

**Short Form  
Return of Organization Exempt From Income Tax**

**2011**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,  
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public  
Inspection**

**A** For the 2011 calendar year, or tax year beginning **07/08/11**, and ending **12/31/11**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input checked="" type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input checked="" type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>SAEED MINISTRIES, INC.</b></p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite <b>11132 W. TREELINE DR.</b></p> <p>City or town state or country and ZIP + 4 <b>BOISE ID 83713</b></p>	<p><b>D</b> Employer identification number <b>45-2822205</b></p> <p><b>E</b> Telephone number <b>208-559-2927</b></p> <p><b>F</b> Group Exemption Number</p>
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**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: **N/A**

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization 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.

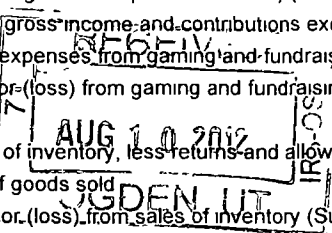
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **100**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>100</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>100</b>	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>28</b>
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>28</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>72</b>
	<b>19</b> 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)	<b>19</b>	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>72</b>

SCANNED AUG 23 2012



29 20

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O. Describe the organization's program service accomplishments for each of its three largest program services...

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Table with 2 columns: Description, Amount. Rows include: 28 INCREASE THE ADVANCEMENT OF THE CHRISTIAN RELIGION THROUGH ORPHANAGES, TV BROADCASTING...; 29; 30; 31 Other program services; 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include: SAEED ABEDINI, NAGHMEH PANAHI, ZIBANDEH ABEINIGALANGASHY, ELNAZ ABEINIGALANGASHY.

Part V Other Information (Note the Schedule A and personal benefit contract 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
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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
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)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	Did the organization file Form 1120-POL for this year?		X
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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	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		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed		NONE
42a	The organization's books are in care of		SAEED ABEDINI
	11132 W TREELINE DR		
	Located at		BOISE
	Telephone no		208-559-2927
	ID		
	ZIP + 4		83713
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information provided.

Sign Here ▶ SAEED ABEDINI  
Signature of officer  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
JOHN BERG, CPA	
Firm's name ▶	RIPLEY DOORN & COMPANY
Firm's address ▶	1140 S ALLANTE AVE BOISE, ID 83709-1676

May the IRS discuss this return with the preparer shown above? See instructions

**Public Charity Status and Public Support**

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

**SAEED MINISTRIES, INC.**

Employer identification number

**45-2822205**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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
- 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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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 IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					100	100
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3					100	100
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						100

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4					100	100
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						100

12 Gross receipts from related activities, etc (see instructions) 12

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II )

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.

**2011**

Open to Public  
Inspection

Name of the organization

**SAEED MINISTRIES, INC.**

Employer identification number

**45-2822205**

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

**DESCRIPTION**

**AMOUNT**

**EXPENSES**

**BANK CHARGES** \$ 28

**TOTAL \$** 28

**FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE**

**TO INCREASE THE ADVANCEMENT OF THE CHRISTIAN RELIGIAN THROUGH ORPHANAGES,  
TV BROADCASTING, CONFRENCES, SEMINARS, CRUSADES, LEADERSHIP TRAINING, AND  
BIBLE PRINTING.**



Bank of America, N A  
P O Box 25118  
Tampa, FL 33622-5118

H  
**Combined Statement**  
Page 1 of 4 000012396602  
Statement Period  
10/05/11 through 10/31/11  
E0 P PA 0A 67 0007310  
Enclosures 0




01343 001 SCM999 I1 0

SAEED MINISTRIES, INC  
11132 W TREELINE DR  
BOISE ID 83713-1066

Our Online Banking service allows you to check balances, track account activity and more  
With Online Banking you can also view up to 18 months of this statement online.  
Enroll at [www.bankofamerica.com/smallbusiness](http://www.bankofamerica.com/smallbusiness)

**Customer Service Information**  
[www.bankofamerica.com](http://www.bankofamerica.com)

For additional information or service, you may call  
 1-888-BUSINESS (1-888-287-4637)

Or you may write to:  
 Bank of America, N A  
P O Box 25118  
Tampa, FL 33622-5118

**Your Business Statement Summary**

Account Name	Account Number	Date	Statement Balance (\$)
<b>Deposit Accounts **</b>			
Business Economy Checking	0000 1239 6602	10-31	100.00
Business Investment Account	1390 1239 6602	10-31	0.00
<b>Total Deposit Account Balance</b>			<b>\$100.00</b>

\*\* Banking products such as checking and savings accounts are offered by Bank of America, N A , member FDIC Bank of America credit cards are issued and administered by FIA Card Services, N A

SAEED MINISTRIES, INC

Combined Statement  
Page 2 of 4 000012396602  
Statement Period  
10/05/11 through 10/31/11  
E0 P PA 0A 67  
Enclosures 0

**Deposit Accounts**

**Business Economy Checking**

SAEED MINISTRIES, INC

**Your Account at a Glance**

Account Number	0000 1239 6602	Statement Beginning Balance	\$0.00
Statement Period	10/05/11 through 10/31/11	Amount of Deposits/Credits	\$100.00
Number of Deposits/Credits	1	Amount of Withdrawals/Debits	\$0.00
Number of Withdrawals/Debits	0	Statement Ending Balance	\$100.00
Number of Deposited Items	1		
Number of Days in Cycle	27	Average Ledger Balance	\$100.00
		Service Charge	\$0.00

Remember, by using your Bank of America Small Business Check Card, Bank of America provides you with another way to avoid the monthly maintenance fee on your business checking account.

**Deposits and Credits**

Date Posted	Amount (\$)	Description	Bank Reference
10/05	100.00	Deposit 1005WA353P000650599661	000000650599661

**Daily Ledger Balances**

Date	Balance (\$)
10/05	100.00

SAEED MINISTRIES, INC

Combined Statement  
Page 3 of 4 000012396602  
Statement Period  
10/05/11 through 10/31/11  
EO P PA 0A 67 0007312  
Enclosures 0

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**Business Investment Account**

SAEED MINISTRIES, INC

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**Your Account at a Glance**

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Account Number	1390 1239 6602	Statement Beginning Balance	\$0.00
Statement Period	10/05/11 through 10/31/11	Amount of Deposits/Credits	\$0.00
Number of Deposits/Credits	0	Amount of Withdrawals/Debits	\$0.00
Number of Withdrawals/Debits	0	Statement Ending Balance	\$0.00
Number of Days in Cycle	27	Average Collected Balance	\$0.00
		Average Ledger Balance	\$0.00
		Service Charge	\$0.00

**Interest Information**

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Amount of Interest Paid	\$0.00	Interest Paid Year-to-Date	\$0.00
Annual Percentage Yield Earned This Statement Period	0.00%	Withholding Year-to-Date	\$0.00

## How To Balance Your Bank of America Account

**FIRST, start with your Account Register/Checkbook:**

- 1 List your Account Register/Checkbook Balance here - - - - - \$ \_\_\_\_\_
- 2 Subtract any service charges or other deductions not previously recorded that are listed on this statement - - - - - \$ \_\_\_\_\_
- 3 Add any credits not previously recorded that are listed on this statement (for example interest) - - - - - \$ \_\_\_\_\_
- 4 This is your NEW ACCOUNT REGISTER BALANCE - - - - - \$ \_\_\_\_\_

**NOW, with your Account Statement:**

- 1 List your Statement Ending Balance here - - - - - \$ \_\_\_\_\_
- 2 Add any deposits not shown on this statement - - - - - \$ \_\_\_\_\_

**SUBTOTAL**

- 3 List and total all outstanding checks, ATM, Check Card and other electronic withdrawals - - - - - \$ \_\_\_\_\_

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

- 4 TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals - - - - - \$ \_\_\_\_\_
- 5 Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal - - - - - \$ \_\_\_\_\_
- This Balance should match your new Account Register Balance - - - - - \$ \_\_\_\_\_

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement

### IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

**Change of Address** Please call us at the telephone number listed on the front of this statement to tell us about a change of address

**Deposit Agreement** When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers

**Electronic Transfers** In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared

- \* Tell us your name and account number
- \* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information
- \* Tell us the dollar amount of the suspected error

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation

**Reporting Other Problems** You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions

**Direct Deposits.** If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled



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Bank of America, N A  
P O. Box 25118  
Tampa, FL 33622-5118

**Combined Statement**  
Page 1 of 4 000012396602  
Statement Period  
11/01/11 through 11/30/11  
EO P PA 0A 67 0007283  
Enclosures 0



01343 001 SCM999 0

SAEED MINISTRIES, INC  
11132 W TREELINE DR  
BOISE ID 83713-1066

Our Online Banking service allows you to check balances, track account activity and more  
With Online Banking you can also view up to 18 months of this statement online.  
Enroll at [www.bankofamerica.com/smallbusiness](http://www.bankofamerica.com/smallbusiness)

**Customer Service Information**  
[www.bankofamerica.com](http://www.bankofamerica.com)

For additional information or service, you may call  
1-888-BUSINESS (1-888-287-4637)

Or you may write to:

Bank of America, N A  
P.O. Box 25118  
Tampa, FL 33622-5118

**Your Business Statement Summary**

Account Name	Account Number	Date	Statement Balance (\$)
<b>Deposit Accounts **</b>			
Business Economy Checking	0000 1239 6602	11-30	86.00
Business Investment Account	1390 1239 6602	11-30	0.00
<b>Total Deposit Account Balance</b>			<b>\$86.00</b>

\*\* Banking products such as checking and savings accounts are offered by Bank of America, N A , member FDIC Bank of America credit cards are issued and administered by FIA Card Services, N A

This holiday season, you can make 3 times the difference in the fight against hunger. For every \$1 you give through the Bank of America Gift for Opportunity Fund, we'll give \$2, up to \$500,000. Together, we'll donate thousands of meals to people in need through Feeding America's Give a Meal campaign. To give, visit [www.bankofamerica.com/give](http://www.bankofamerica.com/give).

SAEED MINISTRIES, INC

**Combined Statement**  
 Page 2 of 4      000012396602  
 Statement Period  
 11/01/11 through 11/30/11  
 E0 P PA 0A 67  
 Enclosures 0

**Deposit Accounts**

**Business Economy Checking**

SAEED MINISTRIES, INC

**Your Account at a Glance**

Account Number	0000 1239 6602	Statement Beginning Balance	\$100.00
Statement Period	11/01/11 through 11/30/11	Amount of Deposits/Credits	\$0 00
Number of Deposits/Credits	0	Amount of Withdrawals/Debits	\$14 00
Number of Withdrawals/Debits	1	Statement Ending Balance	\$86 00
Number of Deposited Items	0		
Number of Days in Cycle	30	Average Ledger Balance	\$100 00
		Service Charge	\$14 00

**Use your Bank of America Small Business Check Card to avoid the monthly maintenance fee on your business checking account. Contact a Bank of America associate to learn more.**

**Withdrawals and Debits**

**Other Debits**

Date Posted	Amount (\$)	Description	Bank Reference
11/30	14.00	Monthly Maintenance Fee	

**Daily Ledger Balances**

Date	Balance (\$)	Date	Balance (\$)
11/01	100.00	11/30	86.00

SAEED MINISTRIES, INC

Combined Statement  
Page 3 of 4 000012396602  
Statement Period  
11/01/11 through 11/30/11  
EO P PA 0A 67 0007285  
Enclosures 0

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**Business Investment Account**

SAEED MINISTRIES, INC

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**Your Account at a Glance**

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Account Number	1390 1239 6602	Statement Beginning Balance	\$0.00
Statement Period	11/01/11 through 11/30/11	Amount of Deposits/Credits	\$0.00
Number of Deposits/Credits	0	Amount of Withdrawals/Debits	\$0.00
Number of Withdrawals/Debits	0	Statement Ending Balance	\$0.00
Number of Days in Cycle	30	Average Collected Balance	\$0.00
		Average Ledger Balance	\$0.00
		Service Charge	\$0.00

**Interest Information**

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Amount of Interest Paid	\$0.00	Interest Paid Year-to-Date	\$0.00
Annual Percentage Yield Earned This Statement Period	0.00%	Withholding Year-to-Date	\$0.00



### How To Balance Your Bank of America Account

**FIRST, start with your Account Register/Checkbook:**

- 1 List your Account Register/Checkbook Balance here \$ \_\_\_\_\_
- 2 Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ \_\_\_\_\_
- 3 Add any credits not previously recorded that are listed on this statement (for example interest) \$ \_\_\_\_\_
- 4 This is your NEW ACCOUNT REGISTER BALANCE \$ \_\_\_\_\_

**NOW, with your Account Statement:**

- 1 List your Statement Ending Balance here \$ \_\_\_\_\_
- 2 Add any deposits not shown on this statement \$ \_\_\_\_\_

**SUBTOTAL**

- 3 List and total all outstanding checks, ATM, Check Card and other electronic withdrawals \$ \_\_\_\_\_

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 4 TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ \_\_\_\_\_
- 5 Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal  
This Balance should match your new Account Register Balance \$ \_\_\_\_\_

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement

### IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

**Change of Address** Please call us at the telephone number listed on the front of this statement to tell us about a change of address

**Deposit Agreement** When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers

**Electronic Transfers: In case of errors or questions about your electronic transfers**

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared

- Tell us your name and account number
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information
- Tell us the dollar amount of the suspected error

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation

**Reporting Other Problems** You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions

**Direct Deposits** If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled



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Bank of America, N A  
P O Box 25118  
Tampa, FL 33622-5118

**Combined Statement**  
Page 1 of 4 000012396602  
Statement Period  
12/01/11 through 12/31/11  
E0 P PA 0A 67 0004101  
Enclosures 0




03343 001 SCM999 0

SAEED MINISTRIES, INC  
11132 W TREELINE DR  
BOISE, ID 83713-1066

Our Online Banking service allows you to check balances, track account activity and more  
With Online Banking you can also view up to 18 months of this statement online.  
Enroll at [www.bankofamerica.com/smallbusiness](http://www.bankofamerica.com/smallbusiness)

**Customer Service Information**  
[www.bankofamerica.com](http://www.bankofamerica.com)

For additional information or service, you may call:  
1-888-BUSINESS (1-888-287-4637)

Or you may write to:  
 Bank of America, N A  
P O Box 25118  
Tampa, FL 33622-5118

**Your Business Statement Summary**

Account Name	Account Number	Date	Statement Balance (\$)
<b>Deposit Accounts **</b>			
Business Economy Checking	0000 1239 6602	12-31	72.00
Business Investment Account	1390 1239 6602	12-31	0.00
<b>Total Deposit Account Balance</b>			<b>\$72.00</b>

\*\* Banking products such as checking and savings accounts are offered by Bank of America, N A , member FDIC Bank of America credit cards are issued and administered by FIA Card Services, N A

SAEED MINISTRIES, INC

**Deposit Accounts**

**Business Economy Checking**

SAEED MINISTRIES, INC

**Your Account at a Glance**

Account Number	0000 1239 6602	Statement Beginning Balance	\$86.00
Statement Period	12/01/11 through 12/31/11	Amount of Deposits/Credits	\$0.00
Number of Deposits/Credits	0	Amount of Withdrawals/Debits	\$14.00
Number of Withdrawals/Debits	1	Statement Ending Balance	\$72.00
Number of Deposited Items	0		
		Average Ledger Balance	\$86.00
Number of Days in Cycle	31	Service Charge	\$14.00

Use your Bank of America Small Business Check Card to avoid the monthly maintenance fee on your business checking account. Contact a Bank of America associate to learn more.

**Withdrawals and Debits**

**Other Debits**

Date Posted	Amount (\$)	Description	Bank Reference
12/30	14.00	Monthly Maintenance Fee	

**Daily Ledger Balances**

Date	Balance (\$)	Date	Balance (\$)
12/01	86.00	12/30	72.00

SAEED MINISTRIES, INC

**Combined Statement**

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Statement Period

12/01/11 through 12/31/11

E0 P PA 0A 67

0004103

Enclosures 0

**Business Investment Account**

SAEED MINISTRIES, INC

**Your Account at a Glance**

Account Number	1390 1239 6602	Statement Beginning Balance	\$0 00
Statement Period	12/01/11 through 12/31/11	Amount of Deposits/Credits	\$0.00
Number of Deposits/Credits	0	Amount of Withdrawals/Debits	\$0.00
Number of Withdrawals/Debits	0	Statement Ending Balance	\$0.00
Number of Days in Cycle	1	Average Collected Balance	\$0.00
		Average Ledger Balance	\$0.00
		Service Charge	\$0.00

**Interest Information**

Amount of Interest Paid	\$0 00	Interest Paid Year-to-Date	\$0.00
Annual Percentage Yield Earned This Statement Period	0.00%	Withholding Year-to-Date	\$0.00

### How To Balance Your Bank of America Account

**FIRST, start with your Account Register/Checkbook:**

- 1 List your Account Register/Checkbook Balance here ..... \$ \_\_\_\_\_
- 2 Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... \$ \_\_\_\_\_
- 3 Add any credits not previously recorded that are listed on this statement (for example interest) ..... \$ \_\_\_\_\_
- 4 This is your NEW ACCOUNT REGISTER BALANCE ..... \$ \_\_\_\_\_

**NOW, with your Account Statement:**

- 1 List your Statement Ending Balance here ..... \$ \_\_\_\_\_
- 2 Add any deposits not shown on this statement ..... \$ \_\_\_\_\_

**SUBTOTAL** ..... \$ \_\_\_\_\_

- 3 List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

- 4 TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... \$ \_\_\_\_\_
- 5 Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal  
This Balance should match your new Account Register Balance ..... \$ \_\_\_\_\_

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement

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**Direct Deposits** If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled

**Application for Extension of Time To File an Exempt Organization Return**

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** on page 2 of this form

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>SAEED MINISTRIES, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>45-2822205</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>11132 W. TREELINE DR.</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BOISE ID 83713</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SAEED ABEDINI**  
**4737 N PENNFIELD PL**

- The books are in the care of ▶ **BOISE**

**ID 83713**

Telephone No ▶ **208-559-2927**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year **2011** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions