

OR

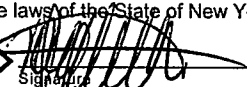
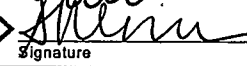
| | | |
|--|--|---|
| Form CHAR500 <small>This form used for Article 7-A EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)</small> | Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com | 2013 Open to Public Inspection |
|--|--|---|

1. General Information

| | | | |
|---|--|--|--|
| a. For the fiscal year beginning (mm/dd/yyyy) <u>01/01</u> / 2013 and ending (mm/dd/yyyy) <u>12/31/2013</u> | | | |
| b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending | c. Name of organization Seeds for Hope Inc. | | d. Fed. employer ID no. (EIN) (##-####-####) <div style="border: 1px solid black; padding: 2px;">20-1274393</div> |
| | e. NY State registration no. (##-##-###) <div style="border: 1px solid black; padding: 2px;">20-91-51</div> | | f. Telephone number <div style="border: 1px solid black; padding: 2px;">(516)882-7388</div> |
| | Number and street (or P.O. box if mail not delivered to street address) Room/suite PO Box 145 | | g. Email nkist@seedsforhope.org |
| City or town, state or country and zip + 4 Plainview, NY 11803 | | | |

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| | | | | |
|---|---|---|-----------------------------------|-----------------------------------|
| a. President or Authorized Officer |  <small>Signature</small> | Nadia Kist <small>Printed Name</small> | Chairman <small>Title</small> | 06/02/2014 <small>Date</small> |
| b. Chief Financial Officer or Treas. |  <small>Signature</small> | Irene Shenouda <small>Printed Name</small> | Treasurer <small>Title</small> | 6/2/2014 <small>Date</small> |

3. Annual Report Exemption Information

a. **Article 7-A annual report exemption** (Article 7-A registrants and dual registrants)
 Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.
NOTE: An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL annual report exemption** (EPTL registrants and dual registrants)
 Check if gross receipts did not exceed \$25,000 **and** assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.
Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? .. Yes* No
 * If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? Yes* No
 * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.

| | | |
|---|--------------|---|
| Indicate the filing fee(s) you are submitting along with this form: | | Submit only one check or money order for the total fee, payable to "NYS Department of Law" |
| a. Article 7-A filing fee | \$ 10 | |
| b. EPTL filing fee | \$ 25 | |
| c. Total fee | \$ 35 | |

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments →→→

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
- Professional fund raiser
 - Fund raising counsel
 - Commercial co-venturer

2. Name of FRP:

Number and street (or P.O. box if mail is not delivered to street address):

City or town, state or country and zip + 4:

3. FRP telephone number:
() -

4. Services provided by FRP (provide description):

5. Compensation arrangement with FRP (provide description):

6. Dates of contract (mm/dd/yyyy) through (mm/dd/yyyy)

7. Amount paid to FRP \$ _____

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law? Yes No

Schedule 4b: Government Contributions (Grants)

If you checked the box in question 4.b. on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

| Government Agency Name | Grant Amount |
|--|--------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
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| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Government Contributions (Grants) | \$ |

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

| Organization's Registration Type | Fee Instructions |
|----------------------------------|------------------|
|----------------------------------|------------------|

- | | |
|---------------|--|
| • Article 7-A | Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0. |
| • EPTL | Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. |
| • Dual | Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee. |

a) Article 7-A filing fee

| Total Support & Revenue | Article 7-A Fee |
|-------------------------|-----------------|
| more than \$250,000 | \$25 |
| up to \$250,000 * | \$10 |

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

| Net Worth at End of Year | EPTL Fee |
|--|----------|
| Less than \$50,000 | \$25 |
| \$50,000 or more, but less than \$250,000 | \$50 |
| \$250,000 or more, but less than \$1,000,000 | \$100 |
| \$1,000,000 or more, but less than \$10,000,000 | \$250 |
| \$10,000,000 or more, but less than \$50,000,000 | \$750 |
| \$50,000,000 or more | \$1500 |

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

| | | |
|--|--|--|
| For All Filers | | |
| <u>Filing Fee</u> | | |
| <input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law" | | |
| <u>Copies of Internal Revenue Service Forms</u> | | |
| <input type="checkbox"/> IRS Form 990 | <input type="checkbox"/> IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-PF |
| <input type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) |
| <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T |

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|---|
| Additional Article 7-A Document Attachment Requirement |
| <u>Independent Accountant's Report</u> |
| <input type="checkbox"/> Audit Report (total support & revenue more than \$250,000) |
| <input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000) |
| <input checked="" type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000) |

Information copy. Do not send to IRS.

Form **990-N**
Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard) for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 1/1/2013, and ending 12/31/2013

B Check if applicable
 Terminated, out of business
 Gross receipts are normally \$50,000 or less

C Name of organization: SEEDS FOR HOPE INC
dnbia

D Employer Identification Number
20-1274393

PO Box 145
Plainview, NY, US, 11803

E Website:
www.seedsforhope.org

F Name of Principal Officer: Nadia Kist

PO Box 145
Plainview, NY, US, 11803

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average time is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

This Form 990-N (e-Postcard) was accepted by the IRS on 4/14/2014.

COPY OF WITHIN PAPER
RECEIVED

JUN 16 2014

NYS OFFICE OF THE ATTORNEY GENERAL
CHARITIES BUREAU