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## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public  
InspectionA For the 2010 calendar year, or tax year beginning **2010**, and ending

## B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

INDIAN MUSLIM RELIEF AND CHARITIES  
1000 SAN ANTONIO ROAD  
PALO ALTO, CA 94303

## D Employer identification number

27-0058132

## E Telephone number

(650) 856-0440

## G Gross receipts \$ 3,654,795.

## H(a) Is this a group return for affiliates?

 Yes  No

## H(b) Are all affiliates included?

If 'No,' attach a list (see instructions)

 Yes  NoI Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527J Website: ► [WWW.IMRC.WS](http://WWW.IMRC.WS)K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 2003 M State of legal domicile CA

## Part I Summary

2010 Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>HELP INDIA'S MUSLIMS AND MINORITIES ACHIEVE SECURITY, FREEDOM, EQUALITY AND THEIR RIGHTS AS CITIZENS OF INDIA</b>
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 7
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

JUN 2010 Revenue	8 Contributions and grants (Part VIII, line 1h) 3,357,360. 3,048,781.
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 346,105. 592,414.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,484. 13,600.
	12 Total revenue Add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,708,949. 3,654,795.
SCANNED Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,446,170. 2,627,965.
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 135,744. 162,428.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>97,816.</b> 97,816.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24) 314,374. 347,494.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,896,288. 3,137,887.
	19 Revenue less expenses Subtract line 18 from line 12 812,661. 516,908.
Net Assets or Fund Balances	Beginning of Current Year
	20 Total assets (Part X, line 16) 13,134,216. 13,659,032.
	21 Total liabilities (Part X, line 26) 2. 3,923.
	22 Net assets or fund balances Subtract line 21 from line 20 13,134,214. 13,655,109.

## Part II Signature Block

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	► 	Date <b>5/16/11</b>
	► <b>MANZOOR GHORI</b>	PRESIDENT
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name <b>AMI SHAH CPA</b>	Preparer's signature <b>AMI SHAH CPA</b>
	Firm's name <b>AMI SHAH CPA</b>	Date <b>5/16/11</b>
	Firm's address <b>2002 THE ALAMEDA # 100 SAN JOSE, CA 95126</b>	Check <input checked="" type="checkbox"/> if self employed PTIN <b>N/A</b>
		Firm's EIN ► <b>N/A</b>
		Phone no <b>(408) 717-3012</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

25  
2-17

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission

HELP INDIA'S MUSLIMS AND MINORITIES ACHIEVE SECURITY, FREEDOM, EQUALITY AND THEIR RIGHTS AS CITIZENS OF INDIA2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ 1,057,004. including grants of \$ 1,000,000.) (Revenue \$ \_\_\_\_\_)  
SEE SCHEDULE O4b (Code \_\_\_\_\_) (Expenses \$ 692,950. including grants of \$ 692,950.) (Revenue \$ \_\_\_\_\_)  
QURBANI PROGRAM: IMRC DISTRIBUTED 325 TONS OF FOOD GRAINS WHICH PROVIDED 3 MILLION MEALS. 25 TONS OF WHEAT FLOUR WAS DISTRIBUTED AS FITRA FOR 6,000 FAMILIES. IMRC HELPED AN APPROXIMATE 35,000 BENEFICIARIES. THE 2010 QURBANI PROGRAM WAS HELD ACROSS 103 DISTRIBUTION CENTERS. WITH 2,000 QURBANIS PERFORMED, MEAT WAS DISTRIBUTED TO OVER 12,000 FAMILIES, BENEFITTING 60,000 PEOPLE.4c (Code. \_\_\_\_\_) (Expenses \$ 421,706. including grants of \$ 394,610.) (Revenue \$ \_\_\_\_\_)  
SEE SCHEDULE O4d Other program services. (Describe in Schedule O) SEE SCHEDULE O  
(Expenses \$ 560,415. including grants of \$ 500,405.) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 2,732,075.

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 X

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 X

3 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 3 X

4 **Section 501(c)(6) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 X

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X

11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X

b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X

c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11c X

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11d X

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11f X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a X

b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 14b X

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 X

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X

20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20a X

b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b

## Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III

23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).

a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

Yes  No

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

	Yes	No
21		X
22		X
23		X
24a		X
24b		
24c		
24d		
25a		X
25b		X
26	X	
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35		X
36		X
37		X
38		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable **1a** 6  
 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable **1b** 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c** X

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 7  
 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b** X  
 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **3a**  
 b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O **3b**

4a 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)? **4a** X  
 b If 'Yes,' enter the name of the foreign country. ► **INDIA**  
 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a** X  
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b** X  
 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? **5c**

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? **6a** X  
 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b**

**7 Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7a** X  
 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? **7b**  
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c** X  
 d If 'Yes,' indicate the number of Forms 8282 filed during the year **7d**  
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e** X  
 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f** X  
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g**  
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **7h**

**8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **8**

**9 Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966? **9a**  
 b Did the organization make a distribution to a donor, donor advisor, or related person? **9b**

**10 Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12 **10a**  
 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**

**11 Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders **11a**  
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**  
 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year **12b**

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **13a**  
 Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**  
 c Enter the amount of reserves on hand **13c**

**14a** Did the organization receive any payments for indoor tanning services during the tax year? **14a** X  
 b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **14b**

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11	
b Enter the number of voting members included in line 1a, above, who are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers of key employees of the organization	15b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►	CA	
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply		
<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website	<input checked="" type="checkbox"/> Upon request
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O		
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	►	MANZOOR GHORI 1000 SAN ANTONIO ROAD PALO ALTO CA 94303 650 856 0440

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) MANZOOR GHORI CEO	40						52,000.	0.	0.
(2) KHAJA HUSAIN TREASURER	8						15,000.	0.	0.
(3) ZAFAR SHAIKH PRESIDENT	20						0.	0.	0.
(4) NAHID ALINIAZEE VICE PRESIDENT	2						0.	0.	0.
(5) MAQSOOD QUADRI VICE PRESIDENT	2						0.	0.	0.
(6) ABDULLAH WAJAHAT SECRETARY	6						0.	0.	0.
(7) SHAHED JAVEED ASST. TREASURER	5						0.	0.	0.
(8) NAJMUL HAI BOARD MEMBER	2						0.	0.	0.
(9) AHSAN SYED BOARD MEMBER	2						0.	0.	0.
(10) RAAFAY MOHAMMED BOARD MEMBER	2						0.	0.	0.
(11) JAHANGIR ALAM BOARD MEMBER	2						0.	0.	0.
(12) _____									
(13) _____									
(14) _____									
(15) _____									
(16) _____									
(17) _____									

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(c) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
(26)									
(27)									
(28)									
(29)									
1b Sub-total						►	67,000.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	0.	0.	0.
d Total (add lines 1b and 1c)						►	67,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,048,781.			
	g Noncash contributions included in lns 1a-1f		\$			
<b>h Total.</b> Add lines 1a-1f			3,048,781.			
PROGRAM SERVICE REVENUE	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
3 Investment income (including dividends, interest and other similar amounts)		610,599.	359,278.		251,321.	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents	(i) Real	(ii) Personal				
b Less rental expenses	13,600.					
c Rental income or (loss)	13,600.					
d Net rental income or (loss)			13,600.		13,600.	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)			-18,185.	-18,185.		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)						
See Part IV, line 18	a					
b Less, direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less, cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		3,654,795.	341,093.	0.	264,921.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,627,965.	2,627,965.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	52,000.	0.	52,000.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	95,731.		95,731.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,697.		14,697.	
11 Fees for services (non-employees)				
a Management	15,000.	15,000.		
b Legal	120.	120.		
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	39,996.	10,000.	29,996.	
12 Advertising and promotion	11,733.			11,733.
13 Office expenses	9,626.		9,626.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	59,639.	46,617.		13,022.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,734.			26,734.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,198.		39,198.	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PRINTING AND PUBLICATIONS	51,424.	21,375.		30,049.
b CREDIT CARD MERCHANT FEES	24,851.		24,851.	
c POSTAGE AND SHIPPING	20,023.	3,745.		16,278.
d PROPERTY TAX	14,117.		14,117.	
e INSURANCE	8,762.		8,762.	
f All other expenses	26,271.	7,253.	19,018.	
25 Total functional expenses Add lines 1 through 24f	3,137,887.	2,732,075.	307,996.	97,816.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2010)

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>				
1	Cash – non-interest-bearing	1,098,651.	1	1,208,410.
2	Savings and temporary cash investments	2,755,681.	2	2,791,897.
3	Pledges and grants receivable, net	68,450.	3	166,865.
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	15,000.	5	15,000.
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net	1,193,000.	7	1,346,000.
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,475,158.		
b	Less accumulated depreciation	130,588.	10c	1,344,570.
11	Investments – publicly traded securities	6,544,666.	11	6,531,754.
12	Investments – other securities See Part IV, line 11		12	
13	Investments – program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	75,000.	15	254,536.
16	<b>Total assets</b> Add lines 1 through 15 (must equal line 34)	13,134,216.	16	13,659,032.
<b>LIABILITIES</b>				
17	Accounts payable and accrued expenses		17	3,923.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	2.	25	
26	<b>Total liabilities</b> Add lines 17 through 25	2.	26	3,923.
<b>NET ASSETS OR FUND BALANCES</b>				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
27	Unrestricted net assets	7,513,689.	27	7,201,822.
28	Temporarily restricted net assets	5,620,525.	28	6,453,287.
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	13,134,214.	33	13,655,109.
34	Total liabilities and net assets/fund balances	13,134,216.	34	13,659,032.

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Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	3,654,795.
2 Total expenses (must equal Part IX, column (A), line 25)	2	3,137,887.
3 Revenue less expenses Subtract line 2 from line 1	3	516,908.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,134,214.
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	3,987.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,655,109.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.

 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545 0047

**2010**

**Open to Public  
Inspection**

Name of the organization

INDIAN MUSLIM RELIEF AND CHARITIES

Employer identification number

27-0058132

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

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

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

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	2,506,963.	3,052,636.	3,623,716.	3,357,360.	3,048,781.	15,589,456.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>4 Total.</b> Add lines 1 through 3	2,506,963.	3,052,636.	3,623,716.	3,357,360.	3,048,781.	15,589,456.
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)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						15,589,456.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,506,963.	3,052,636.	3,623,716.	3,357,360.	3,048,781.	15,589,456.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,848.	281,483.	239,527.	81,740.	251,168.	922,766.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
<b>11 Total support.</b> Add lines 7 through 10						16,512,222.
12 Gross receipts from related activities, etc (see instructions)					12	0.
<b>13 First five years.</b> 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 <b>stop here</b>						► <input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	94.4 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	95.8 %
<b>16a 33-1/3% support test – 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
<b>b 33-1/3% support test – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2010.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

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

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
7c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

- 9 Amounts from line 6
- 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
- 10c Add lines 10a and 10b
- 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
- 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
- 13 **Total support.** (Add lns 9, 10c, 11, and 12)
- 14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9						
10a						
10b						
10c						
11						
12						
13						
14						

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

- 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 %
- 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 %

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

- 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 %
- 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 %
- 19a **33-1/3% support tests – 2010.** 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 ►
- 19b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

## Part IV

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

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

OMB No 1545 0047

**2010****Open to Public  
Inspection**

Name of the organization

Employer identification number

INDIAN MUSLIM RELIEF AND CHARITIES

27-0058132

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X. ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		379,949.		379,949.
b Buildings		978,108.	93,144.	884,964.
c Leasehold improvements		79,791.	13,526.	66,265.
d Equipment		33,184.	21,782.	11,402.
e Other		4,126.	2,136.	1,990.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,344,570.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15) ►	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

N/A

- 1 Total revenue (Form 990, Part VIII, column (A), line 12)
- 2 Total expenses (Form 990, Part IX, column (A), line 25)
- 3 Excess or (deficit) for the year Subtract line 2 from line 1
- 4 Net unrealized gains (losses) on investments
- 5 Donated services and use of facilities
- 6 Investment expenses
- 7 Prior period adjustments
- 8 Other (Describe in Part XIV)
- 9 Total adjustments (net) Add lines 4 through 8
- 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9

**Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A**

- 1 Total revenue, gains, and other support per audited financial statements.
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
  - a Net unrealized gains on investments
  - b Donated services and use of facilities
  - c Recoveries of prior year grants
  - d Other (Describe in Part XIV)
  - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1
  - a Investments expenses not included on Form 990, Part VIII, line 7b
  - b Other (Describe in Part XIV)
  - c Add lines 4a and 4b
- 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

**Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

N/A

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25
  - a Donated services and use of facilities
  - b Prior year adjustments
  - c Other losses
  - d Other (Describe in Part XIV)
  - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
  - a Investments expenses not included on Form 990, Part VIII, line 7b
  - b Other (Describe in Part XIV)
  - c Add lines 4a and 4b
- 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

**Part XIV | Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIV Supplemental Information (continued)**

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**Schedule F**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

**2010**

**Open to Public  
Inspection**

Name of the organization

INDIAN MUSLIM RELIEF AND CHARITIES

Employer identification number  
27-0058132

**Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)			RELIEF WORK EDUCATION &		
(2)			SCHOLARSHIPS HEALTH CARE		
(3)			PROGRAMS LEGAL HELP TO RIOT		
(4)			VICTIMS COLLEGE, SCHOOL		
(5)			AND COMMUNITY CENTRES BUILDING		
(6)			ORPHAN AND DESTITUTE CHILDREN		
(7) SOUTH ASIA INDIA		9	HELP POOR FEEDING		2,627,965.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		9			2,627,965.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	9			2,627,965.

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

Schedule F (Form 990) 2010

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				BUILDING MOSQUE		WIRE TRANSFER			
(2)				BUILDING SCHOOL					
(3)				BUILDING UNIVERSIT		WIRE TRANSFER			
(4)				Y, EMPLOY					
(5)				TEACHERS					
(6)				RUNNING MBA					
(7)				PROGRAM EDUCATIO		WIRE TRANSFER			
(8)				N AND SCHOLARS					
(9)				HIPS EDUCATIO					
(10)				N OF ORPHAN					
(11)				KIDS GIVE		WIRE TRANSFER			
(12)				WORK TO POOR					
(13)				WOMEN GUJARAT		WIRE TRANSFER			FMV
(14)				RIOTS VICTIM					
(15)				LEGAL HELP					
(16)				HELPING AND		WIRE TRANSFER			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

21  
1

Schedule F (Form 990) 2010

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CASH	SOUTH ASIA	9	2,627,965.	WIRE TRANSFER			FMV
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA							

**Part IV Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see instructions for Form 926)  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, *Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A *Annual Information Return of Foreign Trust With a U.S. Owner* (see instructions for Forms 3520 and 3520-A)  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, *Information Return of U S Persons with respect to Certain Foreign Corporations* (see instructions for Form 5471)  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, *Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund* (see instructions for Form 8621)  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, *Return of U.S. Persons with respect to Certain Foreign Partnerships*. (see instructions for Form 8865)  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, *International Boycott Report* (see instructions for Form 5713)  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**PART I, LINE 2: GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US**

ORGANIZATION INITIALLY REQUESTS THE PROJECT PROPOSAL, EVALUATES THEM AND SENDS THE GRANT. USUALLY DONORS, BOARD MEMBERS AND REPRESENTATIVES OF THE ORGANIZATION VISIT THE DONEE ORGANIZATIONS AND REVIEW THE WORK PERFORMED AND ASK FOR THE REPORTS ON THE SPENDING OF THE GRANTS.

IMRC MOSTLY WORKS WITH THE NOT FOR PROFIT ORGANIZATIONS WHO ARE ELIGIBLE TO RECEIVE CONTRIBUTIONS UNDER THE FOREIGN CONTRIBUTION RECEIVING ACT OF INDIA. MOST OF THESE DONEE ORGANIZATIONS GET THEIR FINANCIAL STATEMENTS AUDITED BY INDEPENDENT AUDITORS ON AN ANNUAL BASIS.

**Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)**

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				FEEDING POOR					
				WOMEN LODGING					
				AND BOARDING					
				OF ORPHAN CHILDREN MAINTENA					
				NCIE OF SCHOOL		WIRE TRANSFER			
				NATURAL DISASTER		WIRE TRANSFER			
				NATURAL DISASTER		WIRE TRANSFER			
				RELIEF , H EALTHCAR					
				E CLINICS,		WIRE TRANSFER			
				BUILDING SCHOOLS		WIRE TRANSFER			
				POOR FEEDING		WIRE TRANSFER			
				RELIEF WORK		WIRE TRANSFER			
				RELIEF WORK		WIRE TRANSFER			
				RELIEF WORK		WIRE TRANSFER			
				REPAIRS TO		WIRE TRANSFER			
				SCHOOL SCHOLARS					
				HIP AND FOOD FOR		WIRE			

## **Part II Continuation of Grants and Other Assistance to Organizations**

**Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States (Schedule E (Form 990) Part II Line 1)**

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

Department of the Treasury  
Internal Revenue Service

OMB No. 1545 0047

**2010**

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**Transactions With Interested Persons**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

INDIAN MUSLIM RELIEF AND CHARITIES

Employer identification number

27-0058132

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) WAJAHAT ABDULLAH										
(2) ADVANCE		X	12,000.	15,000.	X	X				X
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b>				► \$ 15,000.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
Yes	No			
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545 0047

**2010****Open to Public  
Inspection**

Name of the organization

INDIAN MUSLIM RELIEF AND CHARITIES

Employer identification number

27-0058132**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

JIT VISION IS TO DEVELOP AN EDUCATIONAL INSTITUTE OF HIGHER LEARNING IN SCIENCE, TECHNOLOGY, MANAGEMENT ALONG WITH TRAINING IN LEADERSHIP SKILLS SO THE GRADUATES CAN BENEFIT THEMSELVES AS WELL AS THEIR FAMILIES AND GIVE BACK TO THEIR LOCAL COMMUNITY.

IN 2009 JIT RECEIVED THE OFFICIAL STAMP OF APPROVAL WHEN IT RECEIVED THE AICTE ACCREDITATION FOR ITS MBA AND BACHELOR OF ENGINEERING TECHNOLOGY PROGRAM. 40 STUDENTS HAVE ENROLLED IN THE PROGRAM IN 2009, 160 IN 2010 THE NUMBERS WILL GROW EVERY YEAR. 90% OF THE STUDENTS ENROLLED AT JIT RELY ON FINANCIAL ASSISTANCE. THIS INCLUDES TUITION, BOOKS, HOUSING, AND WORK STUDY PROGRAMS.

THE STUDENT ENROLLMENT FOR FALL 2010 EXCEEDS THE CAPACITY OF THE JIT ENGINEERING BUILDING. IN ORDER TO MEET THE REQUIREMENTS OF ACCREDITATION FROM AICTE AND ALLOW ROOM FOR GROWTH IN COMING YEARS, CONSTRUCTION OF A NEW ENGINEERING BUILDING HAS BEGUN IN 2009. THIS 60,000 SQ. FT. BUILDING WILL HAVE 5 FLOORS EACH OF 12,000 SQ. FEET. THE GROUND LEVEL IS COMPLETE AND IS CURRENTLY BEING USED FOR LABS. THE FIRST FLOOR WHEN COMPLETED WILL ALSO BE USED FOR LABS.

THE COST ESTIMATE FOR EACH FLOOR IS \$175,000. THE TOTAL CONSTRUCTION COST IS APPROXIMATELY \$700,000.

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

MOINABAD PROJECT, OTHER EDUCATION & LIBRARY- EXPANSION PROJECT HAS BEEN STARTED WHICH WILL INCLUDE RENOVATING A HALL FOR HOUSING, LIBRARY, BOOKS, MULTIMEDIA EQUIPMENT, FURNITURE AND COMPUTER SYSTEM.

MONIABAD GIRLS ORPHANAGE AND SHELTER FOR HOMELESS CHILDREN: A LAND PLOT HAS EVEN ACQUIRED NEAR HYDERABAD FOR A SCHOOL, HOSTEL BUILDING FOR ORPHAN/ SEMI ORPHAN, DESTITUTE GIRLS.

FOUR FLOORS HAVE BEEN BUILT OF THE SCHOOL BLOCK AND THE CONSTRUCTION IS IN PROCESS

Name of the organization

INDIAN MUSLIM RELIEF AND CHARITIES

Employer identification number

27-0058132

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

AND ESTIMATED TO BE COMPLETED IN 2010

MOINABAD: THE PROJECT BEGAN WITH ABOUT ONE ACRE OF LAND ACQUIRED IN MOINABAD, ABOUT 25 KM FROM HYDERABAD. THE PROJECT WILL BE TAKEN IN TWO PHASES: A HOSTEL BLOCK AND A SCHOOL BLOCK. THE SCHOOL BLOCK IS NOW COMPLETED AND THE HOSTEL BLOCK IS IN ITS PLANNING PHASE. SPONSORSHIP FOR BUILDING A PERMANENT SHELTER FOR ONE GIRL IS \$3,000. BY THE END OF 2009, NEARLY \$40,000 WERE DONATED TO PROVIDE SHELTER FOR THESE DESERVING GIRLS. THIS SCHOOL IS UNIQUE BECAUSE IT PROVIDES MODERN EDUCATION AND ALLOWS THE ORPHAN GIRLS AND OTHER CHILDREN TO INTEGRATE.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

ORPHAN AND DESTITUTE CHILDREN ARE GIVEN FOOD AND SHELTER &amp; EDUCATION.

MISCELLANEOUS, BLANKET DRIVE & RELIGIOUS PROGRAMS EXPENSES WERE SPENT ON BUILDING MOSQUES AND OTHER RELIEF WORK

BLANKET DRIVE: A COLD WAVE HIT THE NORTHERN REGION OF INDIA IN NOVEMBER 2010. THE POOR WERE NOW LIVING IN FREEZING AND UNSANITARY CONDITIONS. IMRC RAISED \$31,000 AND PROVIDED 6200 BLANKETS TO PROTECT THE NEEDY PEOPLE FROM THE COLD AND WINTER.

HEALTH RELATED:

A MEDICAL TEAM FROM THE US DONATED THEIR TIME (3 WEEKS) TO JOIN A TEAM IN INDIA IN PROVIDING HEALTHCARE, HEALTH EDUCATION, PREVENTIVE CARE AND TECHNICAL TRAINING TO LOCAL DOCTORS. WITH THE HELP OF 40 MEDICAL DOCTORS, 50 PARAMEDICAL STAFF, AND 100 VOLUNTEERS THIS PROJECT WAS ABLE TO TREAT AND SERVE, UP TIL NOW, 7,000 PATIENTS.

IMRC BEGAN THE DEMOLITION AND RECONSTRUCTION WORK AND TOOK ON THE CHALLENGE TO BUILD

Name of the organization

INDIAN MUSLIM RELIEF AND CHARITIES

Employer identification number

27-0058132

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

A NEW 5 STORY, 15,000 SQ. DIABETES CLINIC WITH WOMEN AND CHILDREN'S SERVICES. THE OBJECTIVE IS THAT THIS FACILITY WILL BE DEDICATED TO THE TREATMENT OF DIABETIC RELATED ILLNESSES. THUS ELIMINATING THE NEED FOR PATIENTS HAVING TO GO TO DIFFERENT SPECIALISTS FOR EYE, HYPERTENSION, FOOT COMPLICATIONS OR DIALYSIS TREATMENT.

FLOOD & NATURAL DISASTER: INDIA'S KRISHNA RIVER EXPERIENCED ITS WORST FLOOD OF THE CENTURY. DEATH, DISEASE, DESTRUCTION OF LIFE, CROPS, AND PROPERTY WAS ENGULFED BY THE FLOOD. OVER TWO MILLION PEOPLE WERE MADE HOMELESS AND HAD LOST EVERYTHING. RELIEF EFFORTS WERE ON THEIR WAY ON SITE WITHIN 24 HOURS SUPPLYING FOOD & DRINKING WATER. MEDICAL SUPPLIES, GROCERY PACKAGES, KITCHEN AND HOME KITS WERE DISTRIBUTED TO APPROXIMATELY 2,000 FAMILIES COSTING. IMRC ALLOCATED A TOTAL OF \$62,000 FOR THESE RELIEF EFFORTS.

THE NEXT PHASE IN RELIEF EFFORTS IS PROVIDING PERMANENT HOUSING. THE GOVERNMENT OF INDIA IS ASSISTING THESE FLOOD VICTIMS GENEROUSLY BY PROVIDING THE LAND FOR FREE AND RS. 60,000. IMRC AND OTHER NGOS ARE IN PARTNERSHIP WITH INDIA'S GOVERNMENT TO PROVIDE THE REMAINING RS. 20,000 TO BUILD A HOME.

GUJARAT LEGAL CASE PROGRAM HELPS VICTIMS OF MASSACRE BY PROVIDING LEGAL HELP AND COUNSELING. IT HELPS THE VICTIMS TO FIGHT THE BATTLE AGAINST THE INJUSTICE AND HELPS THEM TO GET RELIEF PROVIDED BY GOVERNMENT OF INDIA.

153 CASES HAVE BEEN PERSUED IN THE COURT AND MORE THAN 240 FAMILIES WERE BEING HELPED AND ENCOURAGED TO FIGHT FOR JUSTICE.

PROJECT REED HAS FOCUSED ON PROVIDING SMALL VILLAGES SCHOOLS AND A LIBRARY WITH ONE TEACHER FOR EACH VILLAGE. ALL THE TEACHERS ARE PROVIDED TRAINING BEFORE THEY TAKE CHARGE AND THEY ATTEND MONTHLY TRAINING CAMP.

Name of the organization

INDIAN MUSLIM RELIEF AND CHARITIES

Employer identification number

27-0058132

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

CENTER FOR RURAL EDUCATION AND ECONOMIC DEVELOPMENT (CREED) IS BEING ESTABLISHED IN CHINTALPUDI TOWN WHERE THERE WILL BE A COMMUNITY CENTRE, A RESIDENTIAL TEACHERS TRAINING FACULTY AND STAFF QUARTERS.

PROJECT REED: THE CONSTRUCTION OF THE SCHOOLS/MASAJID BEGAN IN 2009. SINCE THE LAUNCH OF THIS PROJECT IMRC HAS COMPLETED THE CONSTRUCTION OF 27 FULLY OPERATIONAL SCHOOLS/MASAJID. IMRC HAS RECEIVED FUNDS FOR BUILDING 60 SCHOOLS/MASAJID. THERE ARE CURRENTLY 13 SCHOOLS IN PROGRESS WHICH WILL BE COMPLETED BY RAMADAN 2011 AND THE REMAINING 20 ARE WORK IN PROGRESS.

TO DATE, IMRC HAS ALLOCATED \$605,000 TOWARDS PROJECT REED OF WHICH ABOUT \$582,000 IS SPENT. IT HEART WARMING TO SEE THE PRIDE THESE VILLAGERS ARE TAKING IN HAVING A MASJID IN THEIR VILLAGE.

IMRC HAS BEEN ABLE TO HELP 20,000 STUDENTS IN OVER 123 SCHOOLS IN THE FORM OF SCHOLARSHIPS, STUDY MATERIAL, UNIFORM DISTRIBUTION AND PROVIDING FOOD.

SUMMER VOLUNTEER PROGRAM SENDS STUDENTS AND ENCOURAGES THEM TO VOLUNTEER IN RELIEF WORK AND PROJECTS CONDUCTED BY IMRC. THIS YEAR THE VOLUNTEERS PARTICIPATED IN HYDERABAD MEDICAL PROGRAM WHICH FOCUSED EXCLUSIVELY ON HEALTH RELATED ISSUES.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

BOARD MEETING WAS HELD TO GO OVER THE FORM BEFORE THEY WERE FILED

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ANNUAL REPORT IS SENT TO ALL THE DONORS WHICH CONSIST OF ALL THE FINANCIAL INFORMATION FOR THE YEAR

2010

**SCHEDULE O - SUPPLEMENTAL INFORMATION**

**PAGE 3**

**INDIAN MUSLIM RELIEF AND CHARITIES**

**27-0058132**

**FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PRIOR PERIOD ADJUSTMENT

TOTAL \$ 3,987.  
3,987.