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# · Form 990-EZ

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

A F	or the	2011 calend	ar year, or tax year beginning , 2011,	and ending		, 20
B cr	heck if a	oplicable	C Name of organization		P	Employer identification number
<u> </u>	Addres	ss change				
		change	ISLAMIC ASSOCIATION OF WEST VIRGINIA-BECKL			
<u></u>	Initial	return	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E	Telephone number
L_	Terminated P O BOX 763  City or town, state or country, and ZIP + 4			30	04-252-6586	
L_				F	Group Exemption	
<u>↓</u>		ation pending	SKELTON, WV 25919			Number >
G A	ccon	nting Method	X Cash Accrual Other (specify)	H Chec	k ▶	X If the organization is not
		te: ►		· ·		attach Schedule B
	heck onl	one) -	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or	527 (Form	990,	990-EZ, or 990-PF)
K C	heck I	lf the or	ganization is not a section 509(a)(3) supporting organization or a section 52	27 organization a	nd its	gross receipts are normally
n	ot mo	e than \$50,000	O A Form 990-EZ or Form 990 return is not required though Form 990-N (	e-postcard) may	be re	equired (see instructions) But if
th	ne orga	anization choose	es to file a return, be sure to file a complete return			
			to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	•		
lır			are \$500,000 or more, file Form 990 instead of Form 990-EZ			
Pa	rt	Revenue, E	Expenses, and Changes in Net Assets or Fund Balanc	es (see the i	nstru	actions for Part I.)
			e organization used Schedule O to respond to any question in		· ·	
1	1		, gifts, grants, and similar amounts received		1	70,748
	2	Program serv	rice revenue including government fees and contracts	<i>.</i>	_2_	
- 1	3	Membership o	dues and assessments		3_	
-	4	Investment in	come		4	1,738
	5 a	Gross amoun	t from sale of assets other than inventory	14,947		
	b	Less cost or	other basis and sales expenses	12,815		
	C	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a) $\dots$		5c	2,132
	6	Gaming and f	fundraising events			İ
	а		from gaming (attach Schedule C) if greater than			
Revenue		\$15,000)	RECEIVED			
Š	b	Gross income	e from fundraising events (not including \$ of contributions	s		
æ		from fundrais	gross income and contributions exceeds \$15,000) 6b			
			expenses from gaming and fundralsing events 6c			
	d		of (loss)) from gaming and fundralsing events (add lines 6a and 6b	and subtract		
ļ			1 1		6d	
			of inventory, less returns and allowances			
			goods sold <b>7b</b>			
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		e (describe in Schedule O) SALE OF GRAVE PLOTS		8	1,950
_4	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		_9_	76,568
	10	Grants and s	ımılar amounts paid (list in Schedule O)		10	
	11	Benefits paid	to or for members		11	
es	12	Salaries, othe	er compensation, and employee benefits		12	
Expenses	13	Professional	fees and other payments to independent contractors	<i></i>	13	34,250
Ď.	14	Occupancy, r	rent, utilities, and maintenance		14	8,434
ш	15	Printing, publ	lications, postage, and shipping		_15	
	16	Other expens	ses (describe in Schedule O) . SEE SCHEDULE O		16	6,904
	17	Total expen	nses. Add lines 10 through 16	. <u></u>	17	49,588
ற	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)		18	26,980
se	19		or fund balances at beginning of year (from line 27, column (A)) (mu			
As		end-of-year f	igure reported on prior year's return)		19	394,859
Net Assets	20	Other change	es in net assets or fund balances (explain in Schedule O)		20	-15,563
2	21		r fund balances at end of year Combine lines 18 through 20		21	406,276

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

To a	rt II Balance Sheets. (see the instructions for Part II						Tage E
Га	Check if the organization used Schedule O to r		niteatin	n in this Part II			X
	Officers in the organization used conclude o to t	copond to any		A) Beginning of year	<del></del>		nd of year
22	Cash, savings, and investments			58,76	9 22		81,288
23	Land and buildings	)		180,00			180,000
24	Other assets (describe in Schedule O)			156,09			144,988
25	Total assets	i i		394,85	_		406,276
26	Total liabilities (describe in Schedule O)				26		
27	Net assets or fund balances (line 27 of column (B) must agree			394,85	9 27		406,276
Pa	art III Statement of Program Service Accomplishm	<b>ients</b> (see the in	struction	ns for Part III.)		Exp	enses
	Check if the organization used Schedule O to res			this Part III		equired for	section
Wh	at is the organization's primary exempt purpose? $\_{ t ISLAM  t PLP}$	ACE OF WORS	HIP_				d 501(c)(4) and section
by e	scribe the organization's program service accomplishments for eac expenses. In a clear and concise manner, describe the services pro evant information for each program title.	•	. •		49		usts; optional
_	WORSHIP IN THE ISLAM RELIGION AND TRAI	NING CHILD	REN AI	ND ADULTS	_	T	
	IN THIS RELIGION. SERVING FROM 40 TO				-	1	
				<del>_</del>	-		
	(Grants \$ ) if this amount inclu-	des foreign grants,	check he	re <b>&gt;</b>	] 28a	.	49,588
29							
		·		<del></del>	_		
	(Grants \$ ) If this amount inclu-	des foreign grants,	check he	re <b>&gt;</b>	∐29a	1	
30					-		
		<del></del>			-		
		<del> </del>	<del></del> -	<del></del>	٦		
	(Grants \$ ) If this amount inclu				<u> </u>	1	
31	Other program services (describe in Schedule O)				٦		
22	(Grants \$ ) If this amount inclu  Total program service expenses (add lines 28a through 31a				∬31a	<del></del>	40 500
52	art IV List of Officers, Directors, Trustees, and Key Emp	olovees list oad	h one ev	en if not companyate	32		49,588
	Check if the organization used Schedule O to resp						
_		(b) Title and a		(C) Reportable	(d) Hea	alth benefits,	
	(a) Name and address	hours per w	-	compensation (Forms W-2/1099-MISC)		ons to employee	(e) Estimated amount of other compensation
		devoted to po	osition	1 ' '		compensation	
SU	JRAYIA T HASAN	PRESIDEN'	Γ				
BE	ECKLEY, WV 25801	NECESSAR	<u> </u>	0		0	(
R.F	AHIMA K ULLAH	SEC-TREAS	5		_		
BE	ECKLEY, WV 25801	NECESSAR	Y	0		0	
AN	WAR ULLAH	TRUSTEE					
BE	ECKLEY, WV 25801	NECESSAR'	Y	0		0	(
	YED SIDDIGI	TRUSTEE					
	ECKLEY, WV 25801	NECESSAR	Υ	0		0	
	AULINE SIDDIGI	TRUSTEE					
	ECKLEY, WV 25801	NECESSAR'	<u>Y</u>	0		0	
	KHALID HASAN	TRUSTEE				_	
Bi	ECKLEY, WV 25801	NECESSAR	<u>Y</u>	0		0	<u>'</u>
		_					
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orm 99	0-EZ (2011)		Pa	age 3
Part '				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	this Pa	art V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Χ
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)			
	copy of the amended documents it they reflect a change to the organizations name. Otherwise, explain the change on Schedule O (see instructions)	34		Χ
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		1	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> X</u>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1 1	ľ	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Χ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1	ſ	
	during the year? If "Yes," complete applicable parts of Schedule N	36		<u>X</u>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	<del> </del>		
b	Did the organization file Form 1120-POL for this year?	37b		Χ
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		<u>}</u>	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	- 4	
39	Section 501(c)(7) organizations Enter		~	
a	Initiation fees and capital contributions included on line 9	-	}	
b	Gross receipts, included on line 9, for public use of club facilities	-	- `	
10 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		.	
_	section 4911 ► 0; section 4912 ► 0; section 4955 ► 0		1	
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40h		2
_	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	40b		
С	organization managers or disqualified persons during the year under sections 4912,		-	
		\ .	1	
d	4955, and 4958		]	
G	reimbursed by the organization		3,	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	`	.	
·	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ► NONE	100	1	<u> </u>
42a	The organization's books are in care of ▶ RAHIMA K ULLAH Telephone no. ▶ 304-252	2-658	36	
u	Located at ▶307 STANAFORD ROAD, BECKLEY, WV ZIP + 4 ▶ 25801	929	ź	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	N
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		7
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		7
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			-
			Yes	N
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			Γ
	completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<del>                                     </del>	Τ
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			Γ
-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>                                     </del>	T
45b		1		T
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	45b		
		C 0		

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition   Ves   No to candidates for public office? If "Yes," complete Schedule C, Part   VI   Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All socion 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts answer questions 47-49b and 52, and complete the tables for the for lines 50 and 51.  Check if the organization engage in blobying activities or have a section 501(h) electron in effect during the tx   Yes   No yea? If "Yes," complete Schedule C, Part II   Yes, very life's, complete Schedule C, Part II   Yes, very life's, complete Schedule C, Part II   Yes, very life's, complete Schedule C, Part II   Yes   No yea? If "Yes," complete Schedule C, Part II   Yes   No yea? If "Yes," complete Schedule C, Part II   Yes   No yea? If "Yes," complete Schedule C, Part II   Yes, very life's, complete Schedule E   48   X   X   X   X   X   X   X   X   X	Form 990	-EZ (2011)					Page 4
to candidates for public office? If "Yes," complete Schedule C, Part I   46   X   X   Section S01(0)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(0)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the bables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI			<del></del>			Ye	s No
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  47 Did the organization make any transfers to an exempt non-charitable related organization?  48 Is the organization which early transfers to an exempt non-charitable related organization?  49 If "Yes," was the related organization's few highest compensated employees (other than officers, defect of yearly of yearl							
SO1(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI.  70 but 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 VII.  81 bit for organization as chool as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E.  92 bit for organization as chool as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E.  93 bit the organization as chool as described in section 527 organization?  94 bit "Yes," was the related organization as exempt non-charitable related organization?  95 Complete this table for the organizations for highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  96 (a) Responsible of Schedule AP (Note: A) (Forms W. 2) (1099 MISO)  17 Total number of other employees paid over \$100,000.  18 Total number of other employees paid over \$100,000.  19 Total number of other employees paid over \$100,000.  10 Total number of other employees paid over \$100,000.  10 Total number of other independent contractors each receiving over \$100,000.  10 Total number of other independent contractors each receiving over \$100,000.  10 Total number of other independent contractors each receiving over \$100,000.  11 Total number of other independent contractors each receiving over \$100,000.  12 Did the organization complete Schedule AP Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt changed better than officers, organization of prepare to a mit high moved by the contractors and prepare to a mit high moved by the contractors and the contractors are not to be better of the prepare to a mit high moved by the contractors and the contractors are not to be seen of the p		to candidates for public office? If "Yes," complete S	chedule C, Part I	<u></u>	<u></u>	. 46	
and 52, and complete the tables for lines \$0 and \$1.  Check if the organization used Schedule Q to respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section \$50(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   48 Is the organization as chool as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E	Part V						
Check if the organization used Schedule O to respond to any question in this Part VI  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				ot charitable trusts i	must answer ques	tions 47-4	9b
Dut 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 III.  8 Is the organization a school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E		· · · · · · · · · · · · · · · · · · ·					
yea?* If Yas, complete Schedule G, Facti.  ### 18 Is the organization aschool as described in section 170(b)(1)(a)(a)? If Yes, complete Schedule E		Check if the organization used Schedule	O to respond to a	any question in this	<u>Part VI </u>	<u></u>	<u> </u>
18 Is the organization a school as described in section 170(b)(1)A)(n)? If "Yes," complete Schedule E	47	Did the organization engage in lobbying activities o	or have a section 50	01(h) election in effe	ct during the tax		s No
Did the organization make any transfers to an exempt non-charitable related organization?   Age   X		year? If "Yes," complete Schedule C, Part II				. 47	X
b If "Yes," was the related organization a section \$27 organization?  Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Name and address of each employee paid more than \$100,000 of compensation from the organization of other compensation. If there is none, enter "None."  (c) Total number of other employees paid over \$100,000.  (d) Total number of other independent contractors five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None."  (e) Total number of other independent contractors each receiving over \$100,000.  (e) Type of service  (e) Compensation  (e) Compensation of other independent contractors each receiving over \$100,000.  (e) Type of service  (e) Compensation  (forms w.22/1099-MISO)							<u> X</u>
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of seach employee paid more than \$100,000 of compensation from the organization of the organization from						49a	<u>X</u>
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."    On Name and address of each employee paid were than \$100,000   On the and severage devoted to position and se	b	If "Yes," was the related organization a section 527	organization?				
(g) Name and address of each employee paid more than \$100,000 week decreted to poseon (Forms W-2/1099-MISC)  1 Total number of other employees pard over \$100,000							
Total number of other employees paid over \$100,000   Forms W.2/1099-MISC)		employees) who each received more than \$100,00				nter "None.	
Total number of other employees paid over \$100,000 .  1 Total number of other employees paid over \$100,000 .  2 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation form the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  Did the organization complete Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(5) organizations and 4947(a)(1) nonexempt none		(a) Name and address of each employee			contributions to employee		
f Total number of other employees paid over \$100,000		paid more man \$100,000	devoted to position	(Forms W-2/1099-MISC)	compensation	Other compe	
S10,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000. ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Under penalties of perpuy, 1 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  Print/Type or print name and title  Print/Type or print name and title  Print/Type preparer's name  CONNIE E LEWIS, CPA  Firm's name ▶ Connie E Lewis, CPA  Firm's address ▶ P. O. BOX 1445  Beckley, WV 25802  304-253-5200	NONE			1			
S10,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000. ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Under penalties of perpuy, 1 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  Print/Type or print name and title  Print/Type or print name and title  Print/Type preparer's name  CONNIE E LEWIS, CPA  Firm's name ▶ Connie E Lewis, CPA  Firm's address ▶ P. O. BOX 1445  Beckley, WV 25802  304-253-5200		<del></del>	<del> </del>	<del> </del>	<del></del>	<del> </del>	
S10,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000. ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Under penalties of perpuy, 1 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  Print/Type or print name and title  Print/Type or print name and title  Print/Type preparer's name  CONNIE E LEWIS, CPA  Firm's name ▶ Connie E Lewis, CPA  Firm's address ▶ P. O. BOX 1445  Beckley, WV 25802  304-253-5200			1	1			
S10,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000. ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Under penalties of perpuy, 1 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  Print/Type or print name and title  Print/Type or print name and title  Print/Type preparer's name  CONNIE E LEWIS, CPA  Firm's name ▶ Connie E Lewis, CPA  Firm's address ▶ P. O. BOX 1445  Beckley, WV 25802  304-253-5200				<del> </del>			
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S10,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000. ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Under penalties of perpuy, 1 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  Print/Type or print name and title  Print/Type or print name and title  Print/Type preparer's name  CONNIE E LEWIS, CPA  Firm's name ▶ Connie E Lewis, CPA  Firm's address ▶ P. O. BOX 1445  Beckley, WV 25802  304-253-5200	f	Total number of other employees paid over \$100.0	000	<u> </u>	<u> </u>	L	
(a) Name and address of each independent contractor paid more than \$100,000  NONE  d Total number of other independent contractors each receiving over \$100,000.  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)  nonexempt charitable trusts must attach a completed Schedule A: Note: All section 501(c)(3) organizations and 4947(a)(1)  Under penalties of perjun; 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  Print/Type or print name and title  Print/Type preparer's name  CONNIE E LEWIS, CPA  Firm's sall—exployed  Firm's sall—exployed  Firm's sall—exployed  Firm's sall—exployed  Pol 236792  Firm's sall—exployed  Pol 236792  Print/Type proparer's name  CONNIE E LEWIS, CPA  Firm's sall—exployed  Firm's sall—exployed  Pol 236792  Print's sall—exployed  Firm's sall—exployed  Pol 236792  Firm's sall—exployed  Pol 236792  Firm's sall—exployed  Pol 253-5200		Complete this table for the organization's five hi	ghest compensate		ractors who each r	eceived mo	re than
d Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)  153 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)  154 Index penalties of peripty, 1 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   Signature of officer   RAHIMA K ULLAH   RAMAMUL KAATAM ULLAH   Type or print name and title  Print/Type or print name and title  Preparer Use Only  Firm's name   Connie E Lewis, CPA   Firm's EIN   55-0700384    Firm's address   P O Box 1445   Phone no    Beckley, WV 25802   304-253-5200		\$100,000 of compensation from the organization.	If there is none, en	ter "None "	<del></del>		
d Total number of other independent contractors each receiving over \$100,000.  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print Signature of officer  RAHIMA K ULLAH  Type or print name and little  Print Type or print name and little  Print Type or print name and little  Print Type or print name and little  CONNIE E LEWIS, CPA  Firm's alme  CONNIE E LEWIS, CPA  Firm's signature  Firm's address  P O Box 1445  Beckley, WV 25802  304-253-5200	(a)	Name and address of each independent contractor paid more tha	in \$100,000	(b) Type of service	(c) C	ompensation	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)    Note: All section 501(c)(3) organizations and 4947(a)(1)   Note: All section 501(c)(4) organization of prepare in the section section 501(c)(4) organization of prepare in the section 501(c)(4) organization of prepare in the section of prepare in the sectio	NONE			·			
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nonexempt charitable trusts must attach a completed Schedule A.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Sign   Signature of officer   Path   Print   Print   Print   Print	d	Total number of other independent contractors ea	ch receiving over \$	3100,000 ► <u> </u>			
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    Signature of officer	52					GT.	_
Sign Here  Sign Print/Type or print name and title  Print/Type preparer's name  CONNIE E LEWIS, CPA  Firm's name  Connie E Lewis, CPA  Firm's address  PO Box 1445  Beckley, WV 25802  Politor Print name and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Date  Check X if PTIN  Print/Type preparer's name  Connie E Lewis, CPA  Firm's EIN  Sobjection of preparer (other than officer) is based on all information of which preparer has any knowledge  Date  Check X if PTIN  Self-employed P01236792  Firm's EIN  Sobjection of preparer (other than officer) is based on all information of which preparer has any knowledge  Date  Check X if PTIN  Firm's EIN  Sobjection of preparer (other than officer) is based on all information of which preparer has any knowledge  Date  Signature of officer  Print/Type or print name and title  Print/Type preparer's name  CONNIE E LEWIS, CPA  Firm's saddress  P O Box 1445  Phone no  304-253-5200		nonexempt charitable trusts must attach a comple	ted Schedule A	<u> </u>			
Here  RAHIMA K ULLAH Type or print name and title  Print/Type preparer's name CONNIE E LEWIS, CPA  Firm's name  Connie E Lewis, CPA  Firm's address  Proparer's signature CONNIE E LEWIS, CPA  Firm's name  Preparer's signature Connie E Lewis, CPA  Firm's EIN  Print  Firm's EIN  S5-0700384  Phone no  Beckley, WV 25802  304-253-5200						vieage and bei	er, it is
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Type or print name and title  Print/Type preparer's name  CONNIE E LEWIS, CPA  Firm's name  CONNIE E Lewis, CPA  Firm's address  PO Box 1445  Beckley, WV 25802  Print/Type preparer's name  Check X if PTIN  Polate  Check X if PTIN  Polate  Polate  Check X if PTIN  Polate  Polate  Polate  Polate  Polate  Self-employed  Polate		Signature of officer	no Vhit	2 100ah	Date	-/12	
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Paid           Preparer Use Only         CONNIE E LEWIS, CPA         Connie E Lewis, CPA         Self-employed         PO1236792           Firm's name         ► Connie E Lewis, CPA         Firm's EIN         ► 55-0700384           Pone no         Beckley, WV 25802         304-253-5200		<del></del>	nonchiro.	Lower		COTTON	
Preparer Use Only         CONNIE E LEWIS, CPA         CONNIE E LEWIS, CPA         Firm's name         Connie E Lewis, CPA         Firm's EIN ▶ 55-0700384           Firm's address         ▶ P O Box 1445         Phone no         304-253-5200	Paid			Date	, , , - I		7.00
Use Only         Firm's name         Connie         E Lewis, CPA         Firm's EIN         55-0700384           Firm's address         ▶ P O Box 1445         Phone no           Beckley, WV 25802         304-253-5200	_	rer		·0 12//5/	<del></del>		192
Beckley, WV 25802 304-253-5200	•	Inly Firm's name Connie E Lewis, Ch	'A '/			1100384	
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	NAC++						

Form 990-EZ (2011)

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

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

**201** 

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.

Open to Public

OMB No 1545-0047

Name of the organization Employer identification number ISLAMIC ASSOCIATION OF WEST VIRGINIA-BECKLEY CHAPTER 55-0722992 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). X 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 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated **b** Type II Type III - Other 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (vii) Amount of (ii) EIN (iv) Is the (v) Did you notify (vi) is the organization (described on lines 1-9 organization in the organization organization in support col (i) listed in above or IRC section in col (i) of col (i) organized your governing in the US? (see instructions)) your support? document? Yes No Nο (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support

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.)

Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			26,060	57,361	70,748	154,169
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			26,060	57,361	70,748	154,169
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	, ×	x 377.3	**	* {z.	**	154,169
Sec	tion B. Total Support		·		5.8Y	I 4' I	101/100
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			26,060	57,361	70,748	154,169
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				33,266	3,870	37,136
9	Net income from unrelated business activities, whether or not the business is regularly carried on					:	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			1,200		1,950	3,150
11	Total support. Add lines 7 through 10	2			<b>M</b> YA Z		194,455
12	Gross receipts from related activities, etc. (s.	ee instructions) .				12	<del></del>
13	First five years. If the Form 990 is for organization, check this box and stop here	<u>,</u>	<u></u>	nd, third, fourth,	or fifth tax ye	ar as a section t	501(c)(3)
	tion C. Computation of Public Supp						
14 15	Public support percentage for 2011 (lin	ne 6, column (t	) divided by line	11, column (f))	• • • • • • • •		<u>%</u>
	Public support percentage from 2010 \$	schedule A, Pa	art II, line 14			15	%
102	331/3% support test - 2011. If the or	rganization did	not check the	box on line 13,	, and line 14 is	331/3% or more	e, check
b	this box and stop here. The organization 331/3% support test - 2010. If the o	raanization did	t publicly suppoi	ov on line 12 c	II	15 00	🏲 🗀
_	check this box and stop here. The orga	nyanization qualifi	ee ae a publiciu	OX UII IIIIE 13 (	n iba, and line	9 15 18 331/3% 0	or more,
17a	10%-facts-and-circumstances test - 2	011 If the or	ranization did n	ot check a hov	on line 13 16	or 16b and ly	20.14.10
	10% or more, and if the organization	meets the "fa	cts-and-circums	tances" test. ch	eck this box a	a, or 100, and in nd stop here. Fo	ne 14 is Kolain in
	Part IV how the organization meets the	he "facts-and-o	circumstances" to	est. The organi	zation qualifies	as a publicly su	pported
	organization						▶ □
b	10%-facts-and-circumstances test - 2	010. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization	on meets the "	facts-and-circun	nstances" test.	The organization	on qualifies as a	publicly
	supported organization						▶ 🔲
18	Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	
	instructions		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u> </u>	▶ 🔲

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.)

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				'		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the				<u> </u>		
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		<u> </u>	<del></del>			
3							
	furnished by a governmental unit to the						
_	organization without charge		<u> </u>				
6	Total. Add lines 1 through 5		<del>-</del>				<del></del>
7a	Amounts included on lines 1, 2, and 3						
<b>h</b>	received from disqualified persons  Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	( <b>b</b> ) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	•					
ь	Unrelated business taxable income (less						
-	section 511 taxes) from businesses			1			
	acquired after June 30, 1975			1			
_							
	Add lines 10a and 10b					<del></del>	
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is regularly						
	carried on					<del></del>	
12	Other income Do not include gain or			i	ļ.		
	loss from the sale of capital assets						
	(Explain in Part IV)	<u></u>				ļ <u>.</u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		L	<u></u>		L	<u> </u>
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u> </u>	▶
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2011 (line 8	3, column (f) divid	ed by line 13, colu	mn (f))		15	
16	Public support percentage from 2010 Sch					16	%
Sec	tion D. Computation of Investme			-			
17	Investment income percentage for 2011 (I			13. column (fl)		17	%
18	Investment income percentage from 2010					18	%
	331/3% support tests - 2011. If the or						
ısa		-					_ 1 1
	17 is not more than 331/3%, check the						
D	b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and						
•-	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.						
20	Private roundation. It the organization	aid not check	a box on line	14, 19a, or 19			990 or 990-EZ) 2011
-						Julieuule A IFVIIII	

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

ISLAMIC ASSOCIATION OF WEST VIRGINIA-BECKLEY CHAPTER	55-0722992	
LINE 16, PAGE 1, OTHER EXPENSES	<i></i>	
OFFICE EXPENSES		
MOSQUE ACTIVITY	2,115	
MOSQUE DINNERS	3,195	
SMALL DONATIONS AND ASSISTANCE TO MEMBERS	1,000	
CORPORATE CHARTER TAX	30	
TOTAL	6,	904
LINE 20, PAGE 1, OTHER CHANGES IN NET ASSETS OR FUND BAL	ANCES	
DECREASE IN FAIR MARKET VALUE OF WELLS FARGO I	NVESTMENT ACCOUNT	-15,563
LINE 24, PAGE 2, OTHER ASSETS		
INVESTMENT ACCOUNT WITH WELLS FARGO ADVISORS		144,988
		<del>-</del>

Name of the organization	rage z
	Employer identification number
ISLAMIC ASSOCIATION OF WEST VIRGINIA-BECKLEY CHAPTER	55-0722992
	<del>-</del>