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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Ī	For c	alend	ar year 2009, or	tax year beginni	ng		, 2009	, and ending	_ 		,	
	G C	heck	all that apply.	Initial return	Init	ial Return o	of a former p	ublic charity			Fin	al return
				Amended ret	urn		Address	change	Nam	ne cl	hange	
-	Use	the		·						Α	Employer identification nu	mber
	IRS	abel.		EEN FOUNDAT	'ION						95-4698812	
		rwise, int	1301 OCEA						r	В	Telephone number (see the	instructions)
		ype.	SANTA MONI	ICA, CA 904	01							
	See S	pecific	İ						Ī	С	If exemption application is	pending, check here
_	ınstru	ctions.								D '	1 Foreign organizations, che	
	Н	Chec	k type of organiz	ation X Sec	tion 50	1(c)(3 <u>)</u> exe	mpt private 1	oundation			2 Foreign organizations mee	ting the 85% test, check
_) nonexempt cha				private founda	ation	_	here and attach computati	
	I		arket value of all asso		J Acc		ethod XC	ash 💹 Acc	crual	Ε	If private foundation status under section 507(b)(1)(A	s was terminated
_			Part II, column (c), lir	·		Other (specify				F	If the foundation is in a 60	
₫,	<u>►</u>			3,499.	(Part I	, column (a) must be o	cash basis ,	<u> </u>		under section 507(b)(1)(B), check here
7	Part	ᆜ ′	Analysis of R				enue and	(b) Net inv	estmen	nt	(c) Adjusted net	(d) Disbursements
39			columns (b). (c).	e total of amount and (d) may not	s in neces-	expenses	per books	ıncor	ne	-	income	for charitable
ۯ		5	arily equal the a	imounts in colum	n (a)							purposes (cash basis only)
一.		1 1	see the instruction			ļ					-	
100		2		, grants, etc, received foundn is not req to at						\dashv		
\mathbf{Q}		1 3	Interest on sa	vings and tempo	rarv					\dashv		
빏			cash investme	ents	,		15,925.		5,92		115,925.	
2		4		erest from securities			50,753.	5	0,75	3.	50,753.	
	; ?	5	a Gross rents b Net rental income									
CANNED		ے ا	or (loss)	m sale of assets not or			74,340.	STATEMEN	AT. T			1
90	Ε	'	b Gross sales price f		420.		14,340.			\dashv		,
	Ž	7	assets on line 6a	come (from Part IV, Irr								1
	E N	įε		Lcapitat gain	۲	<u> </u>				\dashv		
	Ü	9	Income morphin	GENAED _								,
	_	10	a Gross sales less		<u> </u>							
		1	b Less Cost of goods sold	28 2010	18/				-			
		ł	c Gross-profit/(loss	28 2010	1 <u>561</u>			•				
		11	Other income	(attach schedule		<u> </u>						
			\ 00	3DEN OT	·							
_		12		es 1 through 11		2	241,018.	16	6,678	8.	166,678.	i
		13	•	fficers, directors, truste	es, etc		0.			\Box		
		14		•						_		
		15		, employee bene	fits							
	í	ן נ	a Legal fees (attach	attach sch) SEE	ст ₂		7,725.	-		\dashv		
			c Other prof fees (a		J1 Z	-	1,123.	-		\dashv		
	o '	17	' Interest	ttdoir sony						寸	• • • • • • • • • • • • • • • • • • • •	
	E	18	Taxes (attach schedule)	(see instr.) SEE S	E MT		1,084.				•	
	O P E R A T	1 18	Depreciation (attach						一		
	1	1 20	sch) and deple Occupancy	etion		-	=			_		
	N \			ences, and meet	inas					\dashv		
	A E	: 22	Printing and p		90					_		
	A E	23		es (attach schedu								
	ļ			SEE STATEME			2,158.					
	Ì	24	Total operatin	ig and administrated lines 13 through	ative		10,967.					
	•	25		s, grants paid STM'		1.0	063,158.			\dashv		1,063,158.
				s and disbursen			700,100.					1,003,130.
_			Add lines 24 a	and 25		1,0	74,125.		(0.	0.	1,063,158.
		27	Subtract line 2							T		
			a Excess of reve	enue over expen nents	ses	-8	33,107.					
				come (if negative, ente	r -0)		- , = - · •	16	6,678	8.1		
_		Ш.		ne (if negative, enter -							166,678.	
										_		

Part	II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year			f year
			(See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1			35,306.		26.	626.
		Savings and tempor	ary cash investments .	4,075,084.	3,225,4	<u>57.</u>	3,225,457.
	3	Accounts receivable	*				
		Less allowance for	doubtful accounts				
	4	Pledges receivable					
	i _	Less. allowance for	doubtful accounts				
	5	Grants receivable					
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see the instructions)				
٨	7	Other notes and loans rec					
ŝ		Less, allowance for					
A S E T		Inventories for sale	· ·				
Ţ	9	Prepaid expenses ar	nd deferred charges				
S		obligations (attach s	· · · · · ·				
	ı	Investments — corporate		1,773,352.	2,545,4	31.	2,545,431.
	1	: Investments — corporate	` '				
	11	Investments – land, equipment: basis	buildings, and				
		Less accumulated deprecedant (attach schedule) .	>				
	I	Investments - morto					
	13	Investments - other	(attach schedule)	6,295.	11,9	85.	11,985.
	14	Land, buildings, and e	quipment: basis				
		Less: accumulated deprect (attach schedule)	▶				
		Other assets (described Total assets (to be a see instructions. Also	be completed by all filers — o, see page 1, item I)	5,890,037.	5,783,4	99.	5,783,499.
Ļ	17	Accounts payable ar		-			1
A		Grants payable	·				
A B	19	Deferred revenue					
L	20	Loans from officers, direct	tors, trustees, & other disqualified persons				
L T	21	Mortgages and other notes	payable (attach schedule)				
i	22	Other liabilities (descr	ıbe ▶)				
E S	23	Total liabilities (add	lines 17 through 22)	0.		0.	
<u> </u>		Foundations that fol	low SFAS 117, check here X 24 through 26 and lines 30 and 31.	0.		0.	
N F E U T N	24	Unrestricted		5,890,037.	5,783,4	99.	
ŤŇ	25	Temporarily restricte	la de la companya de				
	26	Permanently restricted		·A			
A B A L A		Foundations that do and complete lines 2	not follow SFAS 117, check here > 27 through 31.				
E L	27	Capital stock, trust p	rincipal, or current funds				
SN	28	Paid-iñ or capital surplus,	or land, building, and equipment fund				
TANCES	29	Retained earnings, accumi	lated income, endowment, or other funds				
RS	30		und balances (see the instructions)	5,890,037.	5,783,4	99.	
	31	(see the instructions		5,890,037.	5,783,4	99.	
art	III]	Analysis of Chan	ges in Net Assets or Fund Balance	es			
1	Total end-o	net assets or fund ba of-year figure reported	alances at beginning of year – Part II, colud d on prior year's return)	mn (a), line 30 (must ag	gree with	1	5,890,037.
		amount from Part I,			ļ ,	2	-833,107.
		increases not included in lir		6	ŀ	3	726,569.
		ines 1, 2, and 3				4	5,783,499.
5	Decrea	ises not included in line 2 (temize)			5	
6	Total	net assets or fund ba	alances at end of year (line 4 minus line 5)	- Part II, column (b), I	ine 30	6	5,783,499.

Pai	(a) List and describe	_OSSES for Tax on Investmen e the kind(s) of property sold (e g , r se, or common stock, 200 shares ML	eal estate,	(b) How acquired P — Purchase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1:	N/A		,	D — Donation	 	
<u></u>				<u> </u>	 	
				·		
- (1					
)				_	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gain or (e) plus (f) m	
)					
t	····					·····
			·			
	<u> </u>					
		I ing gain in column (h) and owned by	the foundation on 12/21/66	<u> </u>		
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (i), if a	1 (1)	(I) Gains (Coli jain minus column (I an -0-) or Losses (fr	(), but not less
	· · · · · · · · · · · · · · · · · · ·		0//		`	
<u>`</u>						
					·	
	l					
					•	
2	Capital gain net income or (net	capital loss) If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		
3	Net short-term capital gain or (loss) as defined in sections 1222(5)				
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see the instructions)) If (loss), enter -0-	. 3		
Päi		Section 4940(e) for Reduce	d Tax on Net Investme		<u>i</u>	
If se	ction 4940(d)(2) applies, leave the the foundation liable for the sectors, the foundation does not quality	tion 4942 tax on the distributable an ify under section 4940(e) Do not co	nount of any year in the bas implete this part	se period?	N/A	☐ No
_1	Enter the appropriate amount in	n each column for each year, see th	e instructions before makin	g any entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets (col	(d) Distributior umn (b) divided	
	2008					
	2007					
	2006					
	2005					
	2004				1	
2	Total of line 1, column (d)			2		
3	Average distribution ratio for th number of years the foundation	e 5-year base period — divide the to has been in existence if less than t	otal on line 2 by 5, or by the	3		
4	Enter the net value of nonchard	table-use assets for 2009 from Part	X, line 5	4		
5	Multiply line 4 by line 3			5		
_	_	(10) (5) (1) (27)				
6	Enter 1% of net investment inc	ome (1% or Part I, line 2/b)		6		· · · · · · · · · · · · · · · · · · ·
7	Add lines 5 and 6			7		
8	Enter qualifying distributions from	·		8		
	If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI,	line 1b, and complete that	part using a 1%	tax rate See to	he

Form 990-PF (2009) THE AL-AMEEN FOUNDATION 95-4698812		Р	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instruc	tions)		
1 a Exempt operating foundations described in section 4940(d)(2), check here			
Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,		3,3	<u> 334.</u>
check here ☐ and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			ĺ
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
foundations only Others enter -0-).			0.
3 Add lines 1 and 2		3,3	<u> 334.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3,3	334.
6 Credits/Payments	,		- 1
a 2009 estimated tax pmts and 2008 overpayment credited to 2009 6a 6, 366.	-		1
b Exempt foreign organizations — tax withheld at source			1
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld			
7 Total credits and payments Add lines 6a through 6d 7		6,3	<u> 366.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax 3,032. Refunded 11		3,0)32.
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax 3, 032. Refunded 11 Part VII-A Statements Regarding Activities			<u>0.</u>
	т	V	N _a
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		х
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?	1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation \$ 0. (2) On foundation managers \$ 0.	1		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If 'Yes,' attach a detailed description of the activities	-		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If 'Yes,' attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
● By language in the governing instrument, or			1
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
with the state law remain in the governing instrument?	6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions) N/A			
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation	8b	Х]
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses			
	10 rm 990	-PF (X (2009)

•					
Forn	n 990-PF (2009) THE AL-AMEEN FOUNDATION	95-4698812	2	F	age:
Par	t VII-A Statements Regarding Activities Continued				-5-
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	application?	13	Х	
	Website address ► N/A				1
14	The books are in care of ► SATTAR & ASSOCIATES, CPA'S Telephone in Located at ► 515. S. FIGUEROA ST., # 1620 LOS ANGELES CA ZIP + 4 ►	no. • (213) 90071-3334		-044	4_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	20071 233	Ī N/A		T
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	14/11	•	N/A
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	a During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes X No			
t	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ıs) [?]		N	/A
	Organizations relying on a current notice regarding disaster assistance check here	▶ []			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	_	 1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)	i)(2)			
	all years listed, answer 'No' and attach statement — see the instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b	N	/A
c	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	ere			
	► 20 20 20 20 20		, ,		ſ

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase.

Yes X No

b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

3b N/A
4a X
4b X

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Part VII-B Statements Regarding Activiti		1 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	r any amount to:			_	
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	on (section 4945(e))?	∐ Yes ∑	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?			No	
(3) Provide a grant to an individual for travel,	-	•	∐ Yes ∑	∐ No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instr	uctions)	Yes [No	
(5) Provide for any purpose other than religior educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes [No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistani	ce check here	· - [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible 'Yes,' attach the statement required by Regional Statement (equired by Regional Statement).	sibility for the grant?		N/A Yes	No	
6a Did the foundation, during the year, receive ar on a personal benefit contract?			∐Yes ∑	K No	
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	iums, directly or indirec	ctly, on a personal bene	fit contract?	6Ь	X
7a At any time during the tax year, was the found	dation a party to a proh	iibited tax shelter transa	ction? Yes	K No	
b If yes, did the foundation receive any proceed				7b	N/A
Part VIII Information About Officers, Di	irectors, Trustees,	Foundation Manag	jers, Highly Paid	Employees	,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions)	 	
i uist an omeers, anectors, trastees, touridate	(b) Title and average		(d) Contributions to	(e) Expense	account
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances
SEE STATEMENT 7					
		0.	0		0.
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1- see in	structions). If none,		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	other allo	account, wances
NONE		-			
			V		
Total number of other employees paid over \$50,000)	· · · · · · · · · · · · · · · · · · ·		-	0

	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	NONE	
2		
3		
4		
		======================================
Pai	Summary of Program-Related Investments (see instructions)	

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

All other program-related investments See instructions

Total. Add lines 1 through 3

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see instructions.)	Orcigiri	ouridations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1 a	2,313,028.
b Average of monthly cash balances	1 b	3,358,007.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	5,671,035.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		· · · · · · · · · · · · · · · · · · ·
	o.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d .	3	5,671,035.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	85,066.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,585,969.
6 Minimum investment return. Enter 5% of line 5	6	279,298.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op	erating fo	undations
and certain foreign organizations check here ▶ □ and do not complete this	part.)	
1 Minimum investment return from Part X, line 6	1	279,298.
2a Tax on investment income for 2009 from Part VI, line 5 . 2a 3, 33	4.	
b Income tax for 2009 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	3,334.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	275,964.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	275,964.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	275,964.
Part XIII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	1,063,158.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required) .	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,063,158.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,063,158.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years		,
qualifies for the section 4940(e) reduction of tax in those years BAA		Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				275 064
2 Undistributed income, if any, as of the end of 2009				275,964.
a Enter amount for 2008 only			0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 945, 408.				
b From 2005 739, 185. c From 2006 322, 007.				
d From 2007 300, 020.				
e From 2008 670, 164.				
f Total of lines 3a through e	2,976,784.			
4 Qualifying distributions for 2009 from Part				
XII, line 4 ► \$1, 063, 158.	;			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)	T.100	0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			;
d Applied to 2009 distributable amount				275,964.
e Remaining amount distributed out of corpus	787,194.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				!
came amount must be shown in solution (a)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,763,978.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		<u> </u>
e Undistributed income for 2008 Subtract line 4a from				
line 2a Taxable amount — see instructions		-	0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			; ! !
, , ,				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	945,408.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	2,818,570.			
10 Analysis of line 9:	İ			
a Excess from 2005 739, 185.				
b Excess from 2006 322,007. c Excess from 2007 300,020.				ļ
d Excess from 2008 670, 164.				
e Excess from 2009 787, 194.	İ			
AA			<u>-</u>	F 000 PF (0000)

Form 990-PF (2009) THE AL-AMEEN FOU				95-4698812	2 Page 10
Part XIV Private Operating Foundation					N/A
1a If the foundation has received a ruling or one is effective for 2009, enter the date of the	ruling				
b Check box to indicate whether the foundate		erating foundation o		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	r	
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
b 85% of line 2a.		<u></u>			
c Qualifying distributions from Part XII, line 4 for each year listed					<u></u>
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	-	<u> </u>			
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income			ļ.,	<u>. </u>	
Part XV Supplementary Information	(Complete this	part only if the	organization ha	ad \$5,000 or mor	e in
assets at any time during th Information Regarding Foundation Management		istructions.)			
a List any managers of the foundation who is close of any tax year (but only if they have NONE		ore than 2% of the than \$5,000). (See	total contributions r section 507(d)(2))	received by the found	dation before the
b List any managers of the foundation who ca partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a cor 0% or greater inter	poration (or an equ est	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran	t Citt Loon Sobo	Javahin eta Duanu			···
Check here • X if the foundation only n requests for funds If the foundation make complete items 2a, b, c, and d.	nakes contributions	to preselected cha	ırıtable organization	s and does not acce anizations under oth	pt unsolicited er conditions,
a The name, address, and telephone number	r of the person to	whom applications	should be addresse	d	
a me name, acarece, and tereprene name	To the person to	mom applications	should be addresse	u	
b The form in which applications should be s	submitted and info	rmation and materia	als they should inclu	ude	
c Any submission deadlines					<u></u>
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charita	ble fields, kinds of	institutions, or other	factors
BAA	TE	EA0310L 07/06/09		F	orm 990-PF (2009)

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	- CONTRIBUTION	
a Paid during the year	Substantial contributor			
Total			► 3a	
b Approved for future payment			► 3b	-
i otal			► 3b	1

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a					
b	 				<u> </u>
c	 		+ +		
d	+		- 		
e			 		
g Fees and contracts from government agencies			+		
2 Membership dues and assessments			 		_
3 Interest on savings and temporary cash investments			14	115,925.	
4 Dividends and interest from securities			14	50,753.	, <u> </u>
5 Net rental income or (loss) from real estate				,	
a Debt-financed property					· · · · · · · · · · · · · · · · · · ·
b Not debt-financed property					-
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			14	74,340.	
9 Net income or (loss) from special events.					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
С	<u> </u>				
d	 		ļ		
			1 1		
e	 				
Subtotal. Add columns (b), (d), and (e)			,	241,018.	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			,	241,018.	241,018.
See worksheet in the instructions for line 13 to verify c	•		,	13	241,018.
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	•	shment of Exemp	ot Purpose	13	241,018.
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e). See worksheet in the instructions for line 13 to verify columns (b). The No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			13 <u></u>	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	descr	ne organization directly ibed in section 501(c)	of the Code (o	engage in any of th ther than section 5	ie following wit 501(c)(3) organ	h any ot iizations)	her organizatio) or in section !	n 527,	1,11	Yes	No
		ng to political organizat				-14					
	(1) C	fers from the reporting	iouridation to	a nonchantable e	xempt organiza	ation of			1 a (1)		$\overline{\mathbf{x}}$
(2) Other assets											X
b Other transactions											<u> </u>
(1) Sales of assets to a noncharitable exempt organization .									1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization										X
		ental of facilities, equip			241011				1 b (2) 1 b (3)		X
		eimbursement arrange							1 b (4)		X
	` '	oans or loan quarantee							1 b (5)		X
	(6) P	erformance of services	or membersh	np or fundraising s	olicitations				1 b (6)		X
		ng of facilities, equipme				ees.			1c		X
									<u> </u>	<u> </u>	
	d If the the go any to	answer to any of the a pods, other assets, or s ansaction or sharing a	ibove is 'Yes,' services given rrangement, s	complete the follo by the reporting fo how in column (d)	wing schedule oundation If th the value of th	Columr e founda e goods	n (b) should alv ation received l ,, other assets,	vays show the fair ess than fair mark or services receive	market val et value in ed	ue of	
(a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt	organization	(d)	Description of tran	sfers, transactions, and	sharing arrar	ngemen	ts
N	/A										
			_								
											
_											
_			<u> </u>								
_			 								
				•							
_			 	•							
			ļ								
_			<u> </u>								
_			}			ļ					
_			 								
											
_											
_			 								
	descr	foundation directly or ibed in section 501(c) cs,' complete the following	of the Code (o ng schedule	ther than section 5	501(c)(3)) or in	section	527?		Yes	X	No
<u></u>	/7	(a) Name of organizati	on	(b) Type c	of organization		<u>(c</u>) Description of re	lationship		
11/	/A										
		 									
											
											
\neg	Under pena	lities of perjury, I declare that I	have examined th	ıs return, including accor	mpanying schedules	and states	ments, and to the be	est of my knowledge and	helief, it is trui	e. corre	ct and
	complete I	Declaration of preparer (other t	han taxpayer or fid	luciary) is based on all in	iformátion of which	preparer ha	as any knowledge				.,
S	-						0-25-10	. •			
S I G N	Signa	ature of officer or trustee				Date		Title			
HERE	Paid Pre-		kawa RIA A. SA	а. Да ве TTAR	a	Date	118/10	Check if (See	parer's Identify Signature in 0378443	the inst	
Ë	parer's	Firm's name (or SATT)	AR & ASSO		'S		· ~···	EIN ► 95398			
	Use Only	yours if self- employed), > 515	S. FIGUER		E 1600						
_]				CA 90071-33				Phone no ► (2:	13) 623	-044	4
BA	A								Form 99	0-PF	(2009)

2009

FEDERAL STATEMENTS

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THE AL-AMEEN FOUNDATION

95-4698812

STATEMENT 1 FORM 990-PF, PART I, LINE 6A NET GAIN (LOSS) FROM NONINVENTORY SALES PER BOOKS ASSETS NOT INCLUDED IN PART IV

DESCRIPTION:

2000 BLACKSTONE GROUP LP

DATE ACQUIRED: HOW ACQUIRED: 2/23/2009 PURCHASE 12/21/2009

DATE SÖLD: TO WHOM SOLD:

GROSS SALES PRICE: COST OR OTHER BASIS:

26,859.

8,552.

BASIS METHOD:

COST

GAIN (LOSS)

18,307.

DESCRIPTION:

1000 BP PRUDHOE BAY RTY TR

DATE ACQUIRED: HOW ACQUIRED:

3/02/2009 PURCHASE 12/21/2009

DATE SOLD: TO WHOM SOLD:

70 27

GROSS SALES PRICE: COST OR OTHER BASIS: 79,371. 55,551.

BASIS METHOD:

COST

GAIN (LOSS)

23,820.

DESCRIPTION:

2000 PROLOGIS SHS OF BENEFICIAL INT

DATE ACQUIRED: HOW ACQUIRED: DATE SOLD: 2/23/2009 PURCHASE 12/21/2009

TO WHOM SOLD:

GROSS SALES PRICE:

27,670.

COST OR OTHER BASIS:

14,819.

BASIS METHOD:

COST

GAIN (LOSS)

12,851.

DESCRIPTION:

1000 PROSHS ULTRASHT S&P500

DATE ACQUIRED: HOW ACQUIRED:

2/26/2009 PURCHASE

DATE SOLD:

12/21/2009

TO WHOM SOLD: GROSS SALES PRICE:

13,835.

COST OR OTHER BASIS:

6,243.

BASIS METHOD:

COST

GAIN (LOSS)

7,592.

DESCRIPTION:

500 SPDR GOLD TRUST

DATE ACQUIRED: HOW ACQUIRED: 4/08/2009 PURCHASE 12/21/2009

DATE SOLD: TO WHOM SOLD:

GROSS SALES PRICE:

COST OR OTHER BASIS:

55,685. 43,915.

BASIS METHOD:

COST

GAIN (LOSS)

11,770.

TOTAL \$

74,340.

20	na
ZU	UJ

PAGE 2

THE AL-AMEEN FOUNDATION

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239,000.

STATEMENT 2	
FORM 990-PF, PART I, LINE 168	3
ACCOUNTING FEES	

	(A)	(B) NET	(C)	(D)
	EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
	PER BOOKS	INCOME	NET INCOME	PURPOSES
ACCOUNTING & TAX PREP FEES	TOTAL \$ 7,725. \$ 7,725.	\$ 0.	\$ 0.	\$ 0.

STATEMENT 3 FORM 990-PF, PART I, LINE 18 **TAXES**

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX REFUND	TOTAL	\$ 4,000. -2,916. \$ 1,084.	\$ 0.	\$ 0.	<u>\$ 0.</u>

STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

					(A) PENSES R BOOKS	(B) NET INVESTMENTINCOME	NE	(C) ADJUSTED ET INCOME	_	(D) IARITABLE PURPOSES
BANK CHARGES FOREIGN TAX OTHER TAXES,	LICENSES	&	FEES		\$ 1,530. 568. 60.					
				TOTAL	\$ 2,158.	\$ 0	<u>. \$ </u>	0.	\$	0.

STATEMENT 5 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

HELP BATTERED WOMEN

AASRA

2306 DANMAR COURT LOMITA, CA 90717

NONE

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

EXEMPT ORGANIZATION

AMOUNT GIVEN:

CLASS OF ACTIVITY: RELIGIOUS/EDUCATIONAL DONEE'S NAME: ISLAMIC CENTER OF SO. CAL DONEE'S ADDRESS: 434 SO. VERMONT AVENUE LOS ANGELES, CA 90020

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT ORGANIZATION

2	0	0	9
_	•	v	•

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THE AL-AMEEN FOUNDATION

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STATEMENT 5 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN:

11,100.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

AMOUNT GIVEN:

CHARITABLE

MPAC FOUNDATION

3010 WILSHIRE BLVD. #217 DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

3010 WILSHIRE BLVD. #2
LOS ANGELES, CA 90010
NONE
EXEMPT ORGANIZATION

296,667.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

AMOUNT GIVEN:

EDUCATIONAL

URDU MARKAZ INTERNATIONAL

721 HILL ST., # 111 SANTA MONICA, CA 90405

NONE

5,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

AMOUNT GIVEN:

EDUCATIONAL

COPAA

1458 MANHATTAN AVENUE FULLERTON, CA 92831

NONE

HEALTH/EDUCATIONAL

KHARADAR GENERAL HOSPITAL AGA KHAN ROAD, KHARADAR KARACHI, PAKISTAN

9.500.

20,000.

20,000.

24,950.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

CLASS OF ACTIVITY:

AMOUNT GIVEN:

EDUCATIONAL NEW HORIZON SCHOOL - WESTSIDE

1819 SAWTELLE BLVD

LOS ANGELES, CA 90025

NISWA

NONE

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT ORGANIZATION

HELP BATTERED WOMEN

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

DONEE'S NAME:

DONEE'S ADDRESS:

PO BOX 1403

LOMITA, CA 90717

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

AMOUNT GIVEN:

DONEE'S NAME:

EDUCATIONAL

DEVELOPMENT IN LITERACY

895 HOLY GLEN DR.

LONG BEACH, CA 90815

NONE

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

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ZU	u	y

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THE AL-AMEEN FOUNDATION

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STATEMENT 5 (CONTINUED)	
FORM 990-PF, PART I, LINE 25	
CONTRIBUTIONS, GIFTS, AND GRANTS	ò

AMOUNT GIVEN:

15,000.

CLASS OF ACTIVITY:

WELFARE BAIT-UL-SAKOON

DONEE'S NAME: DONEE'S ADDRESS:

D-284/1, KDA EXTENTION KARACHI, PAKISTAN NONE

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION AMOUNT GIVEN:

5,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

WELFARE BANTVA MEMON KHIDMAT COMMITTEE

NAWB MAHABAT KHANJI ROAD

KARACHI, PAKISTAN

NONE

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: NONE EXEMPT ORGANIZATION

AMOUNT GIVEN:

15,000.

10,000.

7,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

WELFARE

BANTVA TOWN MEMON WELFARE COMM

506-5TH FLOOR TABIR PLAZA

KARACHI, PAKISTAN

WELFARE

RELATIONSHIP OF DONEE: RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
NONE
EXEMPT ORGANIZATION

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

ISLAMIC RELIEF 1919 W. MAGNOLIA BLVD., BURBANK, CA 91506

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

CLASS OF ACTIVITY:

AMOUNT GIVEN:

DONEE'S NAME: DONEE'S ADDRESS:

HEALTH CARE / WELFARE KUTIYANA MEMON HOSPITAL

AGA KHAN/G ALLANA ROAD, KHARADA

KARACHI, PAKISTAN

NONE

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

EXEMPT ORGANIZATION

10,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

EDUCATION

MEMON EDUCATION BOARD

G.K. 2/10 KASSIM HAMIR STREET

KARACHI, PAKISTAN

NONE

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

AMOUNT GIVEN:

10,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S NAME: DONEE'S ADDRESS:

EDUCATION

PAKISTAN MEMON WOMEN EDU. SOC.

KHARADAR

KARACHI, PAKISTAN

RELATIONSHIP OF DONEE: NONE CORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

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PAGE 5

THE AL-AMEEN FOUNDATION

95-4698812

STATEMENT 5 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN:

20,000. Ś

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
EXEMPT ORGANIZATION

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
EXEMPT ORGANIZATION

ART & CULTURE PACIFIC ASIA MUSEUM

46 NORTH LOS ROBLES AVENUE

PASADENA, CA 91101

NONE

5,000.

WELFARE

BEMA TRUST

G.K. 5/16 ZAINAB MANZIL KARACHI, PAKISTAN NONE

20,000.

WELFARE

HOOSENI YATEEM KHANA

441 NISHER ROAD, GARDEN WEST

KARACHI, PAKISTAN

10.000.

5,000.

5,000.

HEALTH CARE

NEURO-CARE JINNAH HOSPITAL WARD 16, JINNAH P.G. MED CTR.

KARACHI, PAKISTAN

NONE

EDUCATIONAL
NEW HORIZON SCHOOL-LOS ANGELES

434 S VERMONT AVE.

LOS ANGELES, CA 90020

NONE

EXEMPT ORGANIZATION

10,000.

HEALTH CARE

SHAUKAT KHANUM MEMORIAL TRUST 7A, BLOCK R-3, M.A. JOHAR TOWN

LAHORE, PAKISTAN

NONE

WELFARE

BANTAVA MEMON JAMAT

O.T. 5/7-8 TARIQ BIN ZIAD ROAD

KARACHI-74000, PAKISTAN

2009

FEDERAL STATEMENTS

PAGE 6

THE AL-AMEEN FOUNDATION

95-4698812

STATEMENT 5 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN:

\$ 25,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

MOUNT GIVEN:

WELFARE

BANTAVA MEMON RAHAT COMMITTEE

BUNDERMAL LANE

KARACHI, PAKISTAN

NONE

EXEMPT ORGANIZATION

AMOUNT GIVEN:

15,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CHILD GROWTH SOCIETY OF PAKIST

NATIONAL INSTITUTE OF CHILD HEALTH

KARACHI, PAKISTAN

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT ORGANIZATION

AMOUNT GIVEN:

10,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

EDUCATIONAL

COASTLINE COMMUNITY COLLEGE

FOUNTAIN VALLEY, CA 92708

DONEE'S ADDRESS:

11460 WARNER AVENUE
FOUNTAIN VALLEY, CA 9
RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT ORGANIZATION

AMOUNT GIVEN:

5,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

HEALTH/WELFARE ST LUKES ROOSEVELT DEPT OF SURGERY 1000 TENTH AVE. STE 2B NEW YORK, NY 10019

NONE

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: NON PROFIT

AMOUNT GIVEN:

41,685.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

EDUCATIONAL
THE CITIZEN FOUNDATION KHAMISO GOTH SCHL
7TH FL, NIC BLDG, ABBASI SHAHEED RD
KARACHI, 75530
NONE

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

28,010.

48,200.

AMOUNT GIVEN:

RELATIONSHIP OF DONEE:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

EDUCATIONAL
THE CITIZEN FOUNDATION JUMA HIMAYATI GOT
7TH FL, NIC BLDG, ABBASI SHAHEED RD
KARACHI, 75530

RELATIONSHIP OF DONEE: RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
EXEMPT ORGANIZATION

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS: CHARITABLE

VARIOUS CHARITIES

RELATIONSHIP OF DONEE: NONE ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

2009 FED	DERAL STATEMENTS	PAGE 7	
ТНІ	THE AL-AMEEN FOUNDATION		
STATEMENT 5 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS			
AMOUNT GIVEN:	\$	29,470.	
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	HEALTH CARE JINNAH HOSPITAL WARD 16, JINNAH P.G. MED CTR. KARACHI, PAKISTAN		
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:	NONE EXEMPT ORGANIZATION	76,576.	
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SOCIAL AWARENESS GLOBALGIVING 1023 15TH STREET NW 12TH FLOOR WASHINGTON, DC 20005		
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:	NONE EXEMPT ORGANIZATION	6,000.	
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	CHARITABLE SSGWI 210 OLD TAPPAN ROAD TAPPAN NEW YORK, NY 10983		
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:	NONE	5,000.	
	TOTAL \$ 1	,063,158.	
STATEMENT 6 FORM 990-PF, PART III, LINE 3 OTHER INCREASES UNREALIZED GAIN	TOTAL \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	726,569. 726,569.	
STATEMENT 7 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUST	EES, AND KEY EMPLOYEES	-	
NAME AND ADDRESS	TITLE AND CONTRI- AVERAGE HOURS COMPEN- BUTION TO PER WEEK DEVOTED SATION EBP & DC	EXPENSE ACCOUNT/ OTHER	
AMINA ADAYA 1301 OCEAN AVE SANTA MONICA, CA 90401	DIRECTOR \$ 0. \$ 0. \$		

20	^	^
ZU	U	7

PAGE 8

THE AL-AMEEN FOUNDATION

95-4698812

STATEMENT 7 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
GAZALA SHAUK 1301 OCEAN AVE SANTA MONICA, CA 90401	CFO 0	\$ 0.	\$ 0.	\$ 0.
TEHMINA ADAYA 1301 OCEAN AVE SANTA MONICA, CA 90401	SECRETARY 0	0.	0.	0.
NARGIS DADA 1301 OCEAN AVE SANTA MONICA, CA 90401	DIRECTOR 0	0.	0.	0.
SALIM ADAYA 1301 OCEAN AVE SANTA MONICA, CA 90401	DIRECTOR 0	0.	0.	0.
RUKSANA MOHAMMED 1301 OCEAN AVE SANTA MONICA, CA 90401	DIRECTOR 0	0.	0.	0.
NASREEN HAROON 1301 OCEAN AVE SANTA MONICA, CA 90401	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545 1709

-	filing for an Automatic 3-Month Extension, complete only Part I and check this box	► <u>X</u>
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	
	lete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Form 8868
Fait, Me	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 c	omplete Part I only
All other corp income tax re	orations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request eturns	an extension of time to file
the additiona Form 990-T	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more det www irs gov/efile and click on e-file for Charities & Nonprofits.	composite or consolidated
	Name of Exempt Organization	Employer identification number
Type or print	THE AL-AMEEN FOUNDATION	95-4698812
File by the	Number, street, and room or suite number. If a P.O. box, see instructions	
due date for filing your return See	1301 OCEAN AVENUE	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SANTA MONICA, CA 90401	
Check type of	f return to be filed (file a separate application for each return)	
Form 990	Form 990-T (corporation) Form 472	0
Form 990	-BL Form 990-T (section 401(a) or 408(a) trust) Form 522	7
Form 990		9
X Form 990	-PF Form 1041-A Form 887	0
Telephone If the org If this is f	are in the care of SATTAR & ASSOCIATES, CPA'S No (213) 623-0444 FAX No (213) 623-0442 anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) for box If it is for part of the group, check this box and attach a list with the names a sion will cover	
	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
	$8/15$, 20 10 _ , to file the exempt organization return for the organization named above ension is for the organization's return for	
► [X]	calendar year 20_ <u>09</u> _ or	
▶ □	tax year beginning, 20, and ending, 20	
2 If this ta	ax year is for less than 12 months, check reason Initial return Final return C	hange in accounting period
3a If this a nonrefu	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	3a \$ 3,334.
	pplication is for Form-990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	3b \$ 6,366.
deposit	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) tructions	3c\$ 0.
Caution. If yo payment inst	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For ructions	m 8879-EO for
BAA For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev 4-2009)

Form 8868	(Rev 4-2009)			Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and che	ck this bo	x	<u> </u>
Note. Only	complete Part II if you have already been granted an automatic 3-month extension on a pre-	viously file	d Form 8868	3.
• If you a	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. Only file the origin	nal (no c	opies nee	ded).
	Name of Exempt Organization	Employ	er identification	ı number
Type or		[
print	THE AL-AMEEN FOUNDATION	95-	4698812	
Edo by the	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS	use only	
File by the extended due date for	SATTAR & ASSOCIATES, CPA'S			
filing the return See	515 S. FIGUEROA ST. SUITE 1600			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions			į
	LOS ANGELES, CA 90071-3334			
	e of return to be filed (File a separate application for each return)		_	
Form 9		1-A	<u></u>	Form 6069
Form 9		0	f	Form 8870
Form 9				
	not complete Part II if you were not already granted an automatic 3-month extension on a p	reviously	filed Form 8	868
	oks are in care of SATTAR & ASSOCIATES, CPA'S			
	one No ► (213) 623-0444 FAX No. ► (213) 623-0442			
	rganization does not have an office or place of business in the United States, check this box			▶ [
	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			. If this is for the
J	p, check this box [] If it is for part of the group, check this box [] and attach a list	st with the	names and	EINs of all
	he extension is for			
	uest an additional 3-month extension of time until $11/15$, 20 10			
	alendar year 2009 , or other tax year beginning , 20 , 20 , and endir	~ _		, 20
	s tax year is for less than 12 months, check reason			counting period
	in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS			4E_TO
GAT	HER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE	TAX RE	TURN.	
 		_		
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	ny	8a \$	3,334.
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estir	nated tax	000	
	sapplication is for Form 99047, 99041, 4720, or 6003, enter any retaindable credits and esti- lents made. Include any prior year overpayment allowed as a credit and any amount paid pre-			
with F	Form 8868	_	8b \$	6,366.
c Balar with f	nce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, d FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See i	eposit nstrs	8c \$	0.
	Signature and Verification			
Under penaltie correct, and co	is of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of implete, and that I am authorized to prepare this form	my knowledg	e and belief, it is	true,
Signature -	Title ▶		Date ►	
RΔΔ	FIF70502L 03/11/09		Form !	8868 (Rev 4-2009)

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545 1709

If you are	e filing for an Automatic 3-Month	Extension, complete only Part I and che	ck this box	► X
If you are	filing for an Additional (Not Aut	omatic) 3-Month Extension, complete on	ily Part II (on page 2 of thi	s form)
Do not comp	olete Part II unless you have alrea	dy been granted an automatic 3-month e	extension on a previously f	iled Form 8868
Partil 🕍 /	Automatic 3-Month Extens	ion of Time. Only submit original	(no copies needed).	
		, , , , , , , , , , , , , , , , , , ,	(· · · · · · · · · · · · · · · · · · ·	
A corporation	required to file Form 990-T and	requesting an automatic 6-month extensi	ion – check this box and o	complete Part I only.
All other core	porations (including 1120-C filers)	, partnerships, REMICS, and trusts must	use Form 7004 to request	an extension of time to file
income tax re	eturns	, , , , , , , , , , , , , , , , , , , ,		
Electronic Fi	ling (e-file). Generally, you can e	ectronically file Form 8868 if you want a on required to file Form 990-T). However,	3-month automatic extens	ion of time to file one of the
returns noted	I below (6 months for a corporation of the corporat	on required to file Form 990-T). However, ion or (2) you file Forms 990-BL, 6069, o	, you cannot file Form 886	8 electronically if (1) you want
Form 990-T	Instead, you must submit the full	v completed and signed page 2 (Part II) (of Form 8868 For more de	etails on the electronic filing of
this form, vis	it www.irs.gov/efile and click on e	e-file for Charities & Nonprofits		•
	Name of Exempt Organization	, , ,		Employer identification number
Type or				
print	THE AL-AMEEN FOUNDAT	ION		95-4698812
File by the	Number, street, and room or suite number			
due date for filing your return See	1301 OCEAN AVENUE			
instructions	City, town or post office, state, and ZIP coo	e For a foreign address, see instructions		
	SANTA MONICA, CA 904	01		
Check type o	of return to be filed (file a separate			
Form 990	_	Form 990-T (corporation)	Form 472	20
Form 990	·	Form 990-T (section 401(a) or 408(a) t	 	
Form 990	·	Form 990-T (trust other than above)	Form 606	
X Form 990		Form 1041-A	Form 887	
[22] 1 01111 990		11 01111 1041-7	[F0111 887	0
• The beaks	ore in the care of CATTAR	c ACCOCTATES CDAIS		
• The books	s are in the care of <u>SATTAR</u>	« ASSOCIATES, CFA 5		
Talaabaaa	N (212) (22 0444	FAVAL > (212)	CO2 0440	
		FAX No. ► (213)		. —
		or place of business in the United States		
	·	anization's four digit Group Exemption Nu		•
		he group, check this box 🕨 🔲 and atta	ich a list with the names a	nd EINs of all members
	sion will cover			
		ns for a corporation required to file Form		
	8/15, 20_10_, to file tension is for the organization's re	the exempt organization return for the or	rganization named above	
	_	starri ior		
	calendar year 20_09_ or	00	00	
	tax year beginning	, 20, and ending		
2 If this to	ax year is for less than 12 months	s, check reason Initial return	Final return C	hange in accounting period
3a If this a nonrefu	ipplication is for Form 990-BL, 99 indable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the ter	ntative tax, less any	3a \$ 3,334.
b If this a made I	ipplication is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and ϵ nt allowed as a credit	estimated tax payments	3b \$ 6,366.
deposit	e Due. Subtract line 3b from line with FTD coupon or, if required, structions	3a Include your payment with this form, by using EFTPS (Electronic Federal Tax	or, if required, Payment System)	3c \$ 0.
Caution. If yo payment inst		ic fund withdrawal with this Form 8868, s	ee Form 8453-EO and For	m 8879-EO for
BAA For Pri	vacy Act and Paperwork Reducti	on Act Notice, see instructions.		Form 8868 (Rev 4-2009)

Form 8868	(Rev 4-2009)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check t	his box		► X
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	nsion on a previous	sly filed Form	1 8868	
If you i	are filing for an Automatic 3-Month Extension, complete only Part I (on page				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies	needed)	
	Name of Exempt Organization		Employer identi	fication numb	er
Γγpe or					
print	THE AL-AMEEN FOUNDATION		95-46988	312	
	Number street and room or suite number If a P O box, see instructions		For IRS use only	у	
ile by the xtended	SATTAR & ASSOCIATES, CPA'S		ì		
lue date for iling the	515 S. FIGUEROA ST. SUITE 1600				_
eturn See nstructions	City town or post office, state, and ZIP code. For a foreign address, see instructions				
	LOS ANGELES, CA 90071-3334				
heck typ	e of return to be filed (File a separate application for each return)				
Form 9		Form 1041-A		Form	6069
Form	990-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720		Form	8870
Form	P90-EZ Form 990-T (trust other than above)	Form 5227			
	not complete Part II if you were not already granted an automatic 3-month ex		iously filed F	orm 8868.	
	oks are in care of ► SATTAR & ASSOCIATES, CPA'S				
	none No ► (213) 623-0444 FAX No ► (213) 623	-0442			
	organization does not have an office or place of business in the United States,		-		▶ [
	is for a Group Return, enter the organization's four digit Group Exemption Nui			lf th	ــا nis is for the
		and attach a list w	uth the name		
•	the extension is for	and attach a hat w	itti tile tiarrie	3 0110 21113	0. 4
	uest an additional 3-month extension of time until $11/15$, 20 1	10			
	calendar year 2009 , or other tax year beginning , 20			20	
6 If th	s tax year is for less than 12 months, check reason Initial return	Final return	Change	in account	
	e in detail why you need the extension TAXPAYER RESPECTFULLY				• .
	THER INFORMATION NECESSARY TO FILE A COMPLETE AND				
_0		7.7.000.41.17	77 101010		
9 a 16 th	is application is far Form 000 PL 000 PE 000 T 4720 or 6060 anter the test	atus tou less pou			
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent refundable credits. See instructions.	alive lax, less arry	8 a	\$	0
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	credits and estimat			
payı	ments made. Include any prior year overpayment allowed as a credit and any		usly	.	7 024
with	Form 8868		8ь	\$	7,834
c Bala	ince Due. Subtract line 8b from line 8a. Include your payment with this form, of	or, if required, depo	sit	ċ	0
With	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		rs 8c	<u> </u>	
Hoder nenali	Signature and Verificatio		knowledge and h	eliaf its true	
correct and	ies of perjury, I declare that I have examined this form, including accompanying schedules and statemen complete and that I am authorized to prepare this form	is, and to the best of my	MIOWICUGE AIRE D		1 ,
Signature	Tucania a patar Tille . CPA		D-	nte - 8/	10/10
S.g.io.ure	THE THE				_
ВАА	FIFZ0502L 03/11/09			Form 8869	Rev 4-200
5 77	FIF 20302L 03/11/09			UIIII 0000	11164 41200