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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)

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

2022

MAR 20 2

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.

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning 01,01 2012, and ending 12,31 20 B Check if applicable C Name of organization D Employer identification number Address change Support for Educational & Economic Development aka SEED 27-1309131 Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 4805 Walton Heath Drive 972-697-6998 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number > Application pending Garland, Texas 75044-5122 **G** Accounting Method Cash Accrual Other (specify) ▶ H Check ► ☐ if the organization is **not** Website: ► www.seedhydusa.org required to attach Schedule B ☐ 527· (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 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 190,139 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 190,139 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 4 0 5a Gross amount from sale of assets other than inventory 0 Less: cost or other basis and sales expenses 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . C 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 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 Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold 0 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 0 8 Other revenue (describe in Schedule O) 8 0 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 190,139 10 Grants and similar amounts paid (list in Schedule O) 10 84,800 Benefits paid to or for members 11 11 0 12 S O 12 Salaries, other compensation, and employee benefits 0 Expenses 13 Professional fees and other payments to independent contractors 13 0 14 Occupancy, rent, utilities, and maintenance 14 0 15 Printing, publications, postage, and shipping . . . 15 5,066 16 Other expenses (describe in Schedule O) 16 4,564 17 Total expenses. Add lines 10 through 16 . 17 94,430 18 18 95,709 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 103,652 Net 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 21

199,361

							· «go =
Ра	rt II	Balance Sheets (see the instructions t					_
		Check if the organization used Schedule	O to respond to a	ny question in this			🔲
	_				(A) Beginning of year		(B) End of year
22		n, savings, and investments	· · · · · ·		103,652	22	199,361
23		d and buildings		<u> </u>	0	23	0
24		er assets (describe in Schedule O)			0	24	0
25		ll assets		[103,652	25	199,361
26		Il liabilities (describe in Schedule O)		[0	26	0
27		assets or fund balances (line 27 of column	<u>, , , </u>		103,652	27	199,361
Par	t III	Statement of Program Service Accom					Expenses
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III [(Re	equired for section
Wha	t is the	organization's primary exempt purpose?	charitable to educate	poor children, train	adults for jobs		1(c)(3) and 501(c)(4)
Desc as m	ribe the	e organization's program service accomplised by expenses. In a clear and concise m	shments for each of anner, describe the	f its three largest p	rogram services,	494	panizations and section 47(a)(1) trusts, optional others.)
pers	ons ber	nefited, and other relevant information for ea	ch program title.		,	"	outers.j
28	\$38,000	0= financial assistance for education to 1,096 s	students in 7 schools	: \$5.550= paid salari	es of 5 teachers		
		hools; \$8,860 = provided 24 computers for con					
		olarships for college education.	- J				
	(Grants		includes foreign gra	ints, check here	▶ ☑	28	a 62.430
29	·	= driver's education to 80 unemployed men; \$4	·				02,430
		= 25 scholarships for Teacher's Training cour					
	41,000	- 23 Scholarships for Teacher's Training Cours	363, \$34 IV - Italileu	130 laules III railorii	ig skiiis.		
	(Grants	s \$ 18,370.00) If this amount	includes foreign gra	ints check here	▶ 🔽	29	10 270
30		ed free medicines to 250 poor Diabetic patients				23	a 18,370
	1.104141	ed free medicines to 230 poor Diabetic patient	3 101 3 111011(113 8t 3 D	labetic Care Centers	•		
	(Grants	s \$ 4,000.00) If this amount	includes foreign gra	nts check here	▶ ☑	30	a 4,000
31		program services (describe in Schedule O)	moladoo foroign gra	into, oncor nore .		-	4,000
	(Grants	, -	includes foreign gra	nts check here		31:	_
32	3	program service expenses (add lines 28a t	hrough 31a)			32	
Par		List of Officers, Directors, Trustees, and Key					- 1
		Check if the organization used Schedule				Strut	
		The state of the s	·	(c) Reportable	(d) Health benefits,	<u>.</u>	· · · · · ·
		(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
			devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	 benefit plans, and deferred compensation 		other compensation
Dr S	aivad Er	areed Ahmed, President		,		+	
<u> </u>	alyau ra	areeu Annieu, Fresident	2.0				_
Mobe		Abdus Dohmon Vice Dresident	2.0		<u> </u>	쒸	0
MOUS	immed /	AbdurRahman, Vice President					_
1/11		-1- T	2.0		1	0	0
Knaji	a I. Bak	ale, Treasurer		_			_
			2.0	0) <u> </u>	<u> </u>	0
Syea	M. Hus	saini, Executive Director & Board member		_			
			20.0		<u> </u>	0	0
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Part	 Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this 					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	√		
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)					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?					
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<u> </u>		
c	14 1					
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	36		✓		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-1 1				
b	Did the organization file Form 1120-POL for this year?	37b		✓		
38a	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? .	38a	-	✓		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4				
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9					
a b	Gross receipts, included on line 9, for public use of club facilities	1				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1				
700	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0					
ь	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					
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		1		
41	List the states with which a copy of this return is filed ▶					
42a		972-69				
_	Located at ► 4805 Walton Heath Drive, Garland, Texas ZIP + 4 ►	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 account)?	42b	Yes	No ✓		
	If "Yes," enter the name of the foreign country:	'	i i			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1		
_		42c		1		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	420	l			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year					
			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		1		
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		
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	✓		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1				
	explanation in Schedule O	44d	ļ	<u> </u>		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	✓		
45b	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 instructions)	45h		1		

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								Yes	No		
		ne organization engage, directly or in ndidates for public office? If "Yes," o							1		
Part \	/1 :	Section 501(c)(3) organizations	only				· · · · · · · · · · · · · · · · · · ·				
		All section 501(c)(3) organization	s must answer que	stions 47–49b an	d 52, and	d complete th	e tables f	or lin	es		
		50 and 51							_		
		Check if the organization used Sci	nedule O to respond	to any question in	n this Par	t VI	• • • •	1.4	<u>.</u>		
47	U:4 *F	an arganization angaga in labbiling	antivities or house o	naction EO1/h) aloo	tion in off	iont during the	tov [Yes	No		
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C, Part II									1		
48	Is the	the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E									
		d the organization make any transfers to an exempt non-charitable related organization?									
		s," was the related organization a se							<u> </u>		
		nplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key bloyees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."									
	empic	byees) who each received more than	•	<u> </u>	-	lealth benefits,	e, enter i	vone.			
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	utions to employee plans, and deferred empensation	(e) Estimate other con				
None											
					 			_			
											
					-						
						<u>, . </u>					
				L			L				
		number of other employees paid ov		• •	<u> </u>	.					
51	\$100,	olete this table for the organization 000 of compensation from the organization	s five nignest compe unization. If there is no	ensated independe one, enter "None."	ent contra	ctors who each	n received	more	tnan		
(a) Name and address of each independent contractor paid more than \$100,000			(b) Type of s	(0	(c) Compensation						
None											
							······································				
					·						
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶	I	0				
		ne organization complete Schedule xempt charitable trusts must attach			ons and 49		► ✓ Yes	s □	No		
Under pe	enalties	of perjury, I declare that I have examined this d complete Declaration of preparer (other than	return, including accompan	ying schedules and state	ements, and	to the best of my k					
]	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				3101	2013				
Sign		Signature of officer			Date	<u> </u>					
Here		Saiyad Fareed Ahmad, President									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date	Check self-empk					
Prepa Use (Firm's name ▶				Firm's EIN ▶					
		Firm's address ▶				Phone no					
May th	e IRS	discuss this return with the prepare	r shown above? See	instructions			► ☐ Yes	s 🔲	No		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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 2012

Open to Public Inspection

Employer identification number support for Educational & Economic Development aka SEED 27-1309131 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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: 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.) 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 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 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. **c** Type III–Functionally integrated **b** Type II **d** Type III–Non-functionally integrated 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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 Yes No 11g(i) 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii)| Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vii) Amount of monetary (v) Did you notify (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? col (i) of your above or IRC section (i) organized in the support? US? (see instructions)) Yes Yes Yes No No No (A) (B) (C) (D) (E)

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Concac	ile A (1 01111 330 01 330-EZ) 2012						Page ∠
Part	• • • • • • • • • • • • • • • • • • • •)
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if the	organization	n failed to qua	
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, ple	ease comple	te Part III.)	
	on A. Public Support					_	
Caler	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			}			
	include any "unusual grants.")			67,740	128,750	190,139	386,629
2	Tax revenues levied for the			1			
	organization's benefit and either paid						
	to or expended on its behalf			0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u> </u>		0	0	0	0
4	Total. Add lines 1 through 3			67,740	128,750	190,139	386,629
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		į]			
	shown on line 11, column (f)		1				400 ==0
6	Public support. Subtract line 5 from line 4.		 				136,779
	on B. Total Support	<u> </u>	<u>.l</u> .				249,850
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(a) 2000	(5) 2000	67,740	128,750	190,139	386,629
8	Gross income from interest, dividends,			07,740	120,730	130,133	300,029
•	payments received on securities loans,					i	
	rents, royalties and income from similar			1			
	sources			0	o	o	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on			o	О	o	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets		1	1			
	(Explain in Part IV.)			0	0	0	0
11	Total support. Add lines 7 through 10						386,629
12	Gross receipts from related activities, etc	•			[12	0
13	First five years. If the Form 990 is for the	-			-		
Cooti	organization, check this box and stop he				· · · · ·		🕨 🗸
<u>3ecu</u> 14	on C. Computation of Public Suppor Public support percentage for 2012 (line 6			1! (6)		44	
15	Public support percentage for 2012 (line to Public support percentage from 2011 Sch					15	<u>%</u>
16a	331/3% support test—2012. If the organization						
	box and stop here. The organization qua						
b	331/3% support test-2011. If the organ	•		-			
_	check this box and stop here. The organi						
17a	10%-facts-and-circumstances test – 20		-				
	10% or more, and if the organization me						
	Part IV how the organization meets the "f						
	organization			_	-		
h	10%-facts-and-circumstances test – 20						
~	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m						
	supported organization						

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Support for Education and Economic development aka SEED

Employer identification number

27-1309131

Form 990-EZ, Part 1, Line 10: Total amount of grants = \$ 84,800.00 for charity. (Indian Rupees 4,211,168.00 at exchange rate 1 US \$ = 49.66 RS) \$76,400.00 were granted to Muslim Educational, Social and cultural organisation (MESCO) NGO in Hyderabad, India; \$4,000.00 were granted Zohra Orphanage, NGO in Gulbarga, India and \$4,000.0 were granted to Dr. G. A. Health Trust, NGO in Hyderabad, India. 1)\$38,000 financial assistance given to 1,096 students in the form of tuition, books, school uniforms at 8 schools (MJM Girls High school, Mewat Modern Academy, Igra Public School, AlHafeez Academy, PE Girls School, Huda High school, New Age Public School and School at Zohra Orphanage). 2) \$5,550.00 Paid salaries of 5 teachers at 3 schools (2 at MJM Girls High School, 2 at New Age Public School and one at Huda High School). 3) \$ 8,860.00 Provided 24 new computers to set up computer labs at 3 schools (9 computers at Mewat Modern Academy, 9 computers at Iqra Public school and 6 computers at MJm Girls high School). 4) \$10,020.00 Granted scholarships to 53 college students (29 scholarships to day scholars and 24 scholarships to students pursuing college degrees through "Distance education - Internet"). 5) \$4,100.00 Provided Driver's Training to 80 unemployed youth for employment. 6) \$4,830 Granted scholarships to 20 students for Para-Medical courses (XRay tech, Physician's assistant, Medical Lab Tech.etc). 7)\$4,030 granted scholarships to 25 girls for Teacher's Training course. 8)\$5,410 Operational expenses (teacher's salaries etc) for 3 training cenyers where 138 unemployed ladies were trained in Tailoring, **Embroidery and Craft skills.** 9)\$4,000.00 Provided free medicines to approximately 250 poor Diabetic patients at 3 Diabetic Care Centers operated by Dr. GAH Trust in Hyderabad, India. 1+2+3+4+5+6+7+8+9 = \$84,800.00

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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
Support for Education and Economic development aka SEED	27-1309131
Farm 000 F7 Bort 1 Line 10: Other Funences v 64 F04 00 Decides	
Form 990-EZ, Part 1, Line 16: Other Expenses + \$4,564.00 Details:	
Advertising = \$ 350.00	
Bank Service Fee = \$ 312.99	
Accounting Fee = \$ 300.00	
Filing Fee = \$ 45.00	
Fund Paicing expenses - \$ 729.95	
Fund Raising expenses = \$ 738.85	······································
Office supplies = \$ 305.88	
PayPal online donation processing Fee = \$1,581.11	
Travel & meetings = \$ 729.91	
Web Hosting Fee = \$ 200.00	
Total = \$ 4,563.74	