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Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public

OMB No 1545-0047 Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, Check if C Name of organization D Employer identification number AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE. INC Name change 94-2679655 Doing Business As lnıtıa! return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 7089 FIRENZA PLACE (614)873-1030 Amended return 119.749 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion pending DUBLIN, OH 43016 H(a) Is this a group return Yes X No F Name and address of principal officer NOMAN I. MALIK for subordinates? 7089 FIRENZA PLACE, DUBLIN, OH 43016 Yes H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: WWW.MUSLIM.ORG H(c) Group exemption number ▶ Association Other > K Form of organization: X Corporation Trust Year of formation 1980 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities PROMOTE THE TRUE, PEACEFUL AND Activities & Governance TOLERANT PRINCIPLES OF ISLAM MAINLY BY PUBLISHING BOOKS. 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) MAY 2 1 2015 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. GDENION Vear **Current Year** 174.885. 191.732. Contributions and grants (Part VIII, line 1h) 0 0. Program service revenue (Part VIII, line 2g) <u>5,613</u>. 10,029. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -82,012. <u>-82,182</u> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 119,749. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 98,316. 13,500 13,227. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 174,180. 95,626. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 109,126. 187,407. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -10,810. -67,658. Revenue less expenses Subtract line 18 from line 12 Assets or Balances End of Year Beginning of Current Year 587,039. 582,099. 20 Total assets (Part X, line 16) 78,262 15,542. 21 Total liabilities (Part X, line 26) Vet/ 571,497. 503,837 Net assets or fund balances Subtract line 21 from line 20 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. IV ~ Signature of officer Sign NOMAN I. MALIK, TREASURER Here Type or print name and title Check X Print/Type preparer's name Preparer's signature 5/12/15 Paid "self-employed P01069665 VENKAT BRAMHAROUTHU Firm's name STERLING ACCOUNTING & TAX SERVICES 27-4888188 Firm's EIN Preparer Use Only Firm's address 21300 VICTORY BLVD., STE 525 Phone no. (818)468-8408WOODLAND HILLS, CA 91367 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Form 990 (2013)

### AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE,

Form	1 990 (2013) INC	94-2679655 Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission  PROMOTE THE TRUE, PEACEFUL AND TOLERANT PRINCIPLES OF I  PUBLISHING BOOKS.	SLAM MAINLY BY
	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$90,677. including grants of \$13,227.) (Revenerable PROMOTE AND PROJECT THE TRUE, PEACEFUL AND TOLERANT ISLES AS TAUGHT BY THE HOLY QURAN, HADITH AND THE TEACHINGS OF AHMADIYYA MOVEMENT, MAINLY BY PUBLISHING BOOKS.	AMIC PRINCIPLES
		*
4b	(Code) (Expenses \$	
4c	/OODS / /Expenses + / / / / / / / / / / / / / / /	nue \$)
	ESTABLISHING AND MAINTAINING MOSQUES.	
		<del></del>
4d		,
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 90,677.	
<u>4e</u>	Total program service expenses 90,677.	Form <b>990</b> (2013)

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			Yes	No
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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<b></b>
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	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	_		17
	similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		x
_	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9	:	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	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
С	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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	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			v
	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	12a	ļ	x
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		<u> </u>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	for the second s	<del></del>		† <del></del> -
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	10
		Forn	990	(2013)

Form 990 (2013) INC
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	_23_		X
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
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	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ļ	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ĺ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ŀ	ł
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ł		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, 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	35b	ļ <u> </u>	
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	36	ļ	X
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	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Forn	990	(2013)

	990 (20		<u>94-2679</u>	<u>655</u>	Pa	<u>age 5</u>
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance		-		
	•	Check if Schedule O contains a response or note to any line in this Part V				
					Yes	No
1a	Enter th	he number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b	Enter ti	he number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0			
С	Did the	e organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambl	ing) winnings to prize winners?		1c		
2a	Enter ti	he number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed fo	r the calendar year ending with or within the year covered by this return	2a 0			
b		ast one is reported on line 2a, did the organization file all required federal employment tax returi	ns?	2b		
		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За		organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
		," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	)	3b		
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financi	al account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		<u> </u>
b	If "Yes	," enter the name of the foreign country				
	See ins	structions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	ccounts			
5a	Was th	e organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did an	y taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?	5b		X
С	If "Yes	," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u></u>
6a	Does th	he organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any co	ntributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes	," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were n	ot tax deductible?		6b		<u> </u>
7	_	izations that may receive deductible contributions under section 170(c).		]		
а	Did the	organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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		
С	Did the	e organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file F	Form 8282?		7c		X
d	If "Yes	," indicate the number of Forms 8282 filed during the year	7d	1		
е	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
g		organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		X
8		oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
	_	ation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Spons	oring organizations maintaining donor advised funds.				
а		e organization make any taxable distributions under section 4966?		9a		-
b	Did the	e organization make a distribution to a donor, donor advisor, or related person?		9b		-
10		on 501(c)(7) organizations. Enter	_ 1			
а		on fees and capital contributions included on Part VIII, line 12	10a	4		
b		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11		on 501(c)(12) organizations. Enter				
а		income from members or shareholders	11a	-		
b		income from other sources (Do not net amounts due or paid to other sources against	441			1
		nts due or received from them)	11b	40-		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		<del> </del>
		s," enter the amount of tax-exempt interest received or accrued during the year	12b	-	İ	
13		on 501(c)(29) qualified nonprofit health insurance issuers.		10-	-	
а		organization licensed to issue qualified health plans in more than one state?		13a		
		See the instructions for additional information the organization must report on Schedule O			1	
D		the amount of reserves the organization is required to maintain by the states in which the	12h			
_	-	zation is licensed to issue qualified health plans	13b	1	[	
		the amount of reserves on hand e organization receive any payments for indoor tanning services during the tax year?	100	14a	<del>                                     </del>	x
144	그리다 내가	c organización receive any payments for ingoor tallillo Services gomino the tax vedi (		( 1744	i	42

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	990 (2013) INC		94-2679			age <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See i	nstructions			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a	5	·		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t 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 9	990 wa	s filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		<u>X</u>
6	Did the organization have members or stockholders?			6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:			
а	The governing body?			8a		<u>X</u>
þ	Each committee with authority to act on behalf of the governing body?			8b		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached :	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code )	_		
					Yes	No
	Did the organization have local chapters, branches, or affiliates?		ee 1	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	napter	s, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	lu bofo	ro filing the form?	10b	Х	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy beic	re filing the form?	11a	Λ_	<b></b>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			400	х	
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	a to con	flicte?	12a 12b	Λ	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120		
С	in Schedule O how this was done	C3, U	SSCRIDE	12c		х
12	Did the organization have a written whistleblower policy?			13		X
13 14	Did the organization have a written whistieslower policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by ır	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or 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 arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınızatıc	n's	<u> </u>		
	exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion 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 (Sec	tion 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, an	d fina	ncial	
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	ords of the organiza	tion	<b>-</b>	
	NOMAN MALIK - 614-873-1030					
	7089 FIRENZA PLACE, DUBLIN, OH 43016					

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII

### 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.

(A)	(B)			_ (C	>)		- 1	(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	tion more	than :	one	Reportable	Reportable	Estimated
	hours per	box.	unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week		er an	uau	19010	ii/trus	iee)	from	from related	other .
	(list any hours for	trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			Stea		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	trus		ee.	nedu		(44-27 1099-141130)		and related
	below	Jual 1	tiona	_	nploy	is se	_			organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			o gamano na
(1) ERSALAN RAHMAN	5.00									
DIRECTOR		X				<u> </u>		0.	0.	0
(2) MOHAMMAD AHMAD MD	40.00					}			_	
PRESIDENT				X				0.	0.	0.
(3) NOMAN ILAHI MALIK MD	60.00							_	_	_
TREASURER				Х				0.	0.	0.
(4) FAZEEL SAHUKHAN	40.00									
SECRETARY		_		Х		_		0.	0.	0 .
(5) SAMINA MALIK	60.00					ŀ		•	•	•
VICE PRESIDENT		_		Х		<u> </u>		0.	0.	0
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Form 990 (2013)

_	_	7.1	_

	t VII   Section A. Officers, Directors, Trus . (A) Name and title	(B) Average hours per week (list any	(do box offi	not c	(C) Posi heck r ss per	tion more rson i	than s	one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Est amo	(F) imate ount o other ensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	m the nization relate	e on ed
				ļ <u></u>										
	<del></del>											í .		
			_											•
								i				<del></del>	-	
1b	Sub-total		<u>.                                    </u>					<u></u>	0.		0.			0.
с <u>d</u>	Total from continuation sheets to Part VI Total (add lines 1b and 1c)		_					<b>▶</b>	0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed at	00ve	e) wl	no re	eceived more than \$100	0,000 of reportabl	e 		v T	0
3	Did the organization list any former officer,			e, ke	ey en	nplo	yee	, or I	highest compensated e	mployee on		3	Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le c							the organization	}	4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	from	any	uni			idual for services		5		X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co							ore t	hat received more than	\$100,000 of com	nens:		om	
	the organization. Report compensation for  (A)											(C		
	Name and business	address	N	ON	E				Description of s	services	С	ompen		<u> </u>
					•							<del></del>		
2	Total number of independent contractors (i	including but r	not I	ımıte	d to	tho	se li	stec	above) who received r	nore than				
	\$100,000 of compensation from the organi	zation >				1	0		· · · · · · · · · · · · · · · · · · ·			Form \$	990 c	2013

			2013) INC		OMAN ISHA	AAT ISLAM	LATUKE,	94-267	9655 Page 9
Pa	rt V	/[]]						·	
	•		Check if Schedule O contain	ns a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
vice Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a Total. Add lines 1a-1f	and 1f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	191,732.  Business Code	191,732.			
Program Service Revenue		c d e f	All other program service revenu	ne	<b>&gt;</b>				
	3 4 5		Investment income (including di other similar amounts) Income from investment of tax-e Royalties		<b>&gt;</b>	10,029.	10,029.		
		c d	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(ı) Securities	(II) Other				
		b	assets other than inventory Less cost or other basis and sales expenses Gain or (loss)						
Other Revenue	8	a b	Net gain or (loss) Gross income from fundraising including \$ contributions reported on line 1 Part IV, line 18 Less direct expenses	of c) See a b	•				
	9	a b	Net income or (loss) from fundra Gross income from gaming active Part IV, line 19 Less direct expenses Net income or (loss) from gamin	vities See a b					
	10	a b	Gross sales of inventory, less re and allowances Less cost of goods sold Net income or (loss) from sales	eturns a b	<b>&gt;</b>				
	11	a	Miscellaneous Revenue BOOK SALES		Business Code 451211	76,726.	76,726.		

Form **990** (2013)

0.

-82,012.

332009 10-29-13

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions.

-71,983.

Form 990 (2013) INC
Part IX Statement of Functional Expenses

Jec 111	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mpiete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		*		
	organizations in the United States. See Part IV, line 21		<u> </u>		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	3,727.	3,727.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		2 500		
	United States See Part IV, lines 15 and 16	9,500.	9,500.		
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	,				
9	Section 401(k) and 403(b) employer contributions)  Other employee benefits				<del> </del>
10	Payroll taxes				-
11	Fees for services (non-employees)				
''a	Management			}	
b	Legal				
	Accounting	4,000.		4,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	3,265.		3,265.	
14	Information technology				
15	Royalties				·
16	Occupancy	6,914.		6,914.	
17	Travel	49,012.	49,012.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,098.	14,098.		"
20	Interest				
21	Payments to affiliates	1 017		1 017	
22	Depreciation, depletion, and amortization	1,017.		1,017.	
23	Insurance	4,380.		4,380.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	LOT RESTORATION PENALTY	58,000.		58,000.	
b	BOOK FAIR EXPENSES	9,536.	9,536.		
c	PROP TAX&UTIL-PAK PROPE	8,400.		8,400.	
d	SECURITY-PAK PROPERTY	5,000.		5,000.	
	All other expenses	10,558.	4,804.	5,754.	
25_	Total functional expenses. Add lines 1 through 24e	187,407.	90,677.	96,730.	0
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
		1			
	educational campaign and fundraising solicitation.		l	I	

Form	990	(201	31	

INC

art X		Balance Sheet		<u> </u>			
•		Check if Schedule O contains a response or not	e to any li	ne in this Part X	(4)		
					(A) Beginning of year		(B) End of year
1		Cash · non-interest bearing			133,659.	1	108,766
2	2	Savings and temporary cash investments		1		2	
3	3	Pledges and grants receivable, net				3	
4	ļ	Accounts receivable, net			4		
5	j	Loans and other receivables from current and fo	ormer offic	ers, directors,		1	
		trustees, key employees, and highest compensation					
		Part II of Schedule L			5		
6	;	Loans and other receivables from other disquali	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sect					
3		employees' beneficiary organizations (see instr)	Complete	Part II of Sch L		6	
7	,	Notes and loans receivable, net			7		
8   3	3	Inventories for sale or use		Ĺ	205,000.	8	201,000
9	)	Prepaid expenses and deferred charges				9	
10	)a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	108,065.			
İ	b	Less accumulated depreciation	10b	101,542.	7,540.	10c	6,523 250,765
11	ı	Investments · publicly traded securities			240,840.	11	<u>250,765</u>
12	2	Investments - other securities See Part IV, line	11	<u> </u>		12	
13	3	Investments - program-related See Part IV, line	11	-		13	
14	ŀ	Intangible assets			14		
15	5	Other assets See Part IV, line 11		0.	15	15,045 582,099	
16	3	Total assets. Add lines 1 through 15 (must equ	al line 34)		<u>587,039.</u>	16	582,099
17	7	Accounts payable and accrued expenses		<u> </u>	·	17	•
18	3	Grants payable	_		18		
19	€	Deferred revenue			19		
20	)	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability Complete			<u></u>	21	
ភ្ជ   22	2	Loans and other payables to current and forme					
		key employees, highest compensated employee	es, and dis	squalified persons			
<u> </u>		Complete Part II of Schedule L		_		22	
23	3	Secured mortgages and notes payable to unrela				23	
24	1	Unsecured notes and loans payable to unrelate		l l		24	
25	5	Other liabilities (including federal income tax, pa					
1		parties, and other liabilities not included on lines	s 17-24) C	Complete Part X of	15 540		70 000
		Schedule D			<u>15,542.</u>		78,262
26	5	Total liabilities. Add lines 17 through 25		<del></del>	15,542.	26	78,262
		Organizations that follow SFAS 117 (ASC 958		here 🕨 📖 and			
s		complete lines 27 through 29, and lines 33 ar	nd 34.				
E 27	7	Unrestricted net assets		}	<del></del>	27	
r 28	8	Temporarily restricted net assets		}	<del></del> .	28	
p   29	9	Permanently restricted net assets				29	·
로		Organizations that do not follow SFAS 117 (A	ASC 958),	check here ► LX			
Net Assets or Fund Balances		and complete lines 30 through 34.			^		•
30	0	Capital stock or trust principal, or current funds			0.	Y 1	(
v  31	1	Paid-in or capital surplus, or land, building, or e			0.	31	<u> </u>
j 32		Retained earnings, endowment, accumulated in	ncome, or	other funds	<u>571,497.</u>	1	503,837
Z   33	3	Total net assets or fund balances			<u>571,497.</u>		503,837
34	4	Total liabilities and net assets/fund balances			587,039.	34	582,099 Form <b>990</b> (201

AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE, 94-2679655 Page 12 INC Form 990 (2013) Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 119,749. 187,407. 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 -67,658. 3 Revenue less expenses Subtract line 2 from line 1 3 571,497 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 503,839. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Accounting method used to prepare the Form 990 X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Both consolidated and separate basis

2c

За

Form 990 (2013)

Х

33201

Separate basis

Act and OMB Circular A-133?

Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

### **SCHEDULE A**

. (Form 990 or 990-EZ)

**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.

2013

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE,

Employer identification number

			INC							9	<u>4-2679</u>	<u> 165</u> 5	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	) See inst	ructions				
he d	organi	zation is not a	private foundation	because it is (For lines 1	through 1	1, check o	nly one b	ox.)					
1	X	A church, cor	nvention of churche	s, or association of churc	ches descr	rbed in se	ction 170	(b)(1)(A)(i)					
2	$\sqcap$	-		'0(b)(1)(A)(ii), (Attach Scl									
3	一			tal service organization of	-	n section	170(b)(1)(	A)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	al's nar	ne.
_		city, and state	=			, , , , , , , , , , , , , , , , , , , ,			(=)( -)()(	.,			,
5		•		benefit of a college or ur	niversity ov	vned or on	erated by	a governr	nental uni	t describ	ed in		
5		=	(b)(1)(A)(iv). (Compl					- 5					
_				ent or governmental unit	describer	l in section	n 170/h)/1	WAWN					
6	H		_	eives a substantial part					r from the	general	nublic des	cribad	ın
7		_			oi its supp	oit iioiii a	governine	ina unit o	ii ii Oiii tiile	general	public desi	cribed	141
_			b)(1)(A)(vi). (Comple		Complete	Part II \							
8	물	•		section 170(b)(1)(A)(vi). ( eives (1) more than 33 1			om contri	hutions m	ambarchi	n foor a	nd aross re	oounte	from
9	ш	-	·										
				nctions - subject to certa									
				axable income (less sect	ion o i i ta	x) Irom bu:	sinesses a	icdailea D	y trie orga	inization	aitei June	JU, 19	<i>i</i> 5
			509(a)(2). (Complete		6	a anfatu C		- 500/-\/					
10	Η	-	•	perated exclusively to te		-				u aut tha	nurnaaaa	of one	0.5
11				perated exclusively for th									O
				ations described in section				) See sec	euc nous	a)(3). On	eck the bo.	x mai	
		- 1		organization and comple				_		o III. No	n-functiona	illy inte	arated
		a Type I		,,	ype III - Fui	•	•		/			•	•
е				at the organization is not									
_				than one or more publicly						5(a)(1) OI	Section 50	3(a)(2)	
f		_		tten determination from t	ine ino tha	uusaiy	ре і, туре	ii, or Type	<del>)</del>				
			rganization, check t				fun	af Alma fall					Ш
g		_		organization accepted ar								Yes	T No
		• •		directly controls, either al	one or tog	ether with	persons d	iescribed	in (ii) and (	iii) below		.	No
		•	• ,	upported organization?							11g(ı)		_
			· ·	n described in (i) above?							11g(ii		-
				a person described in (i) o							11g(ııı	21	<del></del>
h		Provide the f	ollowing information	about the supported or	ganization	(S)							
					(iv) lo the o	raonization	/w\ Did voi	u notific the	(vi) Is	the			
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	organization sted in vour	organizat	u notify the	Lorganizati	on in col.	(vii) Amour		onetary
	orga	anization		above or IRC section		document?	(i) of you						
				(see instructions))	Yes	No	Yes	No	Yes	No	ĺ		
		<del> </del>	<del> </del>	<del> </del>						<del>                                     </del>			
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-					<del> </del>	<del>                                     </del>		<del> </del>	<del> </del>	+	<del></del>		
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Fota	al												
			i										

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 INC

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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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	185,839.	179,006.	224,622.	<u> 154,885.</u>	191,732.	936,084.
2	Tax revenues levied for the organ-						
	ization'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	185,839.	179,006.	224,622.	154,885.	191,732.	936,084.
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)		-				
	Public support. Subtract line 5 from line 4			<u> </u>			936,084.
Se	ction B. Total Support	<del></del>	r· · · · · · · · · · · · · · · · · · ·	,	r	<del>                                     </del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	185,839.	179,006.	224,622.	154,885.	191,732.	936,084.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					10 000	20 062
	and income from similar sources	6,800.	5,669.	7,921.	7,344.	10,029.	37,763.
9	Net income from unrelated business						
	activities, whether or not the			Į			
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						072 047
11	Total support. Add lines 7 through 10		1				973,847.
12	•					12	718,197.
13	First five years. If the Form 990 is fo		s first, second, thii	d, fourth, or fifth to	ax year as a section	in 501(c)(3)	_
50	organization, check this box and stoction C. Computation of Pub	p here lic Support Pe	rcentage				
	<del></del>			l (6)		44	96.12 %
	Public support percentage for 2013 (			column (I))		15	96.12 %
15	Public support percentage from 2012 a 33 1/3% support test - 2013. If the			n line 12 and line	14 is 33 1/3% or r		
168	stop here. The organization qualifies				14 15 33 1/3/6 01 1	nore, check this of	<b>▶ X</b>
	33 1/3% support test - 2012. If the				1 line 15 ie 33 1/30	6 or more check t	
	and stop here. The organization qua				, III 10 10 10 00 1707	o or more, erroen a	▶ □
17	a 10% -facts-and-circumstances tes				e 13 16a or 16b	and line 14 is 10%	or more
178	and if the organization meets the "fai						
	meets the "facts-and-circumstances"					art it illow the organ	<b>▶</b> □
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
ı	more, and if the organization meets t						
	organization meets the "facts-and-cir						<b>▶</b> □
10	Private foundation. If the organization						ns 🖟
_10	1 Treate Touridation. If the organization	on dio not chook a	20/ 01/ 11/0 10, 10	,,, 17			or 990-EZ) 2013

94-2679655 Page 3

Schedule A (Form 990 or 990 EZ) 2013 INC
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 helow, please complete Part II.)

Se	ction A. Public Support	siow, picage com	pioto i uit ii j	<del></del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	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 bus iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5				-		<del></del>
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b			ļ			
	Public support (Subtract line 7c from line 6)					1	<u> </u>
	ction B. Total Support	(-) 0000	(5) 2010	(=) 2011	(4) 2012	(a) 2012	(6 Total
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
I	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	C Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is fo	the ergenization	's first second +b	urd fourth or fifth	tay year as a soot	nn 501(c)(3) organi	zation
14	check this box and stop here	THE OIGHNIZATION	s mst, second, tri	ira, iourui, or iilui	ian year as a secu	on so regard	<b>L</b> 2.1011,
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15				column (f))		15	%
16				.,,		16	98.05 %
Se	ction D. Computation of Inve	stment Incom	ne Percentage	•			
17	Investment income percentage for 20	<b>)13</b> (line 10c, colu	mn (f) divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	<b>2012</b> Schedule A,	, Part III, line 17			18	1.95 %
19	a 33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	$33\ 1/3\%$ , and line	17 is not
	more than 33 1/3%, check this box a						▶□
	<b>b 33 1/3% support tests - 2012.</b> If the	-					. —
	line 18 is not more than 33 1/3%, ch						ր <b>Ի</b> ∐
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	9a, or 19b, check			
332	023 09-25-13				Sc	hedule A (Form 9	90 or 990-E <b>Z</b> ) 201

# AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE, 94-2679655 Page 4 Schedule A (Form 990 or 990-EZ) 2013 INC Part IV Supplemental Information. 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**

Department of the Treasury

(Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE,

Employer identification number 94-2679655

	INC		94-2679655
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 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		Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	•	Yes No
Par		ganization answered "Yes" to Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e	[]	rically important land area
	Protection of natural habitat	Preservation of a certifie	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		
	day or the tax you.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d			
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
·	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er 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 (A	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2013

AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE,

	dule D (Form 990) 2013 INC			·						Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tre	asures, c	r Other	Simil	ar Asse	<b>ts</b> (continu	ied)
3	Uşing the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing tha	t are a sig	nıfıcant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d	ا لیا ۱	oan or exch	ange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	on's exem	pt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	ures, or othe	er sımılar a	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's col	lection?				Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	organization	answered '	'Yes" to F	orm 990	), Part IV, I	ine 9, or	
12	Is the organization an agent, trustee, custod		harv for i	contributions	or other as	sets not in	ncluded			
10	on Form 990, Part X?	and or other intermed	,		, o. o		.0.000		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	ahle					_ 103	
U	ii les, explain the arrangement iii art xiii	and complete the to	nownig t	abic					Amount	
_	Beginning balance						1c		7 11110 0111	
							1d			<del></del>
	Additions during the year									
e	Distributions during the year						1e			
7	Ending balance	arm 000 Dart V lina	212				1f		Yes	□ No
	Did the organization include an amount on F			a baa baaa		Dowl VIII		L	_ tes	H
Par	If "Yes," explain the arrangement in Part XIII  t V Endowment Funds. Complete i						1			<del></del>
rai	Endownient Lands. Complete				(c) Two year	1		years back	(a) Four	years back
	D	(a) Current year	(0) P	rior year	(C) I WU YEAR	S Dack 16	a) Tillee	years back	(e) rour	real S Dack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses			-						
g	End of year balance		L							
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a)	) held as					
а	Board designated or quasi-endowment	•••	_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held ar	nd administe	red for th	e organı	zation		
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(iı)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?					3b	
_4	Describe in Part XIII the intended uses of the	e organization's endo	owment	funds	<del></del>					
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	, line 11a Se	e Form 990	, Part X, lı	ne 10			
	Description of property	(a) Cost or o		(b) Cost basis (			cumulat reciatior	ı	(d) Book	value
1a	Land									
	Buildings			6	5,048.		60,3	28.	4	1,720.
c	Leasehold improvements		,							<del></del>
d	Equipment			4	3,017.		41,2	14.	1	.,803.
e	Other									
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0(c))				6	<u>5,523.</u>

(-)	
(1) Federal income taxes	
(2) CREDIT CARDS PAYABLE	12,153.
(3) CR CARD EXP TO BE REIMB TO N.MALIK	66,109.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	78,262.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013

### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2013
Open to Public Inspection

Department of the Treasury ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE, 94-2679655 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent contractors investments recipients located in the region) of service(s) in region in region in region 3 a Sub-total 0 0. **b** Total from continuation

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Schedule F (Form 990) 2013

sheets to Part I
c Totals (add lines 3a

and 3b)

Schedule F (Form 990) 2013

94-2679655

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(1) Method of valuation (book, FMV, appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance	0				hy the
(f) Manner of cash disbursement	9 500 WIRE TRANSFERS				o yet or borigoods
(e) Amount of cash grant	9 500				form on many
(d) Purpose of grant	GRANTS TO HELP THEM TO PRINT BOOKS OF HOLY QURAN AND HOLD SYMPOSIUMS				The state of the s
(c) Region	XAVIER HEIGHTS CAGAYAN DE ORO, PHILLIPINES				
(b) IRS code section and EIN (if applicable)					
1 (a) Name of organization					

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2013

94-2679655

Page 3

Schedule F (Form 990) 2013

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

	(h) Method of valuation (book, FMV, appraisal, other)					
	(g) Description of non-cash assistance					
	(f) Amount of non-cash assistance					
	(e) Manner of cash disbursement					
	d) Amount of cash grant					
	(c) Number of (d) Amount of recipients cash grant					
ditional space is needed	(b) Region					
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance					

Schedule F (Form 990) 2013

### AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE,

Schedi	ule F (Form 990) 2013 INC	94-2679655 Page 4
Part		
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 X 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 X 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 X 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes X 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 X 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 X No

Schedule F (Form 990) 2013

# AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE, Schedule F (Form 990) 2013 INC 94-2679655 Page 5

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of
•	investments vs. expenditures per region), 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

### SCHEDULE O

●(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

INC

# Supplemental Information to Form 990 or 990-EZ 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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE,

Employer identification number 94-2679655

FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: SAMINA MALIK, VICE PRESIDENT, IS THE WIFE OF NOMAN ILAHI
MALIK, THE TREASURER.
FORM 990, PART VI, SECTION A, LINE 8A:
EXPLANATION: THE ORGANIZATION'S COMMITTEE MEETS IN PERSON GENERALLY TWICE A
YEAR AND REGULARLY COMMUNICATES VIA TELEPHONE CONFERENCE OR EMAILS.
FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: THE ORGANIZATION'S COMMITTEE MEETS IN PERSON GENERALLY TWICE A
YEAR AND REGULARLY COMMUNICATES VIA TELEPHONE CONFERENCE OR EMAILS.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: COPY OF THE FORM 990 WILL BE PRESENTED TO PRESIDENT,
TREASURER, AND SECRETARY PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION'S DECISIONS ARE NOT FORMALLY RECORDED, THEY
ARE USUALLY CONDUCTED VIA TELEPHONE CONFERENCE OR EMAIL BETWEEN THE
DIRECTORS.

Form 886	68 (Rev 1-2014)						Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		<b>&gt;</b>	X
	lly complete Part II if you have already been granted an				8868		
● If you ເ	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1)				
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies r	needed).	
			Enter filer's	identifyir	ng numb	er, see inst	ructions
Type or Name of exempt organization or other filer, see instructions				Employe	Employer identification number (EIN) or		
print	AHMADIYYA ANJUMAN ISHAAT ISLAM LAHORE,						
File by the	Number, street, and room or suite no. If a P.O. box, see instructions			94-2679655			5
due date for				Social security number (SSN)			)
filing your return See							
instructions	City, town or post office, state, and ZIP code For a fe	oreign add	ress, see instructions				
	DUBLIN, OH 43016						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)				0 1
Application			Application				Return
Is For		Code	Is For				Code
Form 990 or Form 990-EZ		01					
Form 990-BL		02	Form 1041 A				08
Form 4720 (individual)		03	Form 4720 (other than individual)				09
Form 990 PF		04	Form 5227			-	10
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069				11
Form 990-T (trust other than above)			Form 8870				12
STOP! D	o not complete Part II if you were not already granted	d an auton	natic 3-month extension on a prev	ously file	d Form	8868.	
	NOMAN MALIK						
	ooks are in the care of $ ightharpoons$ 7089 FIRENZA P.	LACE	<u> DUBLIN, OH 43016</u>				
Telepi	hone No ► <u>614-873-1030</u>		Fax No 🕨				
	organization does not have an office or place of busines					<b>•</b>	
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	_					
box 🕨	If it is for part of the group, check this box			all memb	ers the	extension is	for
4 I request an additional 3-month extension of time until MAY 15, 2015							
5 For calendar year, or other tax year beginning <u>JUL 1, 2013</u> , and ending <u>JUN 30, 2014</u>							
6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return							
Change in accounting period							
7 State in detail why you need the extension							
ADDITIONAL TIME IS NEEDED TO PREPARE AND FILE THE TAX RETURNS							
A	CCURATELY						
				·	ı	<del></del>	
					_		^
	nonrefundable credits. See instructions			8a	\$		0.
	If this application is for Forms 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid				_		^
previously with Form 8868				8b	\$		0.
Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using							^
EF	EFTPS (Electronic Federal Tax Payment System) See instructions  Signature and Verification must be completed for Part II only				\$		0.
Hodos = s	•		•	•	of multon	wlodes and L	aliaf
	nalties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this f		panying schedules and statements, and to	o me pest c	n my Kno	wieage and b	enei,
-		TREAS	IID ED	Doto			
Signature	Title	TVENO	UNER	Date		rm 0000 /D	N. 1 001 ()
					FC	rm <b>8868</b> (Re	ov 1-2014)

323842 12-31-13