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Department of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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*

A For the 2008 calendar year, or tax year beginning

, 2008, and ending

| | | | |
|---|--|---|--|
| B Check if applicable | | C Name of organization The Association of Indian Muslims of America | D Employer identification number 52-1416611 |
| <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | Please use IRS label or print or type. See Specific Instructions. | E Telephone number (410) 730-5456 |
| | | Number and street (or P O box, if mail is not delivered to street address) P.O. Box 10654 | Room/suite |
| | | City or town, state or country, and ZIP + 4 Silver Spring MD 20914 | |
| | | F Group Exemption Number | |

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-FZ).**

G Accounting method: Cash Accrual
Other (specify) ►

| Website: ► N/A

• [Website](#).

Organization type (check only one) 501(c)(3) 1 (insert no.) 1927(c)(1)(B) 527

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990EZ.

► \$ 31,488.

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

| REVENUE | | CHANGES IN NET ASSETS OR FUND BALANCES (SEE THE INSTRUCTIONS FOR PART II) | |
|-------------|--|---|---------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 35,268. |
| 2 | Program service revenue including government fees and contracts | 2 | |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| b | Less cost or other basis and sales expenses | 5b | |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch) | | |
| 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/> | 6c | |
| a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| b | Less direct expenses other than fundraising expenses | 6b | |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | |
| b | Less cost of goods sold | 7b | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe ► Unrealized Losses on Invesment Accounts) | 8 | -3,780. |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 31,488. |
| RECEIVED | | | |
| MAY 18 2010 | | | |
| ODEN | | | |
| EXPENSES | | See L-10 Stmt | |
| 10 | Grants and similar amounts paid (attach schedule) | 10 | 16,801. |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | |
| 13 | Professional fees and other payments to independent contractors | 13 | 1,100. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | Printing, publications, postage, and shipping | 15 | 2,040. |
| 16 | Other expenses (describe ► See Other Expenses Statement) | 16 | 8,305. |
| 17 | Total expenses (add lines 10 through 16) | 17 | 28,246. |
| ASSETS | | | |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 3,242. |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 46,543. |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 49,785. |

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 32,483.22 | 39,505. |
| 23 Land and buildings | 0.23 | 0. |
| 24 Other assets (describe ▶ <u>See L-24 Stmt</u>) | 14,060.24 | 10,280. |
| 25 Total assets | 46,543.25 | 49,785. |
| 26 Total liabilities (describe ▶ _____) | 0.26 | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 46,543.27 | 49,785. |

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Attached Statement- Miscellaneous statement

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

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

| | | | | |
|----|---|---------------------------------------|-----|---------|
| 28 | To achieve me the tax exempt purpose, the organization makes educational fund grants, makes Relief-Rehabilitation Fund Grants, maintains a public relations program as well as social programs. (Grants \$ 16,801.) If this amount includes foreign grants, check here | ► <input checked="" type="checkbox"/> | 28a | 16,801. |
| 29 | ----- ----- ----- (Grants \$) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 29a | |
| 30 | ----- ----- ----- (Grants \$) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | ► <input type="checkbox"/> | 32 | 16,801. |

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

Part V | Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

| | Yes | No |
|----|-----|----|
| 33 | | X |
| 34 | | X |

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

► 37a | 0.

b Did the organization file **Form 1120-POL** for this year?

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 unpaid at the start of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► _____ ; section 4912 ► _____, section 4955 ► _____

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► _____

42a The books are in care of ► Kaleem Kawaja _____ Telephone no. ► (410) 730-5456
Located at ► 11649 Masters Run _____ Ellicott City _____ MD ZIP + 4 ► 21042

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country: ► _____

| | Yes | No |
|-----|-----|----|
| 42b | | X |
| 42c | | X |

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: ► _____

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.

► 43 |

| | Yes | No |
|----|-----|----|
| 44 | | X |
| 45 | | X |

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect 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 | |
| 47 | X | |
| 48 | X | |
| 49a | X | |
| 49b | | |

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

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

b If 'Yes,' was the related organization(s) a section 527 organization?

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

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

51 Complete this table for the 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 | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors receiving over \$100,000 ► | | |

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

Sign Here

K. Kawaja

Signature of officer

K. KAWAJA

Type or print name and title

5/13/2010

Date

Treasurer

Paid Preparer's Use Only

| | | | |
|---|------------------|---|--|
| Preparer's signature | Date | Check if self-employed ► <input type="checkbox"/> | Preparer's Identifying Number (See instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | Date 05/10/10 | EIN 52-1050063 | Phone no ► (410) 817-9100 |

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

BAA

► Yes No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

The Association of Indian Muslims of America

Employer identification number

52-1416611

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: (Please check only **one** organization.)

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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
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)**. (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
h

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

h Provide the following information about the organizations the organization supports.

Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | | |
| 4 Total. Add lines 1-3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|-----------|----------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------------------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | % |
| 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | ► <input type="checkbox"/> |

BAA

Schedule A (Form 990 or 990-EZ) 2008

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)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

| | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants") | 142,679. | 33,972. | 12,259. | 24,205. | 35,268. | 248,383. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | 9,000. | 5,000. | 4,282. | | | 18,282. |
| 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 Total. Add lines 1-5 | 151,679. | 38,972. | 16,541. | 24,205. | 35,268. | 266,665. |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | 125,000. | 0. | 0. | 150,000. | | 275,000. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | 0. | 0. | 0. | | | 0. |
| c Add lines 7a and 7b | 125,000. | 0. | 0. | 150,000. | | 275,000. |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 0. |

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

| | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 151,679. | 38,972. | 16,541. | 24,205. | 35,268. | 266,665. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 147. | 905. | 1,740. | | | 2,792. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 147. | 905. | 1,740. | | | 2,792. |
| 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 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | 269,457. |
| 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 ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00 % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | 45.23 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|--------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.04 % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | 1.12 % |
| 19a 33-1/3 support tests – 2008. 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 ► <input type="checkbox"/> | | |
| b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 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 ► <input checked="" type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

| | |
|---|---|
| Name as Shown on Return The Association of Indian Muslims of America | Employer Identification No. 52-1416611 |
|---|---|

| | Beginning of Year | End of Year |
|--|----------------------|----------------|
| Line 24 - Other Assets: | | |
| Galaxy Funds Prime Reserve Fund | 3,128. | 3,446. |
| Fidelity Growth & Income Portfolio Fund | 2,048. | 988. |
| Janus Worldwide Fund | 4,073. | 2,208. |
| Tweedy Brown - American Value Fund | 4,811. | 3,638. |
| | | |
| | | |
| | | |
| | | |
| Totals to Form 990-EZ, Part II, line 24 | 14,060. | 10,280. |
| Line 26 - Total Liabilities: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Totals to Form 990-EZ, Part II, line 26 | .. | .. |

Additional Information

Statement of Program Service Accomplishments - Primary Exempt Purpose

1. To provide financial and other assistance to the Muslim students, schools, colleges in India with a goal to improve education in the Muslim community in India.
2. Provide assistance to the Indian Muslim students who are studying in colleges in the United States.
3. To provide financial and other assistance for the relief and rehabilitation of Muslims in India who are affected by natural disasters or anti-minority violence.
4. To disseminate information in North America on the various problems, achievements and other affairs of the Muslim community in India.
5. To further harmony and friendship between Indian Muslims and others in the US: to further harmony and friendship between the Muslim community and others communities in India.
6. To provide a platform in the US where the expatriated Indian Muslims live in the US can come together to observe her social, religious and national events.

Miscellaneous Statement

| <u>Statement of Program Service Accomplishments- line 31</u> | |
|--|---------------|
| <u>Gujarat Today, India</u> | 1,000. |
| <u>To provide educational assistance to Muslim students</u> | |
| <u>Iqra Foudation, Chicago, Illinois</u> | |
| <u>To provide educational assistance to Muslim students</u> | 1,000. |
| Total | <u>2,000.</u> |

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

| | |
|----------------------------------|-------------------|
| Rental of Fundraising Facilities | 850. |
| Fundraising Catering | 2,523. |
| Fund Raising Entertainment | 1,200. |
| Fund Raising Supplies | 550. |
| Other Expenses | 3,182. |
| Total | <u>8,305.</u> |

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment To provide educational assistance to Muslim students or schools

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|---|------------------------|--------------|
| Grants | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Faiz-e-Aam Muslim Inter College Ayodhya, /Faizabad Faizabad INDI 22418-2 | None | 7,800. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment To provide educational assistance to Muslim students or schools

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|---|------------------------|--------------|
| Grant | Business ... <input checked="" type="checkbox"/> Person <input type="checkbox"/> Imarat Sharia School Phulwari Sharif, Patna Bihar INDI 80150-5 | None | 3,500. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment To provide educational assistance to Muslim students or schools

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|---|------------------------|---------------|
| Grant | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Muslim Education Society | None | |
| | Kerala, India | | |
| | Kerala <u>INDI</u> <u>00000-000</u> | | 3,500. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment To provide educational assistance to Muslim students or schools

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|---------------|
| Grant | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Gujarat Today | None | |
| | 33/A, Shah-E-Aalam | | |
| | Ahmedabad, Gujarat <u>INDI</u> <u>00000-000</u> | | 1,001. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment To provide educational assistance to Muslim students or schools

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|---------------|
| Grant | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Iqra Foundation | None | |
| | 7450 Skokie Boulevard | | |
| | Skokie <u>IL</u> <u>60077-3374</u> | | 1,000. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

| | | |
|---|---|--|
| Type or print File by the extended due date for filing the return. See instructions | Name of Exempt Organization The Association of Indian Muslims of America | Employer identification number 52-1416611 For IRS use only |
| | Number, street, and room or suite number. If a P O box, see instructions P.O. Box 10654 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions Silver Spring MD 20914-0654 | |
| | | |

Check type of return to be filed (File a separate application for each return).

| | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► Farzana Shakir Telephone No ► (410) 730-5456 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

- 4 I request an additional 3-month extension of time until Nov 16, 20 09
- 5 For calendar year 2008, or other tax year beginning , 20 , and ending , 20
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Additional time is necessary to assemble requisite data and information in order to properly prepare Form 990 Tax Return.

| | |
|--|-----------------|
| 8a 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 | 8a \$ <u>0.</u> |
| 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 and any amount paid previously with Form 8868 | 8b \$ <u>0.</u> |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs | 8c \$ <u>0.</u> |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Michael J. Brown Title ► President Date ► 3/1/09