  17 0.00  18 0.00  19 0.00  10 0.00  10 0.00  11 0.00  11 0.00  12 0.00  13 0.00  14 0.00  15 0.00  16 0.00  17 0.00  18 0.00  19 0.00  10 0.00  10 0.00  10 0.00  10 0.00  10 0.00  10 0.00  10 0.00  10 0.00  11 0.00  11 0.00  12 0.00  13 0.00  14 0.00  15 0.00  16 0.00  17 0.00  18 0.00  19 0.00  10                            |                |          |              |  |   |               |                        |  |  |
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| 3 Membership dues and assessments 3 0.00 4 0.00 5a Gross amount from sale of assets other than inventory 5a 0.00 5b 0.00 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0.00 6 Garning and fundraising events (and including \$ 0.00 of contributions from fundraising events (not including \$ 0.00 of cont |                |          | 2            | Program service revenue including government fees and contracts  |   | 2             | 0.00                   |  |  |
| Fig. 3 around from sale of assets other than inventory be less: cost or other basis and sales expenses from line 5b from line 5a) cost or other basis and sales expenses from line from line form fundralsing events (not including \$ 0.00 or other buttions from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from fundralsing events (not including \$ 0.00 or other locations from gaming and fundralsing events (not including \$ 0.00 or other locations from gaming and fundralsing events (not including \$ 0.00 or other locations from gaming and fundralsing events (not including \$ 0.00 or other locations from gaming and fundralsing events (not including \$ 0.00 or other locations from gaming and fundralsing events (not including \$ 0.00 or other locations from gaming and fundralsing events (not including \$ 0.00 or other locations from gaming and fundralsing events (not including \$ 0.00 or other locations from gaming and fundralsing events (not including \$ 0.00 or other locations fr          | 0              |          | 3            |  |   | 3             | 0.00                   |  |  |
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| a Gross income from gaming (attach Schedule G if greater than \$15,000) .  b Gross income from fundraising events (not including \$   | <u>}</u> .     |          | С            | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .  |   | 5c            | 0.00                   |  |  |
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| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  | 4              | æ        |              |  |   |               |                        |  |  |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  | Š              |          |              |  |   | T T           |                        |  |  |
| line 6c)  7a Gross sales of inventory, less returns and allowances  | $\overline{G}$ |          | С            |  |   |               |                        |  |  |
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| 8 Other revenue (describe in Schedule O)  |                |          | 1            |  | 0.00  | <b>-</b> .    | 0.00                   |  |  |
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| Benefits paid to or for members  Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  |                |          | <del></del>  | 100271007100771007107707707707707707   | 1   |               |                        |  |  |
| Salaries, other compensation, and employee benefits   |                |          | 1            | Grants and similar arrounds paid (not in concedure of  | ~  <u>%</u> ·   |               | <del></del>            |  |  |
| Professional fees and other payments to independent contractors   |                |          | 1 * *        |  | ĬČ.   |               | <del></del>            |  |  |
| 16 Other expenses (describe in Schedule O)  |                | Š        | l .          | Professional fees and other navments to independent contractors  | , Ç   | $\rightarrow$ |                        |  |  |
| 16 Other expenses (describe in Schedule O)  |                | ē        |              | Occupancy rant utilities and maintenance   | 그는 .  |               |                        |  |  |
| 16 Other expenses (describe in Schedule O)  |                | Ä        |              |  |   |               |                        |  |  |
| Total expenses. Add lines 10 through 16   |                | _        | 1            | 0/1  |   |               | <del> </del>           |  |  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  |                |          | 1            |  |   |               |                        |  |  |
| 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)   |                | _        |              | Excess or (deficit) for the year (Subtract line 17 from line 9)  | · · · ·   |               | <del></del>            |  |  |
| end-of-year figure reported on prior year's return)   |                | ets      | 1            |  |   | <del></del>   | 30,000.00              |  |  |
| 20 Other changes in net assets or fund balances (explain in Schedule O)   |                | SS       |              |  |   | 19            | 0.00                   |  |  |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  |                | × A      | 20           |  |   | <del></del>   |                        |  |  |
|   |                | ž        | 1            |  |   |               | ····                   |  |  |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642

Form **990-EZ** (2010)



| Par  | Balance Sheets. (see the instructions  |  | -1                     | David II  | •                                    |                                      | _  |
|--|--|--|------------------------|---|--------------------------------------|--------------------------------------|--|
|  | Check if the organization used Schedule  | O to respond to any que  | stion in this          |   | nning of year                        | • •                                  | ✓<br>(B) End of year   |
| 22   | Cash, savings, and investments   |  | -                      | (M) Def   | 0.00                                 | 20                                   | <u></u>  |
| 23   | Land and buildings   |  |                        |   | 0.00                                 |                                      | 42,868.00<br>0 00  |
| 24   | Other assets (describe in Schedule O)  |  |                        |   | 0.00                                 |                                      | 0.00   |
| 25   | Total assets   |  |                        |   | 0.00                                 |                                      | 42,868.00  |
| 26   |  |  |                        |   | 0.00                                 |                                      | 4,000.00   |
| 27   | Net assets or fund balances (line 27 of column   |  |                        |   | 0.00                                 |                                      | 38,868.00  |
| Par  |  |  |                        | Part III  |                                      |                                      | Expenses   |
|  | Check if the organization used Schedule  |  |                        |   |                                      |                                      | uired for section  |
|  | t is the organization's primary exempt purpose?  | charitable; to educate poor  |                        |   | <del></del>                          | ,                                    | c)(3) and 501(c)(4)<br>nizations and section                     |
|  | ribe what was achieved in carrying out the organization  |  |                        |   | er, describe                         |                                      | (a)(1) trusts, optional  |
| the se   | ervices provided, the number of persons benefited, and   | other relevant information for   | each program           | title.  |                                      | for o                                | thers.)  |
| 28   | Tuition assistance for to 300 poor students at Huda  | school (\$ 10,160.00); Purcha  | sed books fo           | or 400 s  | students +                           |                                      |  |
|  | Uniforms/school bags/shoes for 130 Students(\$ 2,8   |  |                        |   |                                      |                                      |  |
|  | Financial assistance (stipend of \$ 6 5/month/studen   |  |                        |   |                                      |                                      |  |
|  |  | includes foreign grants, ch  |                        |   |                                      | 28a                                  | 14,545.00  |
| 29   | Scholarships to 6 students to attend Para-medical c  | <del>-</del>   | 2-year Diplo           | ma co   | urses)                               |                                      |  |
|  | in Health related area such as X-Ray (\$ 3,647.00) at  |  |                        |   |                                      |                                      |  |
|  | Driver's Education Training to 8 Unemployed youth  |  |                        |   |                                      |                                      |  |
| 20   |  | includes foreign grants, ch  |                        |   | . ▶ 🗸                                | 29a                                  | 4,364.00   |
| 30   | Financial assistance (\$65/student/year) to 15 destitu<br>Free Medicines for Poor Diabetic Patients (\$ 955.00)  |  | CDOO! (\$ 977.         | 00);  |                                      |                                      |  |
|  | Free Medicines for Poor Diabetic Patients (\$ 955.00)  | . 10tal \$ 1,932.00  | <b></b>                |   |                                      |                                      |  |
|  | (Grants \$ 1,932 00 ) If this amount   | includes foreign grants, ch  | ook boro               |   | . ▶ ☑                                | 30a                                  | 1,932.00   |
| 31   | Other program services (describe in Schedule O)  | · · · · · · · · · · · · · · · ·  |                        |   |                                      | Jua                                  | 1,932.00   |
| ٠.   | , -  | includes foreign grants, ch  |                        |   |                                      | 31a                                  | 3,059 00   |
| 32   | Total program service expenses (add lines 28a  | through 31a)   |                        | <del></del>   |                                      | 32                                   | 23,900.00  |
| Part   |  |  |                        |   |                                      |                                      |  |
| _  | idat of Officers, Directors, Trustees, and Ne  |  | <b>4011 II HOL GOH</b> | IDOI IOU  |                                      | ı ı əu w                             |  |
|  | Check if the organization used Schedule  | O to respond to any ques   | stion in this          | Part I  | /                                    |                                      |  |
|  | Check if the organization used Schedule  | O to respond to any ques  (b) Title and average  | c) Compens             | Part IV   | (d) Contribution                     | <br>ns to                            |  |
|  | Check if the organization used Schedule  (a) Name and address  | O to respond to any ques   | stion in this          | Part IV   | <i>.</i>                             | <br>ns to<br>plans 8                 |  |
|  | Check if the organization used Schedule (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland,   | (b) Title and average hours per week devoted to position   | (c) Compens            | Part IV   | (d) Contribution<br>employee benefit | <br>ns to<br>plans 8                 | (e) Expense account and  |
| Теха   | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122   | (b) Title and average hours per week   | (c) Compens            | Part IV   | (d) Contribution<br>employee benefit | <br>ns to<br>plans 8                 | (e) Expense account and other allowances                         |
| Texa<br>Moha   | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy   | (b) Title and average hours per week devoted to position  President, 15 hours  | (c) Compens            | Part IV<br>sation<br>id,<br>)                         | (d) Contribution<br>employee benefit | s to<br>plans 8<br>sation            | (e) Expense account and other allowances                         |
| Texa<br>Moha<br>Texa   | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094   | (b) Title and average hours per week devoted to position   | (c) Compens            | Part IV<br>sation<br>id,<br>)                         | (d) Contribution<br>employee benefit | s to<br>plans 8<br>sation            | (e) Expense account and other allowances                         |
| Texa<br>Moha<br>Texa<br>Khali                                  | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland,   | (b) Title and average hours per week devoted to position  President, 15 hours  | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00                 | (d) Contribution<br>employee benefit | ns to plans 8 sation 0.00            | (e) Expense account and other allowances                         |
| Texa<br>Moha<br>Texa<br>Khali<br>Texa                          | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I Bakale, 3026 Alderon Lane, Garland, s 75044  | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours   | (c) Compens            | Part IV<br>sation<br>id,<br>)                         | (d) Contribution<br>employee benefit | ns to plans 8 sation                 | (e) Expense account and other allowances                         |
| Texa<br>Moha<br>Texa<br>Khali<br>Texa<br>Khaj                  | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen,  | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours   | (c) Compens            | Part IV<br>sation<br>id,<br>-,)<br>0.00<br>0.00       | (d) Contribution<br>employee benefit | ons to plans 8 sation 0.00 0.00 0.00 | (e) Expense account and other allowances  0.00  0.00             |
| Texa Moha Texa Khali Texa Khaj Texa                            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002  | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours                       | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00                 | (d) Contribution<br>employee benefit | ns to plans 8 sation 0.00            | (e) Expense account and other allowances                         |
| Texa<br>Moha<br>Texa<br>Khali<br>Texa<br>Khaj<br>Texa<br>Saiya | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano,  | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours                       | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00         | (d) Contribution<br>employee benefit | 0.00<br>0.00<br>0.00                 | (e) Expense account and other allowances  0.00  0.00  0.00       |
| Texa<br>Moha<br>Texa<br>Khali<br>Texa<br>Khaj<br>Texa<br>Saiya | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094  | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>-,)<br>0.00<br>0.00       | (d) Contribution<br>employee benefit | ons to plans 8 sation 0.00 0.00 0.00 | (e) Expense account and other allowances  0.00  0.00  0.00       |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094  | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00         | (d) Contribution<br>employee benefit | 0.00<br>0.00<br>0.00                 | (e) Expense account and other allowances  0.00  0.00  0.00       |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |
| Texa Moha Texa Khali Texa Khaj Texa Saiya Texa Habe            | Check if the organization used Schedule  (a) Name and address  I.M. Hussaini, 4805 Walton Heath Drive, Garland, s 75044-5122 ammed Abdur Rahman, 513 Royal Oak Dr., Murphy s 75094 id I. Bakale, 3026 Alderon Lane, Garland, s 75044 ja Khaleeluddin, 1628 StoneWick Dr., Allen, s 75002 ad F. Ahmad, 6012 Toledo Dr., Plano, s 75094 seburRahman S. Quadri, 3107 LincInshire, | (b) Title and average hours per week devoted to position  President, 15 hours  Vice President, 2 hours  Treasurer, 5 hours  Board Member, 2 hour | (c) Compens            | Part IV<br>sation<br>id,<br>)<br>0.00<br>0.00<br>0.00 | (d) Contribution<br>employee benefit |                                      | (e) Expense account and other allowances  0.00  0.00  0.00  0.00 |

| Part     | Other Information (Note the statement requirements in the instructions for Part V.)  Check if the organization used Schedule O to respond to any question in this Part V   |            |       | . 🗆        |
|----------|--|------------|-------|------------|
|          |  |            | Yes   | No         |
|          | 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  | 33         |       | ✓          |
|          | 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)   | 34         |       | ✓          |
|          | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.  |            |       |            |
| а        | 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?   | 35a        |       | 1          |
| 36       | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?   | 35b<br>36  |       | <b>✓</b>   |
|          | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00   |            |       | ,          |
|          | Did the organization file <b>Form 1120-POL</b> for this year?  | 37b<br>38a |       | <b>✓</b>   |
| b        | If "Yes," complete Schedule L, Part II and enter the total amount involved   |            |       |            |
| 39       | Section 501(c)(7) organizations. Enter:  |            |       |            |
|          | Initiation fees and capital contributions included on line 9   |            |       |            |
| b<br>40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  | }          |       |            |
|          | section 4911 ▶   |            |       |            |
| 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 | 40b        |       | 1          |
| С        | 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  |            |       |            |
| d        | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |            |       |            |
| е        | 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   | 40e        |       | ✓          |
| 41       | List the states with which a copy of this return is filed. None  | 72-69      | 7 600 |            |
| 42a      | The organization of books are in care of a   | 75044      |       |            |
| 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  |            | Yes   |            |
|          | account)?  | 42b        |       | <b>-</b>   |
|          | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: ▶  | 42c        |       | <b>✓</b>   |
| 43       | Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year   |            | . '   | <b>▶</b> □ |
|          |  |            | Yes   | No         |
| 44a      | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44a        | - 33  | ✓          |
| 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  | 44b        |       | 1          |
| С        | Did the organization receive any payments for indoor tanning services during the year?   | 44c        |       | 1          |
| 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  | 44d        |       |            |

| Form 99  | 10-EZ (20                      | 010)   |   |                     |                                       |   |                | F                  | age 4    |
|--|--------------------------------|--|---|---------------------|---------------------------------------|---|----------------|--------------------|----------|
|  | ,                              |  |   |                     | · · · · · · · · · · · · · · · · · · · |   |                | Yes                | No       |
| 45   | Is any                         | y related organization a controlled enti   | ity of the organization within the  | mean                | ing of section                        | n 512(b)(13)?                                     | 45             |                    | <b>1</b> |
| а  |                                | ne organization receive any payment fi   |   |                     |                                       |   |                |                    |          |
|  |                                | ning of section 512(b)(13)? If "Yes," F  | •   |                     | to be comp                            | leted instead of                                  | 45a            |                    |          |
|  | Form 990-EZ (see instructions) |  |   |                     |                                       |   |                |                    |          |
| 46   |                                | ne organization engage, directly or ind<br>andidates for public office? If "Yes," co   |   |                     |                                       |   | 46             |                    | 1        |
| Part   |                                | Section 501(c)(3) organizations a 501(c)(3) organizations and section and 52, and complete the tables for the section of the s | on 4947(a)(1) nonexempt charit<br>for lines 50 and 51.                                    | table               | trusts must                           | answer question                                   | li sec<br>ns 4 | tion<br>7–491      | b        |
|  |                                | Check if the organization used Sche  | edule O to respond to any ques  | stion i             | in this Part V                        | <u> </u>  |                |                    | . 🗆      |
|  |                                |  |   |                     |                                       |   |                | Yes                | No       |
| 47   |                                | ne organization engage in lobbying ac  |   |                     |                                       |   | 47             |                    | 1        |
| 48   |                                | organization a school as described in  |   |                     |                                       |   | 48             |                    | 1        |
| <ul> <li>49a Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>b If "Yes," was the related organization a section 527 organization?</li></ul> |                                |  |   |                     | 49a<br>49b                            | ļ   | <b>V</b>       |                    |          |
| 50   |                                | plete this table for the organization's f  |   |                     |                                       |   |                | es an              | l kev    |
| •  |                                | oyees) who each received more than   |   |                     |                                       |   |                |                    |          |
|  |                                |  | (b) Title and average   |                     | Compensation                          | (d) Contributions to                              | (e)            | Exper              | 1Se      |
|  | (a) Na                         | me and address of each employee paid more<br>than \$100,000  | hours per week devoted to position  |                     |                                       | employee benefit plans &<br>deferred compensation |                | count a<br>railowa |          |
|  |                                | None   |   |                     |                                       |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  |                                |  |   | ļ                   |                                       | -   | <u> </u>       |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  | <del></del>                    |  |   | <br>                |                                       |   |                |                    |          |
|  |                                |  |   | ļ                   |                                       |   |                |                    |          |
|  | Total                          | number of other employees paid over  | r \$100 000   | L,                  |                                       |   | <u> </u>       |                    |          |
| 51   | Com                            | plete this table for the organization's  | five highest compensated inde   |                     | ent contracto                         | ors who each rec                                  | eived          | more               | than     |
|  | \$100                          | ,000 of compensation from the organ  |   | one."               |                                       |   |                |                    |          |
| <del></del>  |                                | (a) Name and address of each independent com   | itractor paid more than \$100,000   |                     | ( <b>b)</b> typ                       | e of service                                      | (C) CO         | mpens              | ation    |
|  |                                | None   |   |                     | -                                     |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  | · · · · · ·                    | 4 (  |   |                     |                                       |   |                |                    |          |
|  |                                |  |   |                     | 1                                     |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
|  |                                |  |   |                     |                                       |   |                |                    |          |
| d  | Total                          | number of other independent contract   | ctors each receiving over \$100,00  | 00.                 | .▶                                    |   |                |                    |          |
| 52   |                                | he organization complete Schedule A7   |   |                     |                                       |   | 1              |                    |          |
|  |                                | xempt charitable trusts must attach a  |   |                     | •                                     | <del>_</del>                                      | Yes            |                    | No       |
| Under p<br>true, co  | enalties<br>rrect, an          | of perjury, I declare that I have examined this ref<br>id complete. Declaration of preparer (other than o  | itum, including accompanying schedules a<br>officer) is based on all information of which | ind stat<br>n prepa | tements, and to t<br>rer has any know | the best of my knowled<br>viedge.                 | lge and        | j belief           | , it is  |
|  |                                | Mala   |   |                     | - 1                                   | 5/1/20  | 11             |                    |          |
| Sign   | Signature et Officer Date      |  |   |                     |                                       |   |                |                    |          |
| Here   |                                | Syed M. Hussaini   |   |                     | _                                     | ,410  |                |                    |          |
|  |                                | Type or print name and title   |   |                     |                                       | <del></del>                                       |                |                    |          |
| Paid   |                                | Print/Type preparer's name   | Preparer's signature  |                     | Date                                  | Check   if  | PTIN           |                    |          |
| Prep   | arer                           |  |   |                     |                                       | self-employed                                     |                |                    |          |
| Use  |                                | Firm's name ▶  |   |                     | F                                     | irm's EIN ▶                                       |                |                    |          |
|  | <del></del>                    | Firm's address ▶   |   |                     | F                                     | hone no   |                |                    |          |
| May ti   | ne IRS                         | discuss this return with the preparer s  | shown above? See instructions   |                     |                                       | <b>&gt;</b> T                                     | Yee            |                    | No       |

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

| Support for Educational and Economic Development aka SEED    Part   Reason for Public Charity Status (All organizations must complete this part.) See instructions.  |       | of the organization  |   |   |                                    |  |  |  | -mpioyer id   | enuncauor                               |                                    |                                       |
|--|-------|--|---|---|------------------------------------|--|--|--|---|---|------------------------------------|---------------------------------------|
| The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)    A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   A church, convention of churches, described in section 170(b)(1)(A)(ii).   A chord described in section 170(b)(1)(A)(iii).   A nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).   A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).   A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)   A norganization 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)(v). (Complete Part III.)   A norganization that normally receives: (1) more than 331-% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331-% 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.)  |       |  |   |   |                                    |  |  |  | <del></del>   |   | <del> </del>                       |                                       |
| A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).   A school described in section 170(b)(1)(A)(ii).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:   A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)   A community from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/9% of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/9% of its support from gross investment income and unrelated business taxable income (less ection 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)   An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines    |       |  |   | <del> </del>  |                                    |  |  |  |   | nstructio                               | ns.                                | <del></del>                           |
| 2  |       |  |   |   |                                    |  |  |  |   |   |                                    |                                       |
| A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  |       |  |   |   |                                    |  | ed in <b>sec</b>   | tion 170(  | (b)(1)(A)(i   | ).                                      |                                    |                                       |
| 4  |       |  |   |   |                                    | •  |  |  |   |   |                                    |                                       |
| hospital's name, city, and state:  |       |  |   |   |                                    |  |  |  |   |   | ·                                  |                                       |
| section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its evempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a  |       | hospital's nam   | e, city, and state  | e:  |                                    | ·  |  |  |   |   |                                    |                                       |
| 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.) 9 ☐ An organization that normally receives: (1) more than 33'/5% 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'/5% 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check 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 eye Dy 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 it is a Type I, Type II, or Type III supporting organization, check this box   | 5     |  |   |   |                                    |  |  |  |   |   |                                    |                                       |
| An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10  |       | 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public |   |   |                                    |  |  |  |   |   |                                    |                                       |
| An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10  | 8     | ☐ A community t  | rust described i  | n <b>section 170(b)(1)(A</b> )  | )( <b>vi).</b> (Cor                | nplete Pa  | ırt II.)   |  |   |   |                                    |                                       |
| 11  ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check 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 it is a Type I, Type II, or Type III supporting organization, check this box  |       | An organization receipts from support from   | n that normally activities related gross investme   | receives: (1) more that<br>d to its exempt funct<br>ent income and unrel              | an 331/3%<br>ions—sul<br>lated bus | 6 of its subject to desiness tax                     | upport fro<br>certain ex<br>xable inc  | ceptions   | s, and (2)<br>ss section                                | no more                                 | than 331                           | /3% of its                            |
| other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   | 11    | ☐ An organization purposes of o 509(a)(3). Checa ☐ Type  | on organized ar<br>ne or more pub<br>ck the box that on<br>the light in the lig | nd operated exclusive<br>blicly supported organ<br>describes the type of<br>Type II c | ely for the nizations supporting   | ne benefit<br>described<br>ng organiz<br>de III-Fund | t of, to point of the control of the | perform to<br>ion 509(and<br>dicompletintegrates | the funct<br>a)(1) or se<br>te lines 1<br>d             | ions of, ection 509<br>1e throug<br>d [ | 9(a)(2). Se<br>gh 11h.<br>] Type I | e <b>section</b>                      |
| g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?   | ө     | other than fou   | ndation manage  |   |                                    |  |  |  |   |   |                                    |                                       |
| following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?   | f     |  |   |   |                                    |  | that it is   | a Type   | I, Type I   | I, or Typ                               | e III supr                         |                                       |
| (iii) below, the governing body of the supported organization?   | 9     |  |   | he organization accep   | pted any                           | gift or co   | ontributio   | n from a   | ny of the   | •                                       |                                    |                                       |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above?  |       |  |   |   |                                    |  |  |  | describe  | d in (ii) ar                            |                                    | Yes No                                |
| h Provide the following information about the supported organization(s).  (i) Name of supported organization (ii) EIN  (iii) Type of organization (described on lines 1-9 above or (RC section (see instructions))  (iv) Is the organization (v) Did you notify the organization in col (i) of your support?  (vi) Is the organization in col (i) of your support?  (vii) Amount of support organization in col (i) organization in col (i) organized in the U.S.?  Yes No Yes No Yes No   |       | (ii) A family m  | ember of a pers   | on described in (i) abo   | ove?                               |  |  |  |   |   | 11g(ii)                            |                                       |
| (ii) Name of supported organization (described on lines 1-9 above or (RC section (see instructions))  (iii) Type of organization ((v) bit the organization in col. (i) isted in your governing document?  (iv) Is the organization in col. (i) of your support?  (vi) Is the organization in col. (i) organized in the U.S.?  Yes No Yes No Yes No   |       | (iii) A 35% cor  | trolled entity of   | a person described in   | n (i) or (ii) a                    | above?.  |  |  |   |   | 11g(iii)                           |                                       |
| organization (described on lines 1-9 above or (RC section (see instructions))   In col. (i) listed in your governing document?   vin col. (i) of your support?   vin col. (i) of your support.   vin col. (i) of your support. | h     |  |   |   |                                    |  |  |  |   |   |                                    |                                       |
| Yes No Yes No Yes No   | (i) I |  | (ii) EIN  | (described on lines 1–9<br>above or IRC section                                       | un col. (i) in                     | sted in your   | the organ  | nization in of your                              | tion in organization in col<br>our (i) organized in the |   | ol support                         |                                       |
| (A)  |       |  |   |   | Yes                                | No   | Yes  | No   | Yes   | No                                      |                                    |                                       |
|  | (A)   |  |   |   |                                    |  |  |  |   |   |                                    | •                                     |
| B)   | (B)   |  |   |   |                                    |  |  |  |   |   |                                    |                                       |
| (C)  | (C)   | 1  |   |   |                                    |  |  |  |   |   |                                    | · · · · · · · · · · · · · · · · · · · |
| (D)  | (D)   |  |   |   | -                                  |  |  |  |   |   |                                    |                                       |
| (E)  | (E)   |  |   |   |                                    | <b></b>  |  |  |   |   |                                    |                                       |
|  | Total | <del></del>  |   |   |                                    |  |  |  |   |   |                                    |                                       |
|  | Total |  |   |   |                                    |  | <u></u>  | 1  |   |   |                                    |                                       |

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.)

|           | on A. Public Support<br>dar year (or fiscal year beginning in) ▶  | (a) 2006                          | <b>(b)</b> 2007                   | (c) 2008                         | (d) 2009                          | (e) 2010                                     | (f) Total                               |
|-----------|---|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|--|---|
| 1         | Gifts, grants, contributions, and   | (4) 2000                          | (2) 200                           | (0)                              | (4)                               | (0,00.0                                      | (,, ::::::::::::::::::::::::::::::::::: |
| •         | membership fees received. (Do not include any "unusual grants.")  |                                   |                                   |                                  |                                   | 67,740.00                                    | 67,740.00                               |
| 2         | Tax revenues levied for the   |                                   |                                   |                                  |                                   | -  | · · · · · · · · · · · · · · · · · · ·   |
| _         | organization's benefit and either paid to or expended on its behalf   |                                   |                                   |                                  |                                   | 0.00   | 0.00                                    |
| 3         | The value of services or facilities furnished by a governmental unit to the organization without charge   |                                   |                                   |                                  |                                   | 0.00   | 0.00                                    |
| 4         | Total. Add lines 1 through 3  |                                   |                                   |                                  |                                   | 67,740.00                                    | 67,740.00                               |
| 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) | :                                 |                                   |                                  |                                   |  | 40,500.00                               |
| 6         | Public support. Subtract line 5 from line 4.  |                                   |                                   |                                  |                                   |  | 27,240.00                               |
|           | on B. Total Support   | ··                                |                                   | <del></del>                      | I                                 | 1  |   |
|           | dar year (or fiscal year beginning in)  | (a) 2006                          | <b>(b)</b> 2007                   | (c) 2008                         | (d) 2009                          | (e) 2010                                     | (f) Total                               |
| 7         | Amounts from line 4   |                                   |                                   |                                  |                                   | 67,740.00                                    | 67,740.00                               |
| 8         | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                                   |                                   |                                  |                                   | 0.00   | 0.00                                    |
| 9         | Net income from unrelated business  |                                   |                                   |                                  |                                   | <del> </del>                                 |   |
| 9         | activities, whether or not the business is regularly carried on   |                                   |                                   |                                  |                                   | 0.00   | 0.00                                    |
| 10        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |                                   |                                   |                                  |                                   | 0.00   | 0.00                                    |
| 11        | Total support. Add lines 7 through 10   |                                   |                                   |                                  |                                   |  | 67,740.00                               |
| 12        | Gross receipts from related activities, etc.  |                                   |                                   |                                  |                                   | 12   |   |
| 13        | First five years. If the Form 990 is for the organization, check this box and stop her  | re                                |                                   |                                  |                                   | ear as a section                             |   |
|           | on C. Computation of Public Suppor  |                                   |                                   |                                  |                                   |  |   |
| 14        | Public support percentage for 2010 (line 6  |                                   |                                   |                                  |                                   | 14   | <u>%</u>                                |
| 15<br>160 | Public support percentage from 2009 Sch<br>331/3% support test—2010. If the organiz   | redule A, Part                    | II, IINE 14 .<br>check the boy    |                                  |                                   | 15   | %                                       |
| 16a       | box and <b>stop here.</b> The organization qual   |                                   |                                   |                                  |                                   |  |   |
| b         | 331/3% support test—2009. If the organicheck this box and stop here. The organic  | ization did no                    | ot check a box                    | x on line 13 o                   | r 16a, and line                   |  |   |
| 17a       | 10%-facts-and-circumstances test—20<br>10% or more, and if the organization mee<br>Part IV how the organization meets the "forganization."  | ets the "facts-<br>acts-and-circu | and-circumsta<br>ımstances" te:   | inces" test, ch                  | eck this box a<br>ation qualifies | nd <b>stop here.</b> E                       | ine 14 is<br>xplain in                  |
| b         | 10%-facts-and-circumstances test—20<br>15 is 10% or more, and if the organizate<br>Explain in Part IV how the organization m<br>supported organization  | ion meets the<br>eets the "fact   | facts-and-cis-and-cis-and-circums | ircumstances"<br>tances" test. 1 | test, check the organization      | nis box and <b>st</b> o<br>on qualifies as a | p here.<br>publicly                     |
| 18        | <b>Private foundation.</b> If the organization di instructions  |                                   |                                   |                                  |                                   |  | see                                     |
|           |   |                                   |                                   | <del></del>                      |                                   |  |   |

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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.

2010
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization
Support for Educational and Economic Development aka SEED

Employer identification number 27-1309131

| Explanation of Form 990 EZ Part I, Line 10 Grants (Expenses)   | (Page 1 of 1)                                  |
|--|--|
| A total grant of \$ 23,900.00 was granted to Muslim Educational, Social and Cultural Organisation    | n (MESCO), a NGO in Hyderabad, India.          |
| \$ 23,900 = 1,100,834 Indian Rupees at a conversion rate of 1 US \$ = 46.06 Indian Rupees. Follow    | ving charitable activities were conducted:     |
| 1) A grant of \$ 14,545.00 (Rupees 670,000 00) were used to support education of 650 poor childr     | en at Huda School, in Hyderabad, city.         |
| \$ 10,160.00 (Rupees 468,000.00) - Provided Tuition assistance for the education of 300 students     |  |
| \$ 2,822 00 (Rupees 130,000.00) - Provided books for 400 students; Provided School uniforms, so      | chool bags and shoes to 130 students.          |
| \$ 1,563.00 (Rupees 72,000.00) - Provided financial assistance (Stipend) to 20 Orphans (\$ 6.5 /mo   | nth/student for one year). Total= \$ 14,545.00 |
| 2) \$ 3,647.00 (Rupees 168,000.00) - Granted Scholarsgips (Tuition fee for two years of Education    | ı) to 8 Students in Para-Medical               |
| 2-year Certificate and Diploma Courses at MESCO Diagnostic Center in Hyderabad, India.               |  |
| \$716.00 (Rupees 33,000.00) - Paid for Driver's Education of 10 Unemployed youth. Total = \$ 4,36    | 4.00   |
| 3) \$ 977.00 (Rupees 45,000.00) Financial assistance (Tuition fee for one year) for 15 destitute stu | dents in a residential school.                 |
| \$ 955.00 (Rupees 44,000.00) - Provided free medicines for one month to 250 Diabetic patients TI     | hrough Dr. G. A Trust Diabetic Clinics.        |
| Total = \$ 1,932.00  |  |
| 4) \$3,059 00 (Rupees 140,898.00) - Compensation paid to MESCO for Accounting Services (\$1,73       | 37.00; Rupees 80,000.00) + for Initial         |
| Administration expenses \$ 478.00 (Rupees 22,000.00). \$ 844.00 (Rupees 38,898.00) paid towards      | s purchase of                                  |
| 8 Computer Systems and furniture for AlSiddiq High School (500 students). Cost of 8 Computer         | Systems is \$ 2,236 00 (Rupees 103,000.00)     |
| Remaining money \$ 1,392.00 (Rupees 64,102.00) will be paid from year-2011 funds.                    |  |
| Total = 1+2+3+4 = \$14,545 + \$ 4,364 00 + \$ 1,932.00 + 3,059.00 = \$ 23,900.00                     |  |
| Address of MESCO: No. 22-1-1037/1, Shifa Khana Zohra, Darulshifa, Hyderabad, 500 024, A. P., I       | ndia   |
| Note: Money was transferred from Bank of America to Standard Chartered Bank in MESCO FCR             | RA Account # 44610022957.                      |
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2010 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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. Inspection Employer identification number

| Support for Educational and Economic Development aka SEED  | 27-1309131               |
|--|--------------------------|
| Explanation of Form 990 EZ Line 16 (Expenses)  | (Page 1 of 1)            |
| Other expenses = \$ 3,046.00   |                          |
| 1) IRS Application Fee to file for Tax Exempt Status = \$ 750.00   |                          |
| 2) Consultant fee for State and Federal (IRS) Registration = \$ 1,225.68                                     |                          |
| 3) Website development and upgrade expenses= \$ 820.00   |                          |
| 4) Alliance Bancard Online donations Service fee = \$ 71.50 (This service was cancelled because PayP         | al service was cheaper). |
| 5) PayPal Online donations Processing fee = \$ 178.75  |                          |
| Other Expenses Total Amount = 1 + 2 + 3 + 4 + 5 = \$ 750.00 + \$ 1,225.68 + \$ 820.00 + \$ 71.50 + \$ 178.75 | = \$ 3,046.00            |
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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. Inspection Employer Identification number

| Support for Educational and Economic Development aka SEED                      | 27-1309131    |
|--|---------------|
| Explanation of Form 990 EZ Part II , Line 26 (Total Liabilities)               | (Page 1 of 1) |
| The Corporation was started by obtaining an interest free loan of \$ 5,000.00. |               |
| During the year 2010, \$ 1,000.00 were paid back.                              |               |
| Total Liabilities at the year-end (2010) = \$ 4,000.00 (Loan)                  |               |
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

**Open to Public** Inspection Employer identification number

| Support for Educational and Economic Development aka SEED  | 27-1309131  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Explanation of Form 990 EZ Part III, Line 31 (Other Program Services)                                    | (Page 1 of 1)   |  |  |  |  |  |  |
| Grant of \$ 3,059.00 ( Rupees 140,898.00) was used as follows:   |   |  |  |  |  |  |  |
| 1) \$ 1, 737.00 (Rupees 80,000.00) were given to MESCO as compensation for Accounting Services for SEED. |   |  |  |  |  |  |  |
| 2) \$ 478.00 (Rupees 22,000.00) were given to MESCO as One-Time Administrative set-up expenses.          | 2) \$ 478.00 (Rupees 22,000.00) were given to MESCO as One-Time Administrative set-up expenses. |  |  |  |  |  |  |
| 3) \$ 844.00 (Rupees 38,898.00) were paid towards purchase of 8 Computer Systems for AlSiddiq High       | School (500 Students). Total cost   |  |  |  |  |  |  |
| of 8 Computer Systems is \$ 2,236.00 (Rupees 103,000.00). Remaining money \$ 1,392.00 (Rupees 64,10      | 2.00) will be paid from year-2011 funds.  |  |  |  |  |  |  |
| Total = 1 + 2 + 3 = \$ 1,737.00 + \$ 478.00 + \$ 844.00 = \$ 3,059.00                                    |   |  |  |  |  |  |  |
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