# RETURN EXTENDED UNTIL NOVEMBER 15, 2012

**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)

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2011 calendar year, or tax year beginning	and ending				
B CI	heck if	C Name of organization		D Employer identific	cation number		
ap	oplicable:	ONIAFKSILI MOSPIW WEDICYD Y22OC	IATION,				
	Address change	INC.					
	Name change	Doing Business As			666712		
	Initial return	Number and street (or P.O. box if mail is not delivered to street addr	ess) Room/s		, 700 FC10		
L	Termin- ated Amende	711 FLORENCE AVE.			789-5610 4,299,087.		
<u></u>	return Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$			
L.	Jtion pending	LOS ANGELLES, CA 30044		H(a) Is this a group re for affiliates?	Yes X No		
		F Name and address of principal officer: YASSER AMAN SAME AS C ABOVE		H(b) Are all affiliates inc			
		mpt status:     Solicity   Solic	4947(a)(1) or		list. (see instructions)		
11	Vahait	www.ummaclinic.org	_ +5+1 (a)(1) 61	H(c) Group exemptio			
			ther L	Year of formation: 1996			
		Summary					
	1 E	Briefly describe the organization's mission or most significant activit	ies: SEE SCHE	EDULE O	•		
nce							
Activities & Governance	2 0	Check this box  if the organization discontinued its operat	ions or disposed of	more than 25% of its net as	ssets.		
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	12		
ග	4 1	Number of independent voting members of the governing body (Par	t VI, line 1b)	4	12		
es	1	otal number of individuals employed in calendar year 2011 (Part V,			33		
ixit		Total number of volunteers (estimate if necessary)			12 0.		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	bı	Net unrelated business taxable income from Form 990-T, line 34					
		Contributions and grants (Part VIII line 1h)		Prior Year 2,445,627.	Current Year 2,270,035.		
Revenue	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		857,660.	1,599,070.		
Ver		Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.		
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c		15,317.	255,957.		
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column		3,318,604.	4,125,062.		
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.	0.		
S	15 3	Salaries, other compensation, employee benefits (Part IX, column (A	), lines 5-10)	1,689,670.	2,005,523		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), line 25)		0.	0.		
ďx				4 070 704	4 440 540		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,278,704.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line		2,968,374.	3,454,241.		
_ <u>_ s</u>		Revenue less expenses. Subtract line 18 from line 12		350,230.	670,821.		
Net Assets or Fund Balances		Fold Sead (Ped V. Ped 40)		Beginning of Current Year 2,659,053.	End of Year 3,354,031.		
Asse Bala	20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		917,437.	846,290.		
Net /	22	Net assets or fund balances. Subtract line 21 from line 20		1,741,616.	2,507,741.		
Pa	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompa	nying schedules and s	tatements, and to the best of m	y knowledge and belief, it is		
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all in	formation of which pre	parer has any knowledge.			
		CLIENT'S COPY					
Sig	n	Signature of officer CLICIVI 3 COI	=	Date			
Her	e	YASSER AMAN, PRESIDENT / CEO			D		
		Type or print name and title		I Data	T. DTW		
	.	Print/Type preparer's name Preparer's signatu	re	NOV 1 2 2012 if	PTIN		
Pai	1	ROSEMARIE BROWN		self-employ			
	parer	Firm's name MCGLADREY LLP	7 77	Firm's EIN	42-0714325		
use	Only	Firm's address 515 S FLOWER STREET, 41ST	L LT	Dhana na 2	13-330-4800		
Mar	v the IE	RS discuss this return with the preparer shown above? (see instruct	ione)	Pilone no. Z	X Yes No		
ivid	y LITE IF	io discuss uns return with the preparer shown above: (See Instituct	IUI IOI		١٧٥ لـــا ١٧٥		

Form	990 (2011) INC. 95-4666712	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Priofly describe the organization's mission:	
•	TO PROMOTE THE WELL BEING OF THE UNDERSERVED BY PROVIDING ACCESS TO	)
	HIGH QUALITY HEALTHCARE FOR ALL, REGARDLESS OF ABILITY TO PAY.	
	~	
	,	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	s X No
	the phoritoin 990 of 990 C2:	
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  — Yes	s X No
3	Did the digalization cease conducting, or make signment changes when the centure, any programment	0 === 110
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	98
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations	to
	others, the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,382,027 • including grants of \$ ) (Revenue \$ 1,617)	,988.)
4a	(Code:)(Expenses \$ 2,382,027. including grants of \$) (Revenue \$	
	HEALTHCARE SERVICE TO ADULTS AND CHILDREN WHO HAVE UTILIZED OVER 1	2 000
		2,000
	VISITS TO MAINTAIN THEIR WELL BEING.	
4b	(Code:) (Expenses \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	The first fi	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
_4e		
	Form	990 (2011)

Part IV Checklist of Required Schedules

Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 25
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			Х
1	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		Δ
	as applicable.			
	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		Х
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	مدا		x
А	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	11c		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			f
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	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			X
В	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_^
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
0-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
Ŋ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

#### Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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 25	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		
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		34	
07	person outstanding as of the end of the organization's tax year? If "Yes," 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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Α
	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	00-		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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			0.005
	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?			515.500
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
20	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
01	and that is treated as a partnership for foderal income toy purposes of "Voo." complete Calculute D. Dart VIII	0-		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		<u>X</u>
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		50	47	

Form **990** (2011)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	69			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	able gaming			1
	(gambling) winnings to prize winners?		·····	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax reti			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	l accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	Accou	ints.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		***************************************	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action'	?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		•••••	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices (	provided to the payor?	7a		X
b	, and the same of the same of the goods of convicts provided.			7b		
C	garage, are the disperse of tall glob personal property for which it					
	to file Form 8282?		 T	7c		X
	and dailing the your		<u></u>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		Х
g	o and organization more	orm 88	399 as required?	7g		<b></b>
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	zation f	ile a Form 1098-C?	7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a					
9	Sponsoring organizations maintaining donor advised funds.	it arry tiri	ie during the year?	8		
а	Did the organization make any taxable distributions under section 4966?					
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9a	$\vdash$	
10	Section 501(c)(7) organizations. Enter:		•••••••••••••••••••••••••••••••••••••••	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	100		-		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- 114				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ĺ	izu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

TNC

	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7h helow and for a	9 "No" r		se					
ı uı	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			1 110 1	СОРОП	00					
	Check if Schedule O contains a response to any question 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	1:	2							
	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	1:	2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other	1							
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X					
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?			7a		X					
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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
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	evenu	e Code.)								
numerous en					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such c										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form?	11a	X						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done				37						
13	Did the organization have a written which blower palicy?			12c	X	77					
14	Did the organization have a written document retention and destruction policy?	•••••		13	V	X					
15	Did the process for determining compensation of the following persons include a review and approve			14	Х						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	al by Ir	iaepenaent								
а	The organization's CEO, Executive Director, or top management official			45-	Х						
	Other officers or key employees of the organization			15a 15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•••••	•••••	150	- 23						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	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 evalua	te its r	narticination	10a		- 22					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n'e								
	exempt status with respect to such arrangements?		pantas v	16b							
Sec	tion C. Disclosure			100							
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 990-1	(Sect	ion 501(c)(3)s onlv)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.	2 4 30	. , , , , = ==-3)								
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict (	of interest policy, a	nd finar	ncial						
	statements available to the public during the tax year.										

1704 W. MANCHESTER AVE, 132006 01-23-12

Form **990** (2011)

LOS ANGELES,

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

YASSER AMAN - 323-967-0375

90044

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INC.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c	ss per	tion more son i	than o	n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MUNAF KADRI CHAIR, BOD	2.00	х		х				0.	0.	0.
(2) LI'I FURUMOTO					_					
VICE CHAIR, BOD	2.00	X		X				0.	0.	0.
(3) MURTAZA SANWARI									_	
TREASURER, BOD	2.00	X	_	X		_	_	0.	0.	0.
(4) RAZIYA SHAIKH	2.00	x		х				0.	0.	_
SECRETARY, BOD  (5) KHALIQ SIDDIQ	2.00	^	-	_	_	$\vdash$	_	0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(6) PAUL WONG				$\vdash$	Т				-	
BOARD MEMBER	2.00	X						0.	0.	0.
(7) NAIM SHAH SR.										
BOARD MEMBER	2.00	Х	_		_	_		0.	0.	0.
(8) RASHEEDAH ROGERS BOARD MEMBER	2.00	x						0.	0.	0.
(9) VIVIANNA TRUJILLO		-		$\vdash$	$\vdash$		-			,
BOARD MEMBER	2.00	x						0.	0.	0.
(10) NORMA ARAMBULA		Г								
BOARD MEMBER	2.00	X				L		0.	0.	0.
(11) MICHAEL WARDEN FINANCE DIRECTOR	40.00			х				89,887.	0.	0.
(12) YASSER AMAN		$\vdash$	$\vdash$				$\vdash$			
CEO/PRESIDENT	40.00			X				116,162.	0.	0.
(13) DR. LUCILA TARIN			Г							
MEDICAL DIRECTOR	40.00	-	-	Х	_	-	_	163,020.	0.	0.
										- 000

132007 01-23-12

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ai	nd F	ligh	est	Compensated Employ		_	
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average	(do		Posi		than	one	Reportable	Reportable	1 .	Estimated
	hours per	box,	unles	ss per	rson	is both	n an	compensation	compensation	1	amount of
	week (describe	_	July all	_ a u	5010		,	from the	from related organizations	000	other mpensation
	hours for	Individual trustee or director						organization	(W-2/1099-MISC)		from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(**-2/1000 141100)	- 1	rganization
	organizations	ruste	l trus		99	mpen		(11 2/ 1000 111100)			nd related
	in Schedule	dual t	utiona	_	oldu	st co	ь			or	ganizations
	O)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Form				
					-						
		T	_		$\vdash$	1					
	<b> </b>	$\vdash$		$\vdash$	$\vdash$	$\vdash$					
									-		
	-	$\vdash$	$\vdash$	$\vdash$	$\vdash$	+				_	
	1	+	$\vdash$	+	$\vdash$	╁	$\vdash$			$\neg$	
	-	+	$\vdash$	$\vdash$	╁	+	$\vdash$			_	
	+	+	$\vdash$	$\vdash$	╁	+	╁			_	
	+	╀	$\vdash$	╁	$\vdash$	┿	$\vdash$	-		+	
di Ode bed			_			_	1_	369,069.			0.
1b Sub-total								0.		5.	0.
c Total from continuation sheets to Part \								369,069.		5.	0.
d Total (add lines 1b and 1c)										٠-۱	0.
2 Total number of individuals (including but	not limited to t	nose	e iist	ea a	lDO\	/e) w	no r	eceived more than \$10	o,000 of reportable		2
compensation from the organization	ARI			-				and the second s			Yes No
3 Did the organization list any former office	director or tr	a 10±0	م اد	a., a	mnl	امداما		highest componented	mplovoo on		100 110
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for										3	X
4 For any individual listed on line 1a, is the s								ther componentian from			22
and related organizations greater than \$1										4	. X
											22
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con								ted organization or indiv	idual for services	5	X
Section B. Independent Contractors	ripiete Scriedu	ile J	IOF S	sucri	pei	rson				5	
	annoncated in	- don				440.04		that year is and many than	£100,000 of some		- fue
<ol> <li>Complete this table for your five highest of the organization. Report compensation for</li> </ol>										ensado	AT ITOTA
(A)	· trie Caleridar	year	enc	ing	WILI	TOF	VILLII	(B)	year.		(C)
Name and busines	s address	N	ON	E				Description of	services	Com	pensation
			011	_			+				
			_				+				
		-					+				
							-	<u> </u>			
								*			
							+				
O Tatal work and finding	(in al. all all all all all all all all all							<u> </u>			
2 Total number of independent contractors		not I	ımıte	ea to	o the	ose l ∩	iste	a above) who received i	nore than		
\$100,000 of compensation from the organ	iization >				_	U					990 (0011)
										P	

Part VIII Statement of Revenue (D) Revenue (B) (C) Related or Unrelated Total revenue excluded from tax under sections 512, exempt function business revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 62,158. c Fundraising events ..... 1c d Related organizations 1d 831,582 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 376,295 similar amounts not included above ..... 211,616. g Noncash contributions included in lines 1a-1f: \$ 2,270,035 h Total. Add lines 1a-1f **Business Code** 900099 1,599,070.1,599,070. 2 a PATIENT SERVICES Program Service Revenue f All other program service revenue 1,599,070. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 62,158. of contributions reported on line 1c). See a 411,064 Part IV, line 18 b Less: direct expenses b 174,025. 237,039 c Net income or (loss) from fundraising events 237,039. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 900099 18,918. 18,918 d All other revenue .... 18,918. e Total. Add lines 11a-11d 4,125,062.1,617,988. Total revenue. See instructions. 0. 237,039.

#### Form 990 (2011)

INC.

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

7b, 8b  1 0  2 0  ttl  3 0	Check if Schedule O contains a respons t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to governments and Granizations in the United States. See Part IV, line 21	(A) Total expenses	(B) Program service expenses	(C) Management and	<b>(D)</b> Fundraising
7b, 8b  1 0  2 0  ttl  3 0	o, 9b, and 10b of Part VIII.  Grants and other assistance to governments and	Total expenses	Program service expenses	Management and	
1 G 0 0 2 G tl 3 G	Grants and other assistance to governments and			general expenses	expenses
2 6 tl 3 6 c		i			55.0
2 G tl 3 G	- 9				
3 G	Grants and other assistance to individuals in			2000	
<b>3</b> G	he United States. See Part IV, line 22				
c	Grants and other assistance to governments,				A 10 10 10 10 10 10 10 10 10 10 10 10 10
ι	organizations, and individuals outside the			And the second	
	Jnited States. See Part IV, lines 15 and 16			145 Later 115	
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	369,069.	128,528.	217,309.	23,232.
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		2		
	persons described in section 4958(c)(3)(B)		**	0	
	Other salaries and wages	1,334,875.	1,109,753.	131,558.	93,564.
	Pension plan accruals and contributions (include				TO 1.000000000000000000000000000000000000
	section 401(k) and section 403(b) employer contributions)				
	Other employee benefits	160,684.	102,336.	49,719.	8,629.
	Payroll taxes	140,895.	76,635.	48,309.	15,951.
	Fees for services (non-employees):				
	Management			2	
	Legal	1,628.	625.	1,003.	
	Accounting	36,536.	100.	36,436.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other	253,360.	120,186.	55,332.	77,842.
	Advertising and promotion				•
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	57,688.	24,653.	33,035.	
	Travel	20,885.	4,504.	14,452.	1,929.
	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials	9			
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	80,094.	58,662.	19,861.	1,571.
	Insurance	64,350.	49,168.	14,043.	1,139.
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 0.)				
	DONATED GOODS & SERVICE	217,596.	217,596.	0.	0.
-	OUTREACH	195,856.	105,949.	5,535.	84,372
	CONSUMABLE SUPPLIES	166,327.	155,086.	10,259.	982.
	REPAIRS AND MAINTENANCE	146,720.	90,455.	55,610.	655.
	All other expenses	207,678.	137,791.	58,010.	11,877.
	Total functional expenses. Add lines 1 through 24e	3,454,241.	2,382,027.	750,471.	321,743
	Joint costs. Complete this line only if the organization			· ·	•
	reported in column (B) joint costs from a combined	`			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Cash - non-interest bearing	Pai	tΧ	Balance Sheet					
Savings and temporary cash investments   168,568,3   118,539.						Beginning of year		End of year
2   Savings and temporary cash investments   168,568.2   3   118,539.2		1	Cash - non-interest-bearing			934,144.	1	1,102,359.
Pedges and grants receivable, net		2					2	
A Accounts receivable, nat   83,928, 4   193,796.		3					3	118,539.
Secewables from current and former officers, fusctors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   Secewables from other disqualified persons (as defined under section 4596()(1)), persons described in section 4596()(5)(6), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instructions)   6		4				83,928.	4	193,796.
of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(c)(5)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 339,781. 1,433,814. 10c 1,773,973. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intagable assets a 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 204,162. 17 222,342. 18 Grants payable 19 Deferred revenue 10 Tax exempt bond liabilities 10 Tax exempt bond liabilities 11 Expensive to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 20 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Excrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and loans payable to unrelated third parties 24 Unsecured notes and cloans payable to unrelated third parties 25 Total liabilities, Acid lines 17 through 25 26 Total liabilities, Acid lines 17 through 25 27 Temporarily restricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 20 Comparizations that do not fo		5						
8 Receivables from other disqualified persons (as defined under section 4956(f)(f), persons described in section 4956(c)(5)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)  7 Inventories for sale or use  9 Prepald expenses and delerred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D  11 Investments - publicity traded securities  12 Investments - publicity traded securities  13 Investments - publicity traded securities  14 Intançible assets  15 Other assets. See Part IV, line 11  16 Total assets. See Part IV, line 11  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part I of Schedule D  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part I of Schedule D  25 Total liabilities. Add lines 17 through 25  26 Other liabilities (including federal income tax, payables to related third parties  23 Unsecured morts and clans payable to urrelated third parties  24 Unsecured morts and loans payable to urrelated third parties  26 Other liabilities. Add lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Organizations that do not follow SFAS 117, check here ► IXJ and complete lines 27 through 29, and lines 33 and 34.  29 Organizations that do not follow SFAS 117, check here ► IXJ and complete lines 27 through 29, and lines 33 and 34.  20 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumul			employees, and highest compensated employee	s. Complete	Part II			100
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions)  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 2,113,754, b Less: accumulated depreciation 10b 339,781, 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Gartiar payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part I of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Porganizations that follow SFAS 117, check here ► XJ and complete lines 27 through 29, and lines 33 and 34.  17 Torganizations that do not follow SFAS 117, check here ► XJ and complete lines 27 through 29, and lines 33 and 34.  17 Torganizations that do not follow SFAS 117, check here ► XJ and complete lines 27 through 29, and lines 33 and 34.  17 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total land easests 1,741,616. 33 2,507,741.			of Schedule L				5	
employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)  7 Notes and loans receivable, net 9 Prepaid expenses and deterred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10b 339,781.  11 Investments - publicity fraded securities 12 Investments - publicity fraded securities 13 Investments - publicity fraded securities 14 Intrangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Requipment of the sease seed of the parties and other payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsacured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 33 and 34.  28 Total liabilities. Add lines 38 and 34.  29 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 38 and 34.  20 Total restricted net assets 21 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 20 through 34.  29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets 0.1,741,616. 33 2,507,741.		6			E			
## Properties for selection of the properties o			4958(f)(1)), persons described in section 4958(c)	(3)(B), and c	ontributing			
7   Notes and loans receivable, net     7			employers and sponsoring organizations of secti	ion 501(c)(9)	voluntary			
7   Notes and loans receivable, net     7			employees' beneficiary organizations (see instruc	ctions)			6	
9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D  10b 339,781. 1,433,814. 10c 1,773,973.  11 Investments - publicly traded securities  12 Investments - protein securities. See Part IV, line 11  13 Investments - protein securities. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D  21 Secured mortgages and notes payable to unrelated third parties  22 Other liabilities (including federal income tax, payables to related third parties)  23 Other liabilities (including federal income tax, payables to related third parties)  25 Other liabilities (including federal income tax, payables to related third parties)  26 Total Ilabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117, check here  LXJ and complete lines 27 through 29, and lines 33 and 34.  28 Imporantly restricted net assets  29 Organizations that do not follow SFAS 117, check here  LXJ and complete lines 20 through 34.  29 Payables to crops and assets  29 Organizations that do not follow SFAS 117, check here  LXJ and complete lines 20 through 34.  20 Capital stock or trust principal, or current funds  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  1,741,616. 33 2,507,741.	ets	7					7	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2 , 113 , 754 .  b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here ▶ LXI and complete lines 27 through 29, and lines 33 and 34.  28 Turrestricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Palid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Total net assets or fund balances 31 Total net assets or fund balances 32 Total net assets or fund balances 33 Total net assets or fund balances 34 Total net assets or fund balances 35 Total net assets or fund balances 36 Total net assets or fund balances 37 Total net assets or fund balances 38 Total net assets or fund balances 39 Total net assets or fund balances 30 Total net assets or fund balances 30 Total net assets or fund balances 30 Total net assets or fund balances	Ass	8					8	
basis. Complete Part VI of Schedule D   10a   2,113,754   1,433,814   10c   1,773,973   1,1		9	Donnald assessment and defensed absorber			38,599.	9	45,958.
11   Investments - publicly traded securities   11   12   11   12   11   12   13   14   15   15   15   15   15   15   16   15   16   16		10a	Land, buildings, and equipment: cost or other					
11   Investments - publicly traded securities   11   12   11   12   11   12   13   14   15   13   14   15   15   15   16   15   16   16   16			basis. Complete Part VI of Schedule D	10a	2,113,754.			
111   Investments - publicly traded securities   111   12   132   11   132   11   133   133   144   153   150   154   150   155   150   155   150   155   150		b	Less: accumulated depreciation	10b	339,781.	1,433,814.	10c	1,773,973.
12   Investments - other securities. See Part IV, line 11		11	Investments - publicly traded securities				11	
13   Investments - program-related. See Part IV, line 11   14   Intangible assets   14     14     15     14     15     16     16     16     16     17     17     17     18   18   18     18     18     18     18     18     18     18     18     18     18     18     18     18     18     18     18     18     18		12	Investments - other securities. See Part IV, line 1			12	¥	
15 Other assets. See Part IV, line 11   0		13			13			
15 Other assets. See Part IV, line 11   0		14	Intangible assets		1.	14		
16   Total assets. Add lines 1 through 15 (must equal line 34)   2,659,053.   16   3,354,031.     17   Accounts payable and accrued expenses   204,162.   17   222,342.     18   Grants payable   18   18     19   Deferred revenue   713,275.   19   623,948.     20   Tax-exempt bond liabilities   20   21     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25     26   Total liabilities. Add lines 17 through 25   917, 437.   26   846, 290.     27   Organizations that follow SFAS 117, check here		15						
The state of the		16						3,354,031.
Page 19 Deferred revenue 713,275. 19 623,948. 20 21 Escrow or custodial account liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 26 27 Total liabilities. Add lines 17 through 25 917, 437. 26 846, 290. 25 Organizations that follow SFAS 117, check here		17	Accounts payable and accrued expenses			204,162.	17	222,342.
Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117, check here  and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets  29 Permanently restricted en assets  29 Organizations that do not follow SFAS 117, check here  and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  20 Total liabilities  21 Total liabilities (including federal income tax, payables to related third parties  22 Unsecured mortgages and notes payable to unrelated third parties  23 Unsecured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties  26 Secured mortgages and notes payable to unrelated third parties  27 Unsecured notes and loans payable to unrelated third parties  28 Total liabilities (including federal income tax, payables to related third parties  29 Unsecured notes and loans payable to unrelated third parties  29 Unsecured notes and loans payable to unrelated third parties  20 Unsecured notes		18				18		
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here		19	Deferred revenue			713,275.	19	623,948.
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.  Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  29 In 741, 616. 33 2,507,741.		20	Tax-exempt bond liabilities				20	
Secured mortgages and notes payable to unrelated third parties  22 Unsecured notes and loans payable to unrelated third parties  23 Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here  and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here  and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  29 Data to the restricted of the same and complete lines 30 through 34.  31 Total net assets or fund balances  32 Total net assets or fund balances  33 Total net assets or fund balances	es						21	
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24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  24  25  26  27  28  28  29  29  29  29  29  29  29  29			***************************************					
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  1,741,616.33  25 25  846,290.  846,290.  846,290.  846,290.  846,290.  846,290.  846,290.  846,290.								
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  25  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  1,741,616.33  25  846,290.  917,437.26  846,290.  917,437.26  846,290.  917,437.26  846,290.  917,437.26  846,290.  917,437.26  846,290.  917,437.26  917,437.26  846,290.  917,437.26  917,437.2							24	
Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here   Lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that follow SFAS 117, check here   Organizations that follow SFAS 117, check here   Organizations that follow SFAS 117, check here   Organizations that do not follow SFAS 117, check here   Organizations that follow SFAS 117, check here   Organizations that do not follow SFAS 117, check here   Organizations that do not follow SFAS 117, check here   Organizations that do not follow SFAS 117, check here   Organizations that do not follow SFAS 117, check here   Organizations that do not follow SFAS 117, check here   Organizations that do not follow SF		25						
Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  917, 437. 26  846, 290.  1,300,866. 27  1,856,468.  1,300,866. 27  1,856,468.  440,750. 28  651,273.  30  30  31  32  31  32  35  36  37  38  39  30  30  31  31  32  33  31  32  35  35  36  37  37  37  38  39  30  30  30  31  31  32  33  31  32  35  37  37  38  39  30  30  30  31  31  32  33  30  31  32  33  30  31  31  32  33  31  32  33  33  34  35  36  37  37  38  38  39  30  30  30  30  30  30  31  31  32  33  30  30  31  31  32  32  33  30  30  30  31  31  32  32  33  30  30  30  31  31  32  32  33  30  30  30  30  30  30  30			0 1 1 1 5					
Organizations that follow SFAS 117, check here  and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26		••••••		017 /27		046 200
lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  And  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  1,741,616. 33 2,507,741.	-	20		_ \ Y		911,431.	26	846,290.
33 Total net assets or fund balances	S	· .		re 🖊 🔼	and complete			
33 Total net assets or fund balances	၁င	27				1 300 866	07	1 956 169
33 Total net assets or fund balances	<u>a</u>		Temporarily restricted net assets				-	651 272
33 Total net assets or fund balances	Ö	0.000			±±0,730.		031,273.	
33 Total net assets or fund balances	Ë		The state of the s				29	
33 Total net assets or fund balances	or F							
33 Total net assets or fund balances	sts	30					30	
33 Total net assets or fund balances	SSE		Paid-in or capital surplus, or land, building or equ	uipment fund	·			
33 Total net assets or fund balances	et A		Retained earnings, endowment, accumulated inc	come, or othe	er funds			
	ž		Total net assets or fund balances			1,741.616.		2.507 741
			Total liabilities and net assets/fund balances			2,659.053.		3.354.031

Form 990 (2011)

Pai	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI					X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,12,						
2	Total expenses (must equal Part IX, column (A), line 25)									
3	NA 94									
4	STATE OF THE ACT OF THE STATE O									
5	20 10 10 10 10 10 10 10 10 10 10 10 10 10									
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	,50	7,7	41.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII					X				
					Yes	No				
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.									
2a										
b	Were the organization's financial statements audited by an independent accountant?			2b	X					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the									
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch									
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a								
	separate basis, consolidated basis, or both:		э							
	X Separate basis Consolidated basis Both consolidated and separate basis									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit							
	Act and OMB Circular A-133?			За	X					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit										
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	Х					
				Form	990 (	2011)				

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY MUSLIM MEDICAL ASSOCIATION,

Employer identification number 95-4666712

			TIVC.								1000		
	rt I			ity Status (All organiz					ructions.				
he	organ	zation is not a	private foundation I	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1		A church, con	vention of churches	s, or association of churc	ches descr	ribed in <b>se</b>	ction 170	b)(1)(A)(i)					
2		A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
3		A hospital or a	a cooperative hospi	tal service organization o	described i	in <b>section</b>	170(b)(1)(	A)(iii).					
4		A medical res	earch organization	operated in conjunction	with a hos	pital descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(iii	). Enter th	ne hospital	s name	e,
		city, and state	э:										
5		An organization	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental unit	describe	ed in		
		section 170(	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in <b>sectio</b>	n 170(b)(1	)(A)(v).					
7	X			eives a substantial part					r from the	general p	ublic desc	ribed in	า
		(F)	b)(1)(A)(vi). (Comple		Salari, Salari Salari I.								
8		-		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				eives: (1) more than 33 1			om contri	butions, m	nembership	fees, an	d gross red	ceipts f	from
				nctions - subject to certa									
				axable income (less sect									
			<b>509(a)(2).</b> (Complete	10-17 - AART 20		,			, 5			,	
10				perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	I).				
11	一	•		perated exclusively for the		(5)				out the	nurnoses d	of one o	or
•		•	•	ations described in secti					v	S. C. CONTROL DANCE			
								,		7 - 7			
		describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III · Functionally integrated d Type III · Other											
е				at the organization is not			-	•	r more disc				n
		15		han one or more publicly									1.5
f	:			tten determination from						(-)(-)		(/(/-	
			rganization, check th										
ç	1			organization accepted ar					owina pers	sons?	•••••	•••••	
•	•			lirectly controls, either al								Yes	No
				upported organization?									
				n described in (i) above?									
				a person described in (i)									
ŀ	1			about the supported or								L	
			9	Consideration and the control of the		. ,							
(i	) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the	(vi) Is		(vii) Δn	nount o	f
(,		anization	(11) 2.11	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizatio (i) organiz	on in col.		port	•
				above or IRC section	governing	document?	(i) of you	support?	U.S.	?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
				T									
							Eg.						
	<del></del>	1											
				and the second									

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 INC.

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

(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						
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(2, 200,	(2, 2000	(-, -000	\-,		
•	membership fees received. (Do not						
	include any "unusual grants.")	738,263.	1221109.	1697546.	2105227.	2136335.	7898480.
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	5)					
	the organization without charge	*					
4	Total. Add lines 1 through 3	738,263.	1221109.	1697546.	2105227.	2136335.	7898480.
	The portion of total contributions						
	by each person (other than a		445		100		
	governmental unit or publicly	10 Julius	100	1007	MCT CO		
	supported organization) included		430		3.34	100	
	on line 1 that exceeds 2% of the			70/25/5	2524	1900	
	amount shown on line 11,		TEEL VE	100			
	column (f)	- 22.52		1.42	2.00	100	*
6	Public support. Subtract line 5 from line 4.						7898480.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007 738, 263.	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	738,263.	1221109.	1697546.	2105227.	2136335.	7898480.
8	Gross income from interest,						
	dividends, payments received on			×			
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					19.	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	26,652.	47,252.	26,740.	15,317.	18,917.	134,878.
11	Total support. Add lines 7 through 10		area area a service	TO THE PARTY.	County of the second	marking and the second	8033358.
	Gross receipts from related activities						,875,848.
13	First five years. If the Form 990 is fo	•	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —
80	organization, check this box and stop ction C. Computation of Pub		voortoge.				<b>&gt;</b> L
						I I	00 22
	Public support percentage for 2011 (					14	98.32 %
	Public support percentage from 2010					15	98.08 %
168	33 1/3% support test - 2011. If the	more and the second of t					
	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2010. If the						
47.	and stop here. The organization qua						
1/2	10% -facts-and-circumstances tes						30-C. 13-C3-C3-C3-C3-C3-C3-C3-C3-C3-C3-C3-C3-C3
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
į,	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ						
10	Private foundation. If the organization	on did not check a	bux on line 13, 16	a, 100, 17a, 0r 1/1		and see instruction	

# Schedule A (Form 990 or 990-EZ) 2011 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 organizat	tion failed to qualify under Part II. If the organization fails to
guelify under the tests listed below please complete Part II.)	

Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	Sec	tion A. Public Support								
membership fees received. (Do not include any nursusal grants?)  2 Gross receipts from admissions, membrandies od of or services performed, or facilities furnished in any activity that is related to the organization's trave-sempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 313  4 Tax revenues levied for the organization's braid of the organization's personal trade or business under section 313  5 The value of services or facilities furnished by a governmental unit to the organization's braid by a governmental unit to the organization without change of Total. Add lines 1 through 5 miles 1 through 6 miles 1 through 7 miles 1 through 8 miles 1 miles 1 through 9 miles 1	Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	2011	(f) Tota	
include any *unusual grants.*)  Gross scelepts from admissions, merchandries acid or services performed, or facilities furnished in any activity that is related to the organization's trave-sompt purpose  3. Gross receipts from activities that are not an unrelated trade or bus iness under section 513  1. Tax revoluses levide for the organization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5.  7. A Amounts included on line 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 1 exceeds to the services of the services or facilities for the services of services or facilities for the services for facilities for the services or facilities for the services for facilities for the services for facilities for the services for facilities for faci	1	Gifts, grants, contributions, and								
2 Gross receipts from activities instance in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5		membership fees received. (Do not								
2 Gross receipts from activities instance in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5		include any "unusual grants.")								
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization of tax-exempt purpose  3. Gross receipts from activities that are not an unrelated trade or business under section 513.  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5.  7. A Amounts included on lines 1, 2, and 3. received from disqualified persons but a considered from disqualified persons but an accessive to the considered from the services of the service	2									
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19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	18	Investment income percentage from	2010 Schedule A	, Part III, line 17			18			%
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b</b> 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	19						33 1/3%	, and line	17 is not	
b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										<b>-</b>
		line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The org	ganization qualifies	s as a publicly sup	ported or	ganization	ı	
	20									

#### UNIVERSITY MUSLIM MEDICAL ASSOCIATION,

Schedule A	(For	m 990	or 990-EZ	2011	INC.		95-4000/12 Page 4
Part IV	Sı	elgaı	emental	Infor	mation. Comp	lete this part	to provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
	-	4 Dow	III line 10	Alco	complete this pa	rt for any addi	litional information. (See instructions).
	an	u rart	III, III IE 12.	AISO C	omplete triis par	it ioi airy audi	Michigan mornations (000 morations).
		_				an a sema	A DECELLIER
SCHEDU	JLE	Α,	LIST	OF	UNUSUAL	GRANTS	RECEIVED:
UNUSUA	$^{ m L}$	GRA	NT				
DATE:	1 2	/21	/11		AMOUNT:	13370	10.
DAIE:		/ 31	./		miouri.	13370	
						A.I. A.I. A.I. A.I. A.I. A.I. A.I. A.I.	
							S. Control of the Con
J <del></del>							
-							
K OKT			E +X =	1,	- x -		
			**				

# Schedule A

# **Identification of Unusual Grants**

2011

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Description of Grant	Date of Grant	Amount
	UNUSUAL GRANT	12/31/11	133,700
			=
			////
			-
otal Unusual Grants 3174 05-01-11			133,700

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Name of the organization

INC.

UNIVERSITY MUSLIM MEDICAL ASSOCIATION,

Employer identification number

95-4666712

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.						
Special Rules							
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than 5 lf this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year.							
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF).							

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization
UNIVERSITY MUSLIM MEDICAL ASSOCIATION,
INC.

Employer identification number

95-4666712

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1	THE CALIFORNIA ENDOWMENT  1000 ALAMEDA ST  LOS ANGELES, CA 90012	\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
2	CAIFORNIA WELLNESS FOUNDATION  6320 CANOGA AVE, SUITE 1700  WOODLAND HILLS, CA 91367	\$58,333.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4  LA CARE HEALTH PLAN (TRANQUADA II &	Total contributions	Type of contribution		
3	LOS ANGELES, CA 90013	\$125,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP+4  CALIFORNIA COMMUNITY FOUNDATION (I,II, & III)  445 S. FIGUEROA STREET, SUITE # 3400  LOS ANGELES, CA 90071-1638	\$ 117,500.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4 US DEPARTMENT OF HEALTH AND HUMAN SERVICES  C/O UMMA, 711 FLORENCE AVENUE  LOS ANGELES, CA 90044	Total contributions  \$ 560,670.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)		
6	COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH CONTRACT SERVICES  C/O UMMA, 711 FLORENCE AVENUE  LOS ANGELES, CA 90044	\$ 270,912.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
	TOP THOUSEN, CV DOGG	18	is a noncasi continuation.)		

Name of organization
UNIVERSITY MUSLIM MEDICAL ASSOCIATION,
INC.

Employer identification number

95-4666712

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 7	Name, address, and ZIP + 4  DIRECT RELIEF INTERNATIONAL  27 S. LA PATERA LANE  SANTA BARBARA, CA 93117	\$ 58,859.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 8	PATIENT ASSISTANCE PROGRAM MEDICATION  C/O UMMA, 711 FLORENCE AVENUE  LOS ANGELES, CA 90044	\$ 152,757.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
UNIVERSITY MUSLIM MEDICAL ASSOCIATION,
INC.

Employer identification number

95-4666712

(a)		(6)	
No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	bescription of noneden property given	(see instructions)	
	MEDICATIONS		r
_7			
		\$58,859.	08/31/11
(a)		(c)	(4)
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	,	(see instructions)	
0	MEDICATIONS		
8			
		\$152,757.	12/31/11
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		-	
		-	
		-   \$	
(a)	4.)	(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		-	
		-   \$	
		_	
(a) No.	(la)	(c)	(-1)
from	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I		(See Instructions)	
		-	
		-	
		-   \$	
(a)	~.	(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	postipation of nontesti property given	(see instructions)	Date received
		-	
		-	
		\$	990, 990-FZ, or 990-PF) (2

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Employer identification number Name of organization UNIVERSITY MUSLIM MEDICAL ASSOCIATION, 95-4666712 INC. religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from

(e)	Transfer	of	gift
-----	----------	----	------

(c) Use of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(d) Description of how gift is held

Part I

(b) Purpose of gift

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **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. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC.

Employer identification number 95-4666712

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	30.70%	
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ac		
·	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e	,	nistorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	1 reservation of a ce	itilied Historic structure
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a consequation assembnt on the last
-	day of the tax year.	led conservation contribution in the for	not a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
•	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru	inture included in (a)	20
d	Number of conservation easements included in (c) acquired a		
u			1 1
3	listed in the National Register		2d
3	year	eased, extinguished, or terminated by t	ne organization during the tax
4	Number of states where property subject to conservation eas	coment is leasted	
5	Does the organization have a written policy regarding the per		- £
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	***************************************	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov		
Ü			
9	In Part XIV, describe how the organization reports conservation	on assements in its revenue and expon	
	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ion a financial statements that describe	s the organization's accounting for
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "Yes" to Form		out of the Adoctor
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and halance shoot works of ort
	historical treasures, or other similar assets held for public exh	ibition education or research in further	rance of public service, provide in Bort VIV
	the text of the footnote to its financial statements that descril	nes these items	rance of public service, provide, in Part XIV,
b	If the organization elected, as permitted under SFAS 116 (AS		ent and halance shoot works of out historical
	treasures, or other similar assets held for public exhibition, ec	lucation or research in furtherance of r	while service provide the following empure
	relating to these items:	research, or resourch in farther affect of p	dublic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		•
2	If the organization received or held works of art, historical trea	asures or other similar assets for finance	vial gain, provide
_	the following amounts required to be reported under SFAS 1		iai yairi, provide
а	Revenues included in Form 990 Part VIII line 1	To place items:	<b>*</b>
b	Assets included in Form 990, Part X  Assets included in Form 990, Part X		
~			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		LLX MOSTIM	MEDICAL A	POCTALION		05 46		_
Sche	dule D (Form 990) 2011 INC.					95-46		
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)							
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a s	significant	use of its o	collection	items
	(check all that apply):							
а	Public exhibition	d	I ☐☐ Loan or exc	hange programs				
b	Scholarly research	е	Other			· · · · · · · · · · · · · · · · · · ·		
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explai	n how they further t	he organization's exe	empt purp	ose in Part	XIV.	
5	During the year, did the organization solicit or						_	
	to be sold to raise funds rather than to be ma						Yes	U No
Par	t IV   Escrow and Custodial Arran						ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	ns or other assets no	t included		-	
	on Form 990, Part X?					L	Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance							
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			L	Yes	∟ No
	If "Yes," explain the arrangement in Part XIV.				****			
Pa	rt V Endowment Funds. Complete i	f the organization a	nswered "Yes" to Fo					
	9	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	<b>(e)</b> Four y	years back
1a	Beginning of year balance	4						
b	Contributions			<u> </u>				
	Net investment earnings, gains, and losses				ļ			
d	Grants or scholarships							
е	Other expenditures for facilities		,					
	and programs		<del> </del>		ļ			
f	Administrative expenses							
g	End of year balance		<u> </u>		<u></u>			1000
2	Provide the estimated percentage of the cur	rent year end balan		(a)) held as:				
а	Board designated or quasi-endowment		%					
b	The state of the control of the state of the	%						
•	Temporarily restricted endowment	0/0						

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

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

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.										
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1a Land	11 To 12 To	656,000.		656,000.						
<b>b</b> Buildings		961,659.	22,136.	939,523.						
c Leasehold improvements		42,565.	40,802.	1,763.						
d Equipment		453,530.	276,843.	176,687.						
e Other										
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colur	mn (B), line 10(c).)	<b>•</b>	1,773,973.						

Schedule D (Form 990) 2011

No

т	ħΤ	$\sim$	
Т	TA	L	

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	1		
(D) (E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		0.100	
Part VIII Investments - Program Related.	See Form 990, Part X, line		1'
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)			
(2)			
(3)			
(4)		-	
(5) (6)	+		
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		25 23 2 3 3	100000000000000000000000000000000000000
Part IX Other Assets. See Form 990, Part X, lir			/h) Daakwaka
	a) Description		(b) Book value
(1)			
(3)			
(4)		The second secon	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) li  Part X Other Liabilities. See Form 990, Part X			•
(a) Described as of the little	X, IIne 25.	(b) Book value	
(1) Federal income taxes		(S) DOOK VAILED	
(2)			
(3)			
(4)			
(5)			
(6)		1997	
(7)			
(8)			
(9)			
(10)			
(11) Tatal (Column /h) must actual Form 900. Part V. col /P) //	ing 25)		
Total. (Column (b) must equal Form 990, Part X, col (B) li FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740).	to the organization's financial state	ements that reports the organization's liability for uncer	tain tax positions under

Sche	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial	State	ment	S
Par						4,125,062.
1	Total revenue (Form 990, Part VIII, column (A), line 12)					3,454,241.
2	Total expenses (Form 990, Part IX, column (A), line 25)			-		670,821.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			<del>                                     </del>		0.7070220
4	Net unrealized gains (losses) on investments		1 -	-		95,304.
5	Donated services and use of facilities			-		73,304.
6	Investment expenses		6	-		
7	Prior period adjustments			<del> </del>		
8	Other (Describe in Part XIV.)		8	+		05 204
9	Total adjustments (net). Add lines 4 through 8					95,304.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	nd 9	10			766,125.
Pai	t XII   Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue	per R	eturr	1
1	Total revenue, gains, and other support per audited financial statements				1	4,394,391.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities		95,	304.		
	Other (Describe in Part XIV.)					
	Add lines 2a through 2d				2e	95,304.
					3	4,299,087.
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما				
а	Investment expenses not included on Form 990, Part VIII, line 7b		-174,	025		
b	,	46	-1/4,	043.		-174,025.
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 1 00		5	4,125,062.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expense	s per	Ketu	irn
1	Total expenses and losses per audited financial statements				1	3,628,266.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b						
С						
d	Other (Describe in Part XIV.)		174,	025.		
	Add lines 2a through 2d				2e	174,025.
3	Subtract line 2e from line 1				3	3,454,241.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
					1	
	Other (Describe in Part XIV.)  Add lines <b>4a</b> and <b>4b</b>	. 1401			4c	0.
			•••••			3,454,241.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Irt XIV Supplemental Information				5	2,434,241.
	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part					
	ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com					
PA	RT X, LINE 2: ON JANUARY 1, 2009, UMMA ADC	PLED	THE ACC	LINDO	TNG	
				15000 0.50		
ST	ANDARD ON ACCOUNTING FOR UNCERTAINTY IN IN	ICOME	TAXES,	CODI	FIE	DIN
AC	COUNTING STANDARDS CODIFICATION ("ASC") 74	0, WH	IICH ADD	RESS	ES	THE
DE	TERMINATION OF WHETHER TAX BENEFITS CLAIME	D OR	EXPECTE	D TO	) BE	CLAIMED ON
A	TAX RETURN SHOULD BE RECORDED IN THE FINAN	ICTAL	STATEME	NTS.	UN	DER THIS
			DIZILLIZ	11100		DHK IIIID
CII	TOANCE IIMMA MAY DECOCNITE MUE MAY DENEETH	יור סמים ו	ת אאד דואורי	ע שכובו	TAT	mav
90	IDANCE, UMMA MAY RECOGNIZE THE TAX BENEFIT	. rkul	T AM UNC	LKIA	TIN	THY
<b>D</b>	OTHION ONLY TH TH TO MORE TIMES!	m113 m	mrrn	D00	, - m -	ON
10	SITION ONLY IF IT IS MORE-LIKELY-THAN-NOT	THAT'	THE TAX	POS	1.T.T	ON WILL BE
	GM3 TVPD OV HV3 VTV3 TTOV DV					101DIT 0
SU	STAINED ON EXAMINATION BY TAXING AUTHORITI	ES, E	SASED ON	THE	i TE	CHNICAL
					Sche	dule D (Form 990) 2011

Part XIV Supplemental Information (continued)
MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL
STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT
THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE
SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON
INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.
MANAGEMENT EVALUATED UMMA'S TAX POSITIONS AND CONCLUDED THAT UMMA HAD
TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL
STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW
EXCEPTIONS, UMMA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE
U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009, WHICH
IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EVENTS EXPENSES -174,025.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENTS EXPENSES 174,025.

### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

Name of the organization UNIVERS	ITY MUSLIM MEDICAL	AS	500	LATION,		95-4666	712
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" to	Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purse	ion of i ion of g fundra (includerofess	non-go govern ising of ling of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	,						
					v		
						77.00	
	<u></u>						
3 List all states in which the organization	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	s exempt from r	<u>l</u> egistration
or licensing.		-		***************************************			
							***************************************

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

Schedule G (Form 990 or 990-EZ) 2011

Sche <b>Pa</b> i	dule	e G (Form 990 or 990-EZ) 2011 INC. Fundraising Events. Complete if the	e organization answered	"Yes" to Form 990, Part	IV, line 18, or reported r	4666/12 Page 2 nore than \$15,000
		of fundraising event contributions and gro	oss income on Form 990-	(b) Event #2	(c) Other events	is greater triair 40,000.
1			(a) Event #1	(D) Everit #2	NONE	(d) Total events
			DINNER	DINNER	HOHE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
une			(0.000.00)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Revenue	1	Gross receipts	169,400.	303,822.		473,222.
۳ ا						60 150
	2	Less: Charitable contributions	15,744.	46,414.		62,158.
	2	Gross income (line 1 minus line 2)	153,656.	257,408.		411,064.
	3	Gloss income (iine i minus iine 2)	133,000			
	4	Cash prizes				
				241		341.
es	5	Noncash prizes		341.		241.
Direct Expenses	_	Rent/facility costs	20,000.			20,000.
Ä	6	nerioracility costs				
irec	7	Food and beverages	22,595.	83,650.		106,245.
			250	6 000		6 250
	8		0 1 5 0	6,000.		6,250. 41,189.
	10	Other direct expenses  Direct expense summary. Add lines 4 through		33,030.	•	174,025
	11	Net income summary, Combine line 3, colun	nn (d), and line 10			237,039.
Pa	art	III Gaming. Complete if the organization	answered "Yes" to Form	n 990, Part IV, line 19, or	reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.		I no Dollate Control	Г	L(NT-1-1
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
ses	2	Cash prizes				<u> </u>
Direct Expenses	3	Noncash prizes				
Ϋ́	١	Nondan prizos				
)irec	4	Rent/facility costs				
П						
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No Yes	No Yes	No No	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			( )
	8	Net gaming income summary. Combine line	1, column d, and line /			
9	Е	nter the state(s) in which the organization open	rates gaming activities:			
	a Is	s the organization licensed to operate gaming a	activities in each of these	states?		Yes No
	b If	"No," explain:				:
	_					
10	 а W	Vere any of the organization's gaming licenses	revoked, suspended or t	erminated during the tax	vear?	Yes No
		"Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

# UNIVERSITY MUSLIM MEDICAL ASSOCIATION,

Sch	edule G (Form 990 or 990-EZ) 2011 INC.	-4666	-	Page 3
11	Does the organization operate gaming activities with nonmembers?	Ц,	Yes	∟ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	إلــا,	Yes	L No
13	Indicate the percentage of gaming activity operated in:			
á	The organization's facility	13a		%
k	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
1	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			,
	Gaming manager compensation > \$			
	Description of contings provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t			
	organization's own exempt activities during the tax year ▶ \$			
P	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ns (iii) and (	v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	nation (see	instru	ctions).
	· · · · · · · · · · · · · · · · · · ·			
_				
_				
_				

#### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

Schedule J (Form 990) 2011

95-4666712

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1h Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract X Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X X b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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95-4666712

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i)	163,020.	0.	0.	0.	0.	163,020.	0.
1 DR. LUCILA TARIN	(ii)	0.	0.	0.	0.	0.	0.	0.
_2	(i) (ii)				2			
3	(i) (ii)							
4	(i) (ii)							
5	(i)		7.					
6	(ii) (i)							
	(ii) (i)						-	
7	(ii)							
8	(i) (ii)	4 .					-	
9	(i) (ii)							
10	(i)							
10	(ii) (i)							
11	(ii)							
12	(i) (ii)							
13	(i)							
10	(ii) (i)							
14	(ii)							
15	(i) (ii)							
	(i)							
16	(ii)							2000) 0044

# SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC.

Employer identification number 95-4666712

Par	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of	Noncash contribution	Method of de	_	
	-	applicable	contributions or	amounts reported on	noncash contribu	ution amounts	S
	· · · · · · · · · · · · · · · · · · ·		items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods		100				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous			′			
13	Qualified conservation contribution -				The state of the s		
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies	X	1 2	211.616.	FAIR MARKET	T VALUE	
21							
22	Taxidermy		<b>+</b>				
	Historical artifacts		<del> </del>				
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()			****			
26	Other ()						
27	Other ()						
28	Other ()			L			
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for	contributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		0	
				25. 30.00-40.00		Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, lines 1-28 th	at it must hold for		
	at least three years from the date of the initial						
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	outions?	31	X
32a	Does the organization hire or use third parties						
	contributions?		•			32a	Х
b	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is ch	necked,		
	describe in Part II.			. 100 30			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	ctions for Form 99	90.	Schedule M	(Form 990)	(2011)

132141 01-23-12

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

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC.

**Employer identification number** 95-4666712

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROMOTE THE WELL BEING OF THE UNDERSERVED BY PROVIDING ACCESS TO HIGH QUALITY HEALTHCARE FOR ALL, REGARDLESS OF ABILITY TO PAY.

FORM 990, PART VI, SECTION B, LINE 11: THE FINAL FORM 990 WILL BE REVIEWED AND APPROVED BY THE FINANCE DIRECTOR AND THE CEO AND MADE AVAILABLE TO THE BOARD OF DIRECTORS BY THE CEO PRIOR TO THE FILING OF THE RETURN WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: UMMA REQUIRES ALL EMPLOYEES TO DISCLOSE, AT LEAST ANNUALLY, ALL SOURCES OF INCOME FROM, COMPENSATION FROM, OR OWNERSHIP OF EVERY OUTSIDE ENTITY THAT (A) SOLD, SUPPLIED OR PROVIDED SERVICES, (B) OPERATED A COMPETING ENTERPRISE, OR (C) PROVIDED GOODS OR SERVICES TO UMMA IN THE LAST SIX MONTHS. UMMA'S CEO EVALUATES THE FORMS FOR POTENTIAL CONFLICTS OF INTEREST. UMMA ALSO REQUIRES ALL DIRECTORS TO ANNUALLY SIGN A STATEMENT AFFIRMING (A) RECEIPT OF UMMA'S CONFLICT OF INTEREST POLICY, (B) UNDERSTANDING OF THE POLICY, AND (C) AGREEMENT WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: 1) UMMA'S HR SPECIALIST MEETS AND PROVIDES SALARY HISTORY TO OUTSIDE CONSULTANT, WHO IN TURN DETERMINES SALARY RANGES FOR ALL PERSONNEL (INCLUDING CFO/MANAGEMENT) BASED ON LIKE INDUSTRY AND ORGANIZATION SIZE. 2) RESULTS OF FINDINGS ARE PRESENTED TO

BOD, WHO UTILIZE THESE RESULTS ALONG WITH OTHER FACTORS TO

DETERMINE/SET/APPROVE DESIRED SALARY FOR CEO/KEY EMPLOYEE/MANAGEMENT. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Mon	th Extension,	complete only Part II and check this	s box		▶ X
Note. Only complete Part II if you have already been granted					
If you are filing for an Automatic 3-Month Extension, co.				-	
Part II Additional (Not Automatic) 3-Mon			nal (no c	opies need	led).
<u> </u>		Enter filer's	identifyi	ng number, s	see instructions
Type or Name of exempt organization or other filer, see	instructions		1		n number (EIN) or
print UNIVERSITY MUSLIM MEDICAL		ATION	,		,,
File by the INC.			X	95-460	56712
due date for Number, street, and room or suite no. If a P.O. b	nov see instruc	tions		curity numbe	
return, See 711 FLORENCE AVE.	70X, 300 #13truo	idolio.		ouncy married	. (88.1)
City, town or post office, state, and ZIP code. For	or a foreign add	dress, see instructions.			
LOS ANGELES, CA 90044					
					(0.14)
Enter the Return code for the return that this application is f	or (file a separa	te application for each return)			0 1
Application	Return	Application			Return
is For	Code	is For			Code
Form 990	01				* ***
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			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)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gra	anted an autor	matic 3-month extension on a pre-	riously file	ed Form 886	8.
		W. MANCHESTER AVE,	SUIT	E 211	- LOS
• The books are in the care of  ANGELES, CA	90044				PR. 1 (I
Telephone No. ► 323-967-0375		FAX No			
• If the organization does not have an office or place of but	siness in the Ur	nited States, check this box			▶ 🔲
• If this is for a Group Return, enter the organization's four		emption Number (GEN)	If this is fo	r the whole g	roup, check this
box . If it is for part of the group, check this box		ach a list with the names and EINs o	f all memb	ers the exter	nsion is for.
4 I request an additional 3-month extension of time until		BER 15, 2012			
5 For calendar year $2011$ , or other tax year beginning	g	, and ending	g		
6 If the tax year entered in line 5 is for less than 12 mon	ths, check reas	son: L Initial return L	Final	return	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED T	O GATHE	R REQUIRED INFORMA	TION	FOR TH	E TAX
RETURN					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4	720. or 6069. e	inter the tentative tax, less any	1	T	
nonrefundable credits. See instructions.	,	,	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6	3069, enter any	refundable credits and estimated	1/200	1	
tax payments made. Include any prior year overpayme					
previously with Form 8868.		,	8b	s	0.
c Balance due. Subtract line 8b from line 8a. Include yo	our payment wit	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See			8c	\$	0.
Signature and Verit	ication mus	st be completed for Part II	only.		
Under penalties of perjury, I declare that I have examined this form, it is true correct and complete and that I am outbrized to propose	including accomp	panying schedules and statements, and to	the best o	of my knowledg	e and belief,
it is true, correct, and complete, and that I am authorized to prepare	The party of the same				
Signature Title	PRESI	DENT / CEO	Date		
				Form 8	868 (Rev. 1-2012)

Form **8868** (Rev. January 2012)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

► File a separate application for each return.

nerrial rie	Vendo con to	-				
	are filing for an Automatic 3-Month Extension, complete					X
• If you	are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of t	this form).		
Do not	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if you	ou need a	3-month automatic extension of tim	ne to file (6	months for a corp	oration
require	d to file Form 990-T), or an additional (not automatic) 3-mon	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an e	extension
of time	to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	Fransfers A	Associated With Co	ertain
Person	al Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details of	on the elec	tronic filing of this	form,
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits.			-		
Part	1 Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpo	pration required to file Form 990-T and requesting an autom	natic 6-mo	onth extension - check this box and	complete		
Part I o	nly				, <b>)</b>	
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Туре о	r Name of exempt organization or other filer, see instruc	ctions.		Employe	ridentification num	ber (EIN) or
print	UNIVERSITY MUSLIM MEDICAL A	ASSOC	IATION			
	INC.			X	95-46667	12
File by the		ee instruc	tions.	Social se	curity number (SS	N)
filing your return. Se						
instructio		oreign add	fress, see instructions.			
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			01
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
orm 9	90	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 9	90-EZ	01	Form 4720			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
			W. MANCHESTER AVE,	SUIT	E 211 - L	OS
	books are in the care of ANGELES, CA 900	044				
	phone No. ► 323-967-0375		FAX No.			
	e organization does not have an office or place of business					<b>L</b>
• If th	is is for a Group Return, enter the organization's four digit				· · · · · · ·	
box					ers the extension	is for.
1 1	request an automatic 3-month (6 months for a corporation	•	• • • • • • • • • • • • • • • • • • • •			
-	AUGUST 15, 2012 , to file the exempt	t organiza	tion return for the organization name	ed above.	The extension	
1:	s for the organization's return for:					
	x calendar year 2011 or		·			
ı	tax year beginning	, ar	nd ending		_·	
2 i	f the tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return	Final retur	n	
	Change in accounting period					
3a l	f this application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6060 a	enter the tentative tay lace and		Ι	
	nonrefundable credits. See instructions,	UI UUUB, 8	anter the terrative tax, less arry	2-		Λ
-	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	3a	\$	0.
	stimated tax payments made. Include any prior year overp			04		۸
_	Balance due. Subtract line 3b from line 3a. Include your pa			3b	\$	0.
	by using EFTPS (Electronic Federal Tax Payment System).	-				0
	n. If you are going to make an electronic fund withdrawal w			3c	FO for powers !	0.
LHA	For Privacy Act and Paperwork Reduction Act Notice.			UIII 00/9-	Form 9969 /F	

123841

#### Form 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

and ending	,20

OMB No.	1545-1878

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011, or fiscal year beginning

Do not send to the IRS. Keep for your records.

See instructions.

Name of exempt organization

Employer identification number

UNIVERSITY MUSLIM MEDICAL ASSOCIATION,

95-4666712

Name and title of officer

YASSER AMAN

PRESIDENT / CEO

THE RESERVE THE PERSON NAMED IN COLUMN TWO		NAME OF TAXABLE PARTY.	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, WHEN THE OWNER,	THE R. P. LEWIS CO., LANSING, MICH. 49-14039-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120	Contract of the Contract of th
Part I	Type of	Return a	nd Return	Information	(Whole Dollars Only

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	4125062
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return. and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DIN-	chack	one	hov	only

X I authorize MCGLADREY	LLP	to enter my PIN	95466
	ERO firm name		Enter five numbers, bu do not enter all zeros
as my signature on the organiza	ation's tax year 2011 electronically filed return. If I have indicated within	this return that a	copy of the return

is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the org	anization, I will enter my PIN as my signature on th	ne organization's tax year 2011 electronically filed return.	. If I have
indicated within this re	turn that a copy of the return is being filed with a s	state agency(ies) regulating charities as part of the IRS Fe	ed/State
program, I will enter my	y PIN on the return's disclosure consent screen.		
officer's signature	y PIN on the return's disclosure consent screen.	Date	

Part III

**Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

96716507111

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Officer's signature

NOV 1 2 2012 Date >

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 12-01-11

Form **8879-EO** (2011)