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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning and	ending		
В	Check If	C Name of organization		D Employer identific	ation number
	applicabl	INTERNATIONAL INSTITUTE OF ISLAMIC			
	Addre chang	SS THOUGHT			
	Name chang	Doing Business As IIIT		23-22	202414
	Initial return		Room/suite	E Telephone number	
	Termii ated		200	703-4	171–1133
	Ameno return	City or town, state or country, and ZIP + 4		G Gross receipts \$	4,414,741.
	Application	HERNDON, VA 20170-3333		H(a) Is this a group ret	
	pendii	F Name and address of principal officer: DR • HISHAM ALTALIB		for affiliates?	Yes X No
			20170	H(b) Are all affiliates incli	uded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no) 4947(a)(1)	or 🔲 527	If "No," attach a l	ist. (see instructions)
<u>J</u> '	Websi	te: ► WWW.IIIT.ORG		H(c) Group exemption	number -
		organization X Corporation Trust Association Other ▶	L Year	of formation 1980 M	State of legal domicile VA
P	art I	Summary			
Øø.		Briefly describe the organization's mission or most significant activities: $\overline{\mathtt{IIIT}}$			
		CULTURAL MEETINGS AND SEMINARS AND PUBLIC	SHES S	CHOLARLY WOR	RKS.
E	2	Check this box Fig. 1 if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	sets.
les & Gov	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	11
Activities	6	Total number of volunteers (estimate if necessary)		6	0
_ર્જૂ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<u>⊸`</u>	b	Net unrelated business taxable income from Form 990-T, line 34		7ь	0.
20				Prior Year	Current Year
<u>></u> 2	8	Contributions and grants (Part VIII, line h)		2,948,244.	4,360,000.
Revenue	9	Program service revenue (Part VIII, line 2g)		58,175.	54,722.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21.	19.
-	11	Other revenue (Part VIII, column (A), lines 5,6d, 8c,9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lline 12)		3,006,440.	4,414,741.
		Grants and similar amounts paid (Part IX, column (A), lines 1:3) 1 1		1,230,663.	2,427,999.
	14	Benefits paid to or for members (Part IX column (A),:line:4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part iX, column (A), lines 5-10)		888,123.	1,286,523.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
Ž	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,053,118.	620,536.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u></u>	3,171,904.	4,335,058.
. 10	19	Revenue less expenses. Subtract line 18 from line 12		<165,464.	79,683.
Sor			Be	ginning of Current Year	End of Year
sset Bala	20	Total assets (Part X, line 16)		583,543.	574,718.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		115,366.	167,048.
몵	22	Net assets or fund balances. Subtract line 21 from line 20		468,177.	<u>407,670.</u>
	art II	Signature Block			
		ities of perjury, I declare that I have examined this return, including accompanying schedule		-	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer		
		Standard of the standard		<u> </u>	<u> </u>
Sig		Signature of officer		Date	
Her	re	DR. HISHAM ALTALIB, TREASURER			·
_		Type or print name and title		Data A La Ta	- DYIN
D-:-		Print/Type preparer's name Preparer's signatus	SUR	Jale 1 Jack	PTIN
Paid		RICHARD H CHAMPION		Self-employed	
	parer	Firm's name RICHARD H CHAMPION		Firm's EIN	52-1469143
n26	Only	Firm's address 251 WESTWOOD AVE.			12 222 222
	. 41	LONG BRANCH, NJ 07704		Phone no / 3	32-222-3328
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
1320	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

	990 (2011) THOUGHT	<u> 23-2202</u>	414	Page 2
Pag	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			X
1 •	Briefly describe the organization's mission: IIIT IS DEDICATED TO THE REVIVAL AND REFORM OF ISLAMIC METHODOLOGY IN ORDER TO ENABLE THE UMMAH TO DEAL EFFECT			ITS
	PRESENT CHALLENGES AND CONTRIBUTE TO THE PROGRESS OF HU			
	CIVILIZATION IN WAYS THAT WILL GIVE IT MEANING AND DIRE			
2	Did the organization undertake any significant program services during the year which were not listed on			
-	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
•	If "Yes," describe these changes on Schedule O.	'		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by	expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of			
	others, the total expenses, and revenue, if any, for each program service reported.		10	121 .
4a	(Code) (Expenses \$ 380,154. including grants of \$ 10,434.) (Rever IIIT PROVIDED CLASSROOM INSTRUCTION ON TOPICS OF INTERE	ue\$		434.)
	ISLAMIC PERSPECTIVE.	51 FROM	11112	
	ISLAMIC FERSPECTIVE.			
			•	
				
			· · · - · - · -	
4b	(Code) (Expenses \$ 3,103,981. including grants of \$ 1,637,389.) (Rever IIIT CONDUCTS SEMINARS & EDUCATIONAL RESEARCH, PROVIDES TO DOMESTIC AND INTERNATIONAL STUDENTS, AND CONTRIBUTES ORGANIZATIONS AND CHARITABLE CAUSES.	SCHOLA		AID)
				
				
				
4c	(Code) (Expenses \$332,385. Including grants of \$) (Rever IIIT FUNDED THE PUBLICATION AND DISTRIBUTION OF SCHOLAR JOURNALS.	LY BOOKS		288.)
	·			
		·		
				-
		 		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 36,990 • including grants of \$ 29,120 •) (Revenue \$)	
4e	2 052 510			
			Form 9	90 (2011)

THOUGHT Form 990 (2011) Part IV Checklist of Required Schedules

			Yes	No
1 •	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Α_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-	_	
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
Ь	, ,			1,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
Ь	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			v
4 5	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		 	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X_
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	2011)

THOUGHT

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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	Х	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	<u> </u>		
	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		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
ь	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			
	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			U.
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
32	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	 ••		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			Ť
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2011)

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Par	t V. 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	4						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		ĺ				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
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	1		ĺ				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		├─				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		.,	1				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X					
b	If 'Yes,' enter the name of the foreign country: ► UNITED KINGDOM	-						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	1_	1	v				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	 					
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х				
	any contributions that were not tax deductible?	- Oa	 	<u> </u>				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	0.0		 				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	r? 7a	•	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
•	to file Form 8282?	7c		X				
d	If "Yes," Indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_ X_				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? 7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting							
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ,	ļ				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		ļ				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	\dashv						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 2. Action 504(4) approximations Factors 10b	\dashv						
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders	\dashv						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ì				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	<u> </u>				
_	Note. See the instructions for additional information the organization must report on Schedule O.							
ь	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							
C	Enter the amount of reserves on hand		<u> </u>					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		Form	990	(2011)				

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

						TT 1			
<u> </u>	Check if Schedule O contains a response to any question in this Part VI					X			
Sec	tion A. Governing Body and Management		-		· ·				
_		1	I	5	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	-	-					
	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	46		3					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		긕					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp wıın	any other	2		Х			
2	officer, director, trustee, or key employee?	aa dira	nt 011000#0100						
3	Did the organization delegate control over management duties customarily performed by or under the	ie dire	ot supervision	3		х			
	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form	000	no filod?	4		X			
4	Did the organization make any significant changes to its governing documents since the prior roll of the organization become aware during the year of a significant diversion of the organization's as		as meu :	5		X			
5 6	Did the organization become aware during the year of a significant diversion of the organization's as	36121		6		X			
	Did the organization have members of stockholders, or other persons who had the power to elect or a	nnoint	one or	-					
more members of the governing body?									
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	etockh	olders or	7a	X				
8	persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
-		ai uy u	ie ioliowilig	8a	х				
b	a The governing body?b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	achad	at the	8b		<u>X</u>			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acneu	at the	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)						
<u> </u>	tion D. 1 Onoico (This dection Direquests information about policies not required by the internal i	ICVCIIU	e coue.,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hanter	s affiliates	100					
_	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b 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		Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?								
	In Schedule O how this was done	,		12c					
13	Did the organization have a written whistleblower policy?			13		Х			
14	Did the organization have a written document retention and destruction policy?			14		Х			
15	Did the process for determining compensation of the following persons include a review and approve	al by II	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•						
а	The organization's CEO, Executive Director, or top management official			15a		Х			
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a						
	taxable entity during the year?			16a		Х			
ь	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	n's	İ					
	exempt status with respect to such arrangements?		•	16b	L				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	•							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only	/) availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy,	and finar	ncial				
	statements available to the public during the tax year.		. •						
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organi	zation:	-				
	BEVERLY AMAL HASSAN - ACCOUNTANT - 703-471-6060								
	459 HERNDON PARKWAY, SUITE 22, HERNDON, VA 20170								
13200	6 12		·	Form	990 (2011)			

22391114 130118 IIIT

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organization		orga	anıza			mpe	nsat			
(A)	(B)	1		(C	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week	-	T	1		T	155,	from	from related	other
	(describe hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 92	聲			22		(W-2/1099-MISC)	(11 2) 1033 (1100)	organization
	organizations	#S#	Ĕ		8			(** 2 / 655 *********************************		and related
	ın Schedule	gra	Institutional trustee	.	Key employee	8 32 S	 5			organizations
	O)	호	Insti	Officer	ş	Highest compensated employee	F			-
(1) DR. ABDULHAMID ABUSULAYMAN										
CHAIRMAN/TRUSTEE	20.00	X		X		<u> </u>		0.	0.	0.
(2) DR. JAMAL BARZINJI										
VP/SECRETARY/TRUSTEE	20.00	X		X		┞	_	0.	25,000.	0.
(3) ISHAQ AHMAD FARHAN	2 22									
TRUSTEE	2.00	X			_	-		0.	0.	0.
(4) ANWAR IBRAHIM TRUSTEE	1.00	X						0.	0.	0.
(5) DR. TAHA AL-ALWANI	1.00	-	ļ			1	\vdash	•	•	•
TRUSTEE	0.10	x						0.	0.	0.
(6) DR. HISHAM ALTALIB			ļ			1				·
TREASURER	20.00			Х				0.	25,000.	8,760.
(7) DR. FATHI MALKAWI										
FORMER TRUSTEE	5.00					$oxed{oxed}$	X	30,000.	0.	0.
							-			
						<u> </u>				
		ļ	_			ļ				
					_					
		-					-			
		<u></u>						L		

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(A) Name and title	Average hours per week (describe hours for related organizations in Schedule	tes or director	not ci	ss per d a d	tion more son i recto	e than on some sortrus	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	((F) Estimat amount other ompense from the organiza and rela rganizat	of ation ne ition
	O)	Indiv	Insti	Officer	Keye	High	Former				-	
1b Sub-total						•		30,000.	50,00		8,7	
 c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization 		nose	liste	ed at	oove	e) wh	o re	30,000 acceived more than \$100	50,00		8,7	0 760
 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si 	such individual									3	Yes X	No
and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue compe	nsat	ıon f	rom	any	unr			idual for services			X
Section B. Independent Contractors 1 Complete this table for your five highest contraction Report compensation for	-	-								ensatio		
(A) Name and business	address	N	ЭМЕ	<u> </u>				(B) Description of s	services	Com	(C) pensata	on
Total number of independent contractors (including but r	not li	mite	d to	tho	se le	ster	d above) who received o	nore than			
\$100,000 of compensation from the organ	-					0				Fo	rm 990	(2011

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Pa	rt V	III Statement of Reven	ue		- -			_
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 ;	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	b Membership dues	1b					
S,E		Fundraising events	1c					
ar J		d Related organizations	1d	4360000.				
s, G		e Government grants (contribution	ons) 1e					
Sign		f All other contributions, gifts, grants	· —					
E E		similar amounts not included abov	1 1					
		Noncash contributions included in lines		140,000.				
35		h Total. Add lines 1a-1f		<u> </u>	4360000.			
		Total //co mroo /c //		Business Code				
	2 :	PUBLICATION INC	OME	511190	41,686.	41,686.		
Š		TUITION REVENUE		611110	10,434.	10,434.		
Program Service Revenue	-	OTHER INCOME	 	541900	2,602.	2,602.		
E S		d				_,0020		
ğæ		<u> </u>	_					
P		f All other program service rever	11A					
		g Total. Add lines 2a-2f	100		54,722.			
\neg	3	Investment income (including of	dividends intere	-	0 1 / 1 2 2 4		***************************************	-
	·	other similar amounts)	arvidorido, irrici	b	19.			19.
	4	Income from investment of tax	-evemnt bond r	proceeds				
	5	Royalties	exempt bond t	noceeds -			<u> </u>	
	3	noyaliles	(i) Real	(II) Personal			· · · · · · · · · · · · · · · · · · ·	
1	6 :	a Gross rents	(I) Neal	(ii) Personai				
				<u> </u>				
		'		 				
		c Rental income or (loss) d Net rental income or (loss)						
		` ′ 1	(i) Consumtion	(i) Other				
	,	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
		b Less: cost or other basis		1				
		and sales expenses		 				
		c Gain or (loss)		<u> </u>				
		d Net gain or (loss)		<u> </u>				
a l	8 8	Gross income from fundraising						
Ş		including \$	of					
Other Revenue		contributions reported on line						
ē		Part IV, line 18	a					
ಕ		b Less: direct expenses	b					
		Net income or (loss) from fund	_					-
	8	Gross income from gaming act Part IV, line 19		[
			a					
		b Less: direct expenses	b	—				
		Net income or (loss) from gami					·····	
	10 8	Gross sales of inventory, less r						
		and allowances	a	<u> </u>				
		b Less: cost of goods sold	b					
+		Net income or (loss) from sales		D			······································	
}		Miscellaneous Revenue	9	Business Code				
	11 (-		}				
		b			 -			
		A All All						
		d All other revenue						+
		e Total. Add lines 11a-11d	•		1111711	54 777	0	10
13200	12 9	Total revenue. See instructions			4414741.	54,722.		. 19.

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).

Ω-	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	752 620	752 620		
	organizations in the United States See Part IV, line 21	753,620.	753,620.		
2	Grants and other assistance to individuals in	26 000	26 000		
	the United States. See Part IV, line 22	36,990.	36,990.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	1 607 000	1 605 000		
	United States. See Part IV, lines 15 and 16	1,637,389.	1,637,389.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 000 115	215 222	010 555	
7	Other salaries and wages	1,030,447.	817,890.	212,557.	
8	Pension plan accruals and contributions (include	0.1 .0.1	10 000		
	section 401(k) and section 403(b) employer contributions)	21,134.	18,920. 141,644.	2,214.	
9	Other employee benefits	186,563.		44,919.	
0	Payroll taxes	48,379.	39,910.	8,469.	
1	Fees for services (non-employees):				
а	Management	60,000.		60,000.	
b	Legal	88,292.	84,612.	3,680.	-
C	Accounting	5,000.		5,000.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion	27,573.	26,223.	1,350.	
3	Office expenses	33,302.	16,356.	16,946.	
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	61,139.	31,297.	29,842.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u>-</u>
9	Conferences, conventions, and meetings	77,336.	58,002.	19,334.	
20	Interest	2,796.		2,796.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,569.	6,698.	2,871.	***
:3	Insurance	1,025.		1,025.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		and the second s		
a	MEALS & HOSPITALITY	95,715.	61,418.	34,297.	
b	PUBLICATIONS COSTS	49,707.	43,961.	5,746.	
C	POSTAGE & SHIPPING	22,212.	16,072.	6,140.	
đ	DUES & SUBSCRIPTIONS	19,622.	5,028.	14,594.	
е	All other expenses	67,248.	57,480.	9,768.	
5	Total functional expenses. Add lines 1 through 24e	4,335,058.	3,853,510.	481,548.	(
:6	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)				

23-2202414 Page **11**

****	· **· 1	Balance Sheet		(A) Beginning of year		(B) End of year
•				190,291.		
	1	Cash · non-interest-bearing	-	3,516.	1	132,197. 3,526.
	2	Savings and temporary cash investments	-	3,310.	2	3,320.
	3	Pledges and grants receivable, net	-	120 552	3	192,147.
	4	Accounts receivable, net		138,552.	4	192,147.
	5	Receivables from current and former officers, di	1			
		employees, and highest compensated employee	es. Complete Part II		_	
•		of Schedule L		,	5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sect				
,		employees' beneficiary organizations (see instru	ctions)		6	<u>.,</u>
Assets	7	Notes and loans receivable, net	ļ	006 561	7	226 561
₹	8	Inventories for sale or use	ļ	236,561.	8	236,561.
	9	Prepaid expenses and deferred charges			9	***************************************
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 228,318.	10.006		0 400
	b	Less: accumulated depreciation	10b 219,886.	12,986.	10c	8,432.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	ļ	1,637.	15	1,855.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	583,543.	16	574,718.
	17	Accounts payable and accrued expenses	ļ	115,366.	17	167,048.
	18	Grants payable	1		18	+-···
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
20	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	······································	21	
	22	Payables to current and former officers, director	s, trustees, key employees,			•
		highest compensated employees, and disqualifi	ed persons. Complete Part II			
۱ ۲		of Schedule L		<u> </u>	22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		115,366.	26	167,048.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
S		lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		468,177.	27	407,670.
	28	Temporarily restricted net assets			28	***
ğ	29	Permanently restricted net assets			29	
1		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
5		complete lines 30 through 34.				
ags	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated in		32		
Z	33	Total net assets or fund balances		468,177.	33	407,670.
	34	Total liabilities and net assets/fund balances		583,543.	34	574,718.

Form **990** (2011)

Form	1990 (2011) THOUGHT	23-2	<u> 202414</u>	Pag	<u>je 12</u>			
Pa	rt 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	4,414					
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,335		<u>58.</u> 83.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>77.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<140					
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	407	7,6	<u>70.</u>			
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII				<u>Ш</u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		Į			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
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	e audīt,			Į			
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
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			l			
	separate basis, consolidated basis, or both:				l			
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt						
	Act and OMB Circular A-133?		3a		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			l			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

INTERNATIONAL INSTITUTE OF ISLAMIC **Employer identification number** Name of the organization 23-2202414 THOUGHT Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d Type III · Other a L Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (II) EIN (vii) Amount of organization in col organization in col (i) listed in vour organization in col organization (i) organized in the US? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes Nο Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Total

PE	Support Schedule for (Complete only if you checke fails to qualify under the test	ed the box on line 5	5, 7, or 8 of Part I o	or if the organization			•
Se	ction A. Public Support					 	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(4) 2007	(6) 2000	(9) 2,555	(4) 2010	(6) 2511	(y Total
	include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
2							
3	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4					·	
Se	ction B. Total Support	.					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
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						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						1
	Total support. Add lines 7 through 10	L	L	<u> </u>	<u> </u>	- 	1
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo		s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
200	organization, check this box and stoction C. Computation of Pub		rcentage				
	 		-	(6)			
	Public support percentage for 2011 (Public support percentage from 2010)			column (i))		15	
			•	n line 12 and line	14 10 22 1/204 05	LL	
100	a 33 1/3% support test - 2011. If the				14 IS 33 1/370 OF	more, check this o	ox and ⊾
	stop here. The organization qualifies on 33 1/3% support test - 2010. If the		-		d line 15 is 33 1/3:	% or more check t	his boy
-	and stop here. The organization qua	-				70 OF THORE, CHECK I)
17-	and stop nere. The organization qua	• •	• • •		e 13 162 or 16h	and line 1/1 is 100/	or more
. , ,	and if the organization meets the "fac	_	=				•
	meets the "facts-and-circumstances"			-	•	arrivinow the orga	mzation ►
	10% -facts-and-circumstances tes	_	<u>-</u>		_	17a and line 15 in	- 10% or
•	more, and if the organization meets t	_	-				
	organization meets the "facts-and-cir						▶ □

Schedule A (Form 990 or 990-EZ) 2011

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

<u></u>	qualify under the tests listed be	low, please comp	lete Part II.)				
	ction A. Public Support		#1 0000	43,0000	4 0 0040	(-) 0044	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						45 200 044
	include any "unusual grants.")	3,405,000.	2,630,000.	2,865,000.	3,088,244.	4,220,000.	16,208,244.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	51,894.	184,097.	53,016.	58,175.	54,722.	401,904.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,456,894.	2,814,097.	2,918,016.	3,146,419.	4,274,722.	16,610,148.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
•	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)				1		16,610,148.
Se	ction B. Total Support						
Cale	indar year (or fiscal year beginning in) 🕨 📙	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	3,456,894.	2,814,097.	2,918,016.	3,146,419.	4,274,722.	16,610,148.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92.	46.	27.	21.	19.	205.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	92.	46.	27.	21.	19.	205.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)	2 455 005	2 214 142	2 010 013	3 145 440	4 074 741	16 610 252
	Total support (Add lines 9, 10c, 11, and 12)	3,456,986.	2,814,143.	2,918,043.	3,146,440.	4,274,741.	16,610,353.
14	First five years. If the Form 990 is for check this box and stop here	tne organization's	i iirst, secona, tnira	i, tourth, or titth ta	x year as a section	i 50 i (c)(3) organiz	ation,
Se	ction C. Computation of Publi	c Support Per	rcentage				<u> </u>
	Public support percentage for 2011 (lii	_		olumn (fl)		15	100.00 %
	Public support percentage from 2010	• •		2.011,11 (1))	t t	16	100.00 %
	ction D. Computation of Inves						
	Investment income percentage for 20°			e 13. column (f))		17	.00 %
18	Investment income percentage from 2			5 10, 001011111 (1))	t	18	<u>%</u>
	a 33 1/3% support tests - 2011. If the			n line 14, and line			
	more than 33 1/3%, check this box an	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	ition .	ightharpoons X
ı	33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, check	ck this box and st	t op here. The orga	nization qualifies a	s a publicly suppo	orted organization	
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19a	, or 19b, check the	s box and see ins	tructions	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

2011 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL INSTITUTE OF ISLAMIC

Employer identification number 23–2202414

	THOUGHT		<u> </u>		2202414
Par			r Other Similar Fund	s or Accounts. Con	nplete if the
	organization answered "Yes" to Form 990, Part IV, line	ne 6.		# N F	
		(a) Do	onor advised funds	(b) Funds and oth	her accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that th	ne assets held in donor adv	sed funds	
	are the organization's property, subject to the organization's	s exclusive leg	al control?		」Yes □ No
6	Did the organization inform all grantees, donors, and donor a	advisors in wr	iting that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advis	sor, or for any other purpose	e conferring	
	impermissible private benefit?				Yes No
Pa	t Conservation Easements. Complete if the or	rganization an	swered "Yes" to Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	tion (check all	that apply).		
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of an h	storically important land	l area
	Protection of natural habitat		Preservation of a ce	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	lified conserva	tion contribution in the forn	n of a conservation ease	ment on the last
	day of the tax year.				
				Held at th	e End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
C	Number of conservation easements on a certified historic str	ructure includ	ed in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06	, and not on a historic struc	ture	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	eleased, exting	guished, or terminated by th	ne organization during th	ne tax
	year ▶				
4	Number of states where property subject to conservation ea	asement is loc	ated 🕨		
5	Does the organization have a written policy regarding the pe			t	
	violations, and enforcement of the conservation easements	ıt holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcin	g conservation easements	during the year 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and	l enforcing cor	nservation easements durin	g the year ▶ \$	
8	Does each conservation easement reported on line 2(d) abor				
	and section 170(h)(4)(B)(ii)?				☑ Yes No
9	In Part XIV, describe how the organization reports conservat	tion easement	ts in its revenue and expens	se statement, and baland	ce sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financia	al statements that describe	s the organization's acco	ounting for
	conservation easements.				
Pa	t III Organizations Maintaining Collections of	of Art, Hist	orical Treasures, or (Other Similar Asse	ts.
	Complete if the organization answered "Yes" to Form	n 990, Part IV,	line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not t	to report in its revenue state	ement and balance shee	t works of art,
	historical treasures, or other similar assets held for public ex	khibition, educ	ation, or research in further	ance of public service, p	orovide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these ite	ems.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to re	port in its revenue stateme	nt and balance sheet wo	orks of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or i	research in furtherance of p	ublic service, provide th	e following amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1			> \$	
	(ii) Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art, historical tre	easures, or ot	her sımılar assets for financ		
	the following amounts required to be reported under SFAS				
а	Revenues included in Form 990, Part VIII, line 1			> \$	
b	A			▶ \$	

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

Schedule D (Form 990) 2011

_	dule D (Form 990) 2011 THOUGHT			-1			•	02414	
	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	is, check any	of the following tha	at are a s	ignificant	use of its	collection	items
•	(check all that apply):		. . .	_					
а	Public exhibition	C		or exchange progr	ams				
b	Scholarly research	•	e L Othe						
С	Preservation for future generations								
4	Provide a description of the organization's continuous						ose in Par	t XIV.	
5	During the year, did the organization solicit of				er sımıla	r assets	_	_	
	to be sold to raise funds rather than to be m						<u>L</u>	Yes	No.
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	- '	ete if the orga	nization answered	"Yes" to	Form 990), Part IV,	line 9, or 	
	Is the organization an agent, trustee, custod on Form 990, Part X?				ssets not	t included		Yes	☐ No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table			[···			
								Amount	
	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		-	
2a	Did the organization include an amount on F	form 990, Part X, line	21?				<u> </u>	_ Yes	No
	If "Yes," explain the arrangement in Part XIV								
Pa	t V Endowment Funds. Complete	if the organization ar	swered "Yes	to Form 990, Part	IV, line	10.			
		(a) Current year	(b) Prior y	ear (c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance							, , ,	
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, co	umn (a)) held as:					
а	Board designated or quasi-endowment	•	%	,					
b	Permanent endowment ▶	 %	_						
c	Temporarily restricted endowment ▶	<u></u> %							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posse		ation that are	held and administr	ered for t	the organi	zation		
	by:							\(\bar{\sigma}\)	res No
	(i) unrelated organizations							3a(i)	110
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule i	??				3b	
4	Describe in Part XIV the intended uses of the	•							
	t VI Land, Buildings, and Equipn								
	Description of property	(a) Cost or o) Cost or other	(c) A	ccumulate	ed	(d) Book	value
	becomplied of property	basis (invest	-	basis (other)		preciation	- 1	(a) Dook	74.00
	Land	, , , , , , , , , , , , , , , , , , , ,	-	,,					
b	Buildings	-		-	·····				
	Leasehold improvements			=					
ت ب	'								
d	Equipment Other			228,318.		219,8	86	Q	,432
	Linner	1	1			ムエフ・O	00.		. 432
<u>е</u>	. Add lines 1a through 1e. (Column (d) must e	15 000				,			,432

т	U	\sim	T	IG	u	m	
11.	ית	u	L.	"	п	т.	

Part VII Investments - Other Securities. S	ee Form 990, Part X,	line 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests			1	
(3) Other	_			
(A)	_			<u> </u>
(B)				
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)				
(H)	<u> </u>			
(I) Total (Cal (b) must squal Form 000, Part V sel (R) line 12 \ \rightarrow	 			· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments - Program Related.	Soo Form 000 Port V	lino 12	······································	
(a) Description of investment type	(b) Book value		(c) Method of value	
(4)			St of end of year mai	Net value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line	e 15.			
(a) Description			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(9)				
(10)				·
Total. (Column (b) must equal Form 990, Part X, col (B) lir Part X Other Liabilities. See Form 990, Part X			>	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes]	
(2)				
(3)				
(4)				
(5)				
(6)				
			1	
(8)				
(9)				
(10)				
(11)			1	
Total. (Column (b) must equal Form 990, Part X, col (B) lir FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	to the organization's financia	al statements that reports the organ	ization's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740) 132053 01-23-12		and organ		edule D (Form 990) 2011

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

THOUGHT Part I

Name of the organization INTERNATIONAL INSTITUTE OF ISLAMIC **Employer identification number**

23-2202414

General Information on Activities Outside the United States. Complete if the organization answered "Yes"

to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

	T		an be duplicated if additional space is		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
		In region	IIIT	IIIT OFFICE IN LONDON	Integion
			OFFICE(LONDON):TRANSLATING AND	RECEIVED \$390,000.00 FOR TRANSLATING AND	
EUROPE	2	l		PUBLISHING.	1 412 200
BUROPE			PUBLICATION.AFFILIATE(FRANC	INTERNATIONAL ISLAMIC	1,412,389.
				UNIVERSITY OF MALAYSIA	
				REC'D ON BEHALF OF	
PAGE AGIA C PAGERIG			THE TON COURT PROVIDE	1	E0 000
EAST ASIA & PACIFIC	0		TUITION SCHOLARSHIPS	TFI-SCHOLARSHIPS	50,000.
WIRDI R 11 68 1 WORK					
MIDDLE EAST & NORTH			THIRTON, GOVERNMENT TO	UNIVERSITY OF SCIENCE &	175 000
AFRICA	· · · · · · · · · · · · · · · · · · ·		TUITION SCHOLARSHIPS	TECHNOLOGY	175,000.
					0.
	 				<u> </u>
			1		
	1				
			1		
	 				
3 a Sub-total	2	0			1,637,389.
b Total from continuation)				
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	2	0		1	1,637,389.

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

Schedule F (Form 990) 2011

23-2202414

Page 2

THOUGHT Schedule F (Form 990) 2011

(i) Method of valuation (book, FMV, × appraisal, other) X/N < Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance 0.N/A 0.N/A (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of O.WIRED O. WIRED O. WIRED O. WIRED of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter TUITION SCHOLARSHIPS TUITION SCHOLARSHIPS OPERATION - TEACHING (d) Purpose of grant TRANSLATION & PUBLICATION OPERATION-JT VENTURE MIDDLE EAST & Part II can be duplicated if additional space is needed. (c) Region NORTH AFRICA EAST ASIA & PACIFIC SUROPE EUROPE (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

25

Schedule F (Form 990) 2011

Enter total number of other organizations or entities

က

THOUGHT

Part [it Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2011

Page 3

23-2202414

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						Schedu	Schedule F (Form 990) 2011

	THITPHMALIONAL	INSTITUTE OF	
schedule F (Form 990) 2011	THOUGHT		
Mr. A -4			

	74 Totelgri Tottlis	
1.	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes X No

Schedule F (Form 990) 2011

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

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection 201

OMB No 1545-0047

% × **Employer identification number** 23-2202414 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ISLAMIC INTERNATIONAL INSTITUTE OF General Information on Grants and Assistance THOUGHT Name of the organization Parti

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

reciplent that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check this	box if no one recipien	t received more th	an \$5,000. Part II	can be duplicated if a	idditional space is nee	▲
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTPORD SEMINARY							PROGRAM ASSISTANCE -
77 SHERMAN STREET							SCHOLARSHIP
HARTFORD, CT 06105	06-0647016	501(c)3	374,145.	0.	0.N/A	N/A	ENDOWMENT/EDUCATION
FELLOWSHIP FOUNDATION T/A							
INTERNATIONAL FOUNDATION - 115							
PARK AVENUE, SUITE 2 - FALLS							PROGRAM ASSISTANCE -
CHURCH, VA 22046	53-0204604	501(C)3	1,350.	0.	N/A	N/A	EDUCATION/SOCIAL SERVICES
							PROGRAM ASSISTANCE -
ALI KHAN ISLAMIC CENTER							COMMUNITY CENTER
21238 CENTRAL AVE, SUITE 230							PROGRAM ASSISTANCE -
MITCHEVILLE, MD 20721		501(C)3	1,000.	0.	N/A	N/A	EDUCATION/RESEARCH
AMERICAN TASK FORCE FOR LEBANON							
1100 CONNECTICUT AVENUE, NW							PROGRAM ASSISTANCE -
WASHINGTON, DC 20036		501(C)3	3,000.	0.	N/A	N/A	SOCIAL SERVICES
THE COMMUNITY POR MISSING							
CHILDREN, INC - P.O. BOX 366 -							PROGRAM ASSISTANCE -
LAWRENCEVILLE, GA 30046		501(C)3	200.	0.	N/A	N/A	SOCIAL SERVICES
			•				
NAZARETH COLLEGE/CTR FOR							PROGRAM ASSISTANCE -
INTERFAITH STUDIES & DIALOG - 4245							EDUCATION/INTERFAITH
EAST AVENUE - ROCHESTER, NY 14618	16-0743088	501(C)3	282,000.	0.	0.N/A	N/A	PROGRAM

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

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Page 2

23-2202414

THOUGHT

Schedule I (Form 990) (2011) THOUGHT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS & SCHOLARSHIPS GIVEN	7	29,120.	0	0.CASH	N/A
POLITICAL PARTY PA		4 07 07	c	O O Secu	4 × 2
PINANCIAL ASSISTANCE	N	3,000.	0	CASH	N/A
Part IV Supplemental Information. Complete this part to provide the inf	de the information	required in Part I, I	ine 2, and any other	ormation required in Part I, line 2, and any other additional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:		ALI KHAN ISLAMIC CENTER	CENTER		
(H) PURPOSE OF GRANT OR ASSISTANCE:		PROGRAM ASSISTANCE	CE - COMMUNITY	NITY	
CENTER					
PROGRAM ASSISTANCE - EDUCATION/RESEARC	Æ	PROJECT			

SCHEDULE J (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. ► See separate instructions. INTERNATIONAL INSTITUTE OF ISLAMIC THOUGHT

Employer identification number 23-2202414

Pé	art i Questions Regarding Compensation			
			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	16	1	
2	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 filing 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			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	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:			
a	Receive a severance payment or change-of-control payment?	4a		_ X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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.			
5	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:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	6a		Х
þ	Any related organization?	6b		X
	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	7		X
8	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	8	<u></u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u></u>

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

Schedule J (Form 990) 2011

THOUGHT

Schedule J (Form 990) 2011

Part it 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).

23-2202414

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C)	(D)	(E)	(F)
(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
	<u> </u>	0		30,000.	0	0	30,000.	0
1 DR. FATHI MALKAWI	(ii)	0	0		0	0	0	0
	Θ							
2	(ii)							
	(i)							
3	(ii)							
	ε							
4	E				,			
	(i)							
5	(ii)							
	(i)							
9	€							
	Ξ							
7	(ii)							
	(i)							
8	€							
	Ξ							
6	:							:
	Θ							
10	⊞							
	8							
11	▣							
	ε							
12	<u>(ii)</u>							
	ε							
13	Ξ							
	Ξ							
14	€							
	Ξ							
15	Ξ							
	ε							
16	▣							

Schedule J (Form 990) 2011

SCHEDULE M (Form 990)

Noncash Contributions

2011

OMB No 1545-0047

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

ZUIIOpen to Public

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL INSTITUTE OF ISLAMIC THOUGHT

Open to Public Inspection

Employer identification number 23-2202414

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 intellectual property a Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential X 140,000. FAIR MARKET VALUE 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 **Taxidermy** 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other -26 Other -27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II.

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

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

Schedule M (Form 990) (2011)

31

32a

31

contributions?

describe in Part II.

b If "Yes," describe in Part II.

X

X

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

INTERNATIONAL INSTITUTE OF ISLAMIC

Employer identification number 23-2202414

THOUGHT	23-2202414
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
IIIT ASSISTED CERTAIN NEEDY INDIVIDUALS/FAMILIES	
WITH FUNDING FOR MEDICAL, EDUCATIONAL, AND GENERAL	
WELFARE NEEDS.	
EXPENSES \$ 36,990. INCLUDING GRANTS OF \$ 29,120. REVE	ENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 7A: THE TRUSTEES MAY A	ADD OR REPLACE
TRUSTEES BY MAJORITY VOTE.	
FORM 990, PART VI, SECTION A, LINE 8B: LINE 8B: THE ORGAN	IIZATION HAS NO
COMMITTEES.	
FORM 990, PART VI, SECTION B, LINE 11: THE PREPARER CONFE	CRS WITH THE BOARD
AS NECESSARY. WHEN FINALIZED, THE RETURN IS PRESENTED TO	A BOARD MEMBER FOR
SIGNATURE. QUESTIONS AND REVISIONS, IF NECESSARY, ARE ADD	RESSED PRIOR TO
FILING.	
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
DONATED SERVICES AND USE OF FACILITIES:	-140,000.
PRIOR PERIOD ADJUSTMENTS:	-190.
TOTAL TO FORM 990, PART XI, LINE 5	-140,190.

(Form 990) Department of the Tressury	▲ Con	 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. 	i answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 orm 990. ▶ See separate instructions.	le 33, 34, 35, 36, o ctions.	r 37.		Open to Public Inspection	3 <u>b</u> ,
Name of the organization	INTERNATIONAL THOUGHT	INSTI				Employer identification number 23-2202414	fication nu 414	mper
Part 1 Identification of Di	isregarded Entities (Comp	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	to Form 990, Part IV, line 33.					
(a) Name, address, and EIN of disregarded entity	a) ess, and EIN rded entrty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
1 1 1 1	elated Tax-Exempt Organ	Identification of Belated Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990. Part IV, line 34 because it had one or more related tax-exempt	nswered "Yes" to Form 990.	Part IV line 34 bec	Sause It had one o	or more related tax-exc	tome	
Part it organizations during the tax year.)	g the tax year.)						-	
(a) Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(1: olled ity?
					מסונסונסו		Yes	ž
INC -	54-1399426 N,SUITE 12	THER			SUPPORTING			>
		CHARITABLE CAUSES	DISTRICT OF COLUMBIA	201(0)3	TI SALI	¥/2		4
YORK FOUNDATION - 31-16210 459 HERNDON PARKWAY, SUITE	31-1621645 AY, SUITE 22							
HERNDON, VA 20170		SUPPORTS CHARITABLE CAUSES	VIRGINIA	501(C)3	SCH A LN #7	N/A		×

37

Schedule R (Form 990) 2011 THOUGHT

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part

Page 2

23-2202414

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Yes No 6 Share of end-of-year assets Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) \equiv Share of total income ate allocations? Disproportion-Yes Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets Direct controlling entity Share of total Income <u>5</u> Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত্ত <u>e</u> Primary activity Direct controlling entity **@** ᡚ (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

Page 3

23-2202414

THOUGHT Schedule R (Form 990) 2011 Part V _ Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

					l	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				7	Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				-a		\times
 b Gift, grant, or capital contribution to related organization(s) 				1 b	\dashv	ايد
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				14	^	×
 Loans or loan guarantees by related organization(s) 				16	^	×
				,,,,,		,
 Sale of assets to related organization(s) 				=	`	اہ
g Purchase of assets from related organization(s)				19	^	×
h Exchange of assets with related organization(s)				4	_	×
i Lease of facilities, equipment, or other assets to related organization(s)				11	~	×
j Lease of facilities, equipment, or other assets from related organization(s)				į.	×	
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1k	^	×
	inization(s)			=	^	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) uoi			1m	^	×
n Sharing of paid employees with related organization(s)				1n	^	×
 Reimbursement paid to related organization(s) for expenses 				- 6	~	×
				9	^	×
 Other transfer of cash or property to related organization(s) 				- 5	~	×
				=	^	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	nis line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) SAFA TRUST, INC	υ	4,220,000.	САЅН			
(2) SAFA TRUST, INC	Ŋ	140,000.	FAIR MARKET VALUE			
(3)						
(4)						
(5)						
(6)						
132163 01-23-12	39		Schedule R (Form 990) 2011	(Form	990) 20	Ξ

Page 4 "

23-2202414

THOUGHT

Schedule R (Form 990) 2011

Part Vf Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

tage						
(k) Percent owners						י וחהה ו
G) eneral or sanaging sartner?					 7	Eo-L
(h) (i) (ii) (k) Disproportor Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? Ves No (Form 1065) Ves No			-		Cohedulo D (Com odi) 2011	Schedule r
Cod amoun of Sch (For		 	:			
(h) Disproportovate allocations?	 					
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all partners sec 501(c)(3) orgs. Yes No						
(d) Predominant income pa (related, unrelated, excluded from tax under section 512-514) y						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

chedule R	(Form 990) 2011 THOUG	HT	23-2202414	Page (
Part VII	(Form 990) 2011 THOUG Supplemental Information			
	Complete this part to provide addition	nal information for responses to questions on Schedule R (see instru	uctions).	
		· · · · · · · · · · · · · · · · · · ·		
<u>.</u>				
				
				
			····	_
2165			Schedule R (Form 9	200: -

INTERNATIONAL INSTITUTE OF ISLAMIC THOUGHT

23-2202414 . Schedule I (Form 990) THOUGHT

Part II: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Page 1

Part It Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Scho	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACCPAC P.O. BOX 25339 WASHINGTON, DC 20027		501(C)3	2,200.	•0	N/A	N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES
MUSLIMAT AL-NISAA 4107 SPRINGDALE AVE. BALTIMORE, MD 21207	20-5644620	501(C)3	5,000.	0.0	N/A	Y/Y	PROGRAM ASSISTANCE - COMMUNITY SERVICES
THE BREAST CANCER RELIEF FOUNDATION - P.O. BOX 1163 - RICHMOND, VA 23218		501(C)3	150.	•0	N/A	Y/N	PROGRAM ASSISTANCE - SOCIAL SERVICE
MASJID AL-ISLAM 624 GEORGE STREET NEW HAVEN, CT 06511	22-2777153	501(C)3	6,000.	•0	. W.A	Y/N	PROGRAM ASSISTANCE - COMMUNITY CENTER
ISLAMIC RELIEF USA 3655 WHEELER AVENUE ALEXANDRIA, VA 22304	95-4453134	501(C)3	6,500.	•0	N/A	Y/N	PROGRAM ASSISTANCE - SOCIAL SERVICES
1 75 22	52-1395040	501(C)3	1,000.	.0	₹/N.0	N/A	PROGRAM ASSISTANCE - SOCIAL SERVICES
GEORGETOWN UNIVERSITY 260 ICC BUILDING BOX 571027 WASHINGTON, DC 20057	53-0196603	501(C)3	25,000.	•0	N/A	N/A	PROGRAM ASSISTANCE - RESEARCH FELLOWSHIP/EDUCATIONAL
AMERICAN VETERANS 4647 FORBES BLVD. LANHAM, MD 20706		501(C)3	500.	•0	N/A	N/A	PROGRAM ASSISTANCE - SOCIAL SERVICES
EASTERN MENNONITE UNIVERSITY 1200 PARK RD, SEMINARY 138 HARRISONBURG, VA 22802	54-0575812	501(C)3	10,000.	0	0.N/A	N/A	PROGRAM ASSISTANCE - EDUCATIONAL Schedule (Form 990)
							/>>> !!!!> il : >!!!

INTERNATIONAL INSTITUTE OF ISLAMIC THOUGHT

ments and Organizations in the United States (Schedule I (Form 990), Part II.) Schedule I (Form 990) THOUGHT

Part II Continuation of Grants and Other Assistance to Govern

Page 1

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Generation of potentialist Generation of Ge	Part It Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sche	edule I (Form 990), Par	t II.)	
SOCIETY OF NORTH AMERICA. SOCIETY OF NORTH AMERICA. SOCIETY OF NORTH AMERICA. SOCIETY OF NORTH AMERICA. SOCIETY OF TABLE SOLICE SOCIETY OF TA	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ID, WA 22312 ID, WA WIA ID, WA 22312 ID, WA WIA ID, WA	ISLAMIC SOCIETY OF NORTH AMERICA 110 MARYLAND AVE NE , STE 304 WASHINGTON, DC 20002	31-1054012	501(C)3	5,000.	0.		N/A	PROGRAM ASSISTANCE - SOCIAL SERVICES
PROGRAM ASSI EDALE AVENUE 1, ND 20814 SOL(C) 3 2,200 0, N/A N/A COMMUNITY SE FRATERIAL ORDER OF POLICE 1, 1500 0, N/A N/A COMMUNITY SE FROGRAM ASSI TASE PORCE POR PALESTINE 1, 200 0, N/A N/A COMMUNITY SE FROGRAM ASSI ON, DC 20007 THE TOURDATION, INC 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	LIBYAN EMERGENCY TASK FORCE 5252 CHEROKEE AVE, SUITE 102 ALEXANDRIA, VA 22312		501(C)3	5,000.	0.0		N/A	PROGRAM ASSISTANCE - HUMANITARIAN ASSISTANCE
PROGRAMA ASSISTANTAL ORDER OF POLICE - 1977 HERNDON PARRANY - VA 20170 VA 20170 1 1,500. 1 1,500. 1 1,500. 1 1,000. 1	MINARET OF FREEDOM 4323 ROSEDALE AVENUE BETHESDA, MD 20814		501(C)3				N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES
FERGERAM ASSITABLE STINE STREET, N.W. SUITE 725 S2-1929011 501(C)3 2,000. 0.N/A N/A COMMUNITY SET PROGRAM ASSITABLE STREET, N.W. SUITE 725 S2-1929011 501(C)3 1,000. 0.N/A N/A COMMUNITY SET PROGRAM ASSITANT PROUNDATION, INC HINGTON, DC 20007 S2-1180441 501(C)3 500. 0.N/A N/A SOCIAL SERVIC, NY 11210 HINGTON, DC 20007 HE STREET, NW SUITE 500 S01(C)3 4,550. 0.N/A N/A COMMUNITY SET PROGRAM ASSITANT SET PROGRAM	HERNDON FRATERNAL ORDER OF POLICE LODGE64 - 397 HERNDON PARKWAY - HERNDON, VA 20170						N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES
SCRIMINATION CONSIN AVENUE, S2-1180441 501(C) 3	AMERICAN TASK FORCE FOR PALESTINE 1634 EYE STREET, N.W. SUITE 725 WASHINGTON, DC 20006	52-1929011	501(C)3		0.0		8/N	PROGRAM ASSISTANCE - COMMUNITY SERVICES
MUNITY FOUNDATION, INC BOX 100789 LXN, NY 11210 LXN, NY EDUCATIONAL LXN, NY EDUCATIONAL LXN, NY 11210 LXN	AMERICAN-ARAB ANTI-DISCRIMINATION COMMITTEE - 1732 WISCONSIN AVENUE, NW - WASHINGTON DC 20007	52-1180441	501(C)3		0		Y/N	PROGRAM ASSISTANCE - COMMUNITY SERVICES
NW SUITE 500 \$01(C)3 4,550. 0.N/A N/A COMMUNITY SE LLC PROGRAM ASSI 487 2,000. 0.N/A N/A EDUCATIONAL	M UNITY FOUNDATION, BOX 100789 LIYN, NY 11210	13-4056846	501(C)3	500.	0.0		N/A	. ≥.
HITE, LLC 112 TX 77487 HITE, LLC COMMUNITY SEI EDUCATIONAL	NW 007		501(C)3				N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES
	HITE, 12 TX 7:			2,000.	0.		N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES - EDUCATIONAL

Schedule I (Form 990)

THOUGHT

23-2202414

Page 1

Schedule I (Form 990) (h) Purpose of grant or assistance PROGRAM ASSISTANCE -COMMUNITY SERVICES (g) Description of non-cash assistance ٧ ٢ Schedule I (Form 990) THOUGHT
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0.N/A (e) Amount of non-cash assistance (d) Amount of cash grant 4,000 (c) IRC section if applicable (P) EIN (a) Name and address of organization or government 1335 SHALLOW FORD RD, HERNDON, VA 20170 IMSA

aar m	0	0	0	70.	34.	34.	33.	80.	44.	344.	37.	35.	180.	8	177.	324.	64.	106.
Current Year Deduction		······································	·····	1444444			,			₩					⊣	<u></u>		, - 1
Current Sec 179																		
Accumulated Depreciation	121,581.	34,749.	19,479.	1,138.	468.	555.	147.	361.	200.	1,547.	2,416.	155.	808	216.	1,094.	2,002.	396.	656.
Basis For Depreciation	121,581.	34,749.	19,479.	1,208.	523.	619,	262.	642.	355.	2,750.	4,294.	276.	1,437.	384	1,537.	2,812.	556.	922.
Reduction in Basis				ii-ii			263.	642.	355.	2,750.	4,295.	277.	1,437.	385	1,538.	2,812.	557.	922.
Bus % Excl	1								1.1		·		•					
Unadjusted Cost Or Basis	121,581.	34,749.	19,479.	1,208.	523.	619	525.	1,284.	710.	5,500.	8,589.	553.	2,874.	769.	3,075.	5,624.	1,113.	1,844.
No	16	16	16	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Lrfe	7.00	2.00	5.00	2.00	35.00	2.00	37.00	7.00	37.00	37.00	37.00	37.00	37.00	37.00	35.00	5.00	35.00	\$5.00
Method	SI	SL	TS	300DE	200DE	Z00DE	200DE	Z00DE	200DE	Z00DE	200DE	200DE	200DE	200DE	200DE	Z00DE	200DE	200DE
Date Acquired	VARIESSL	VARIESEL	VARIESSL	083106200DB5.0	082307200DB5.00	102607200DB5.0	070108200DB7.0	0702082000B7.0	070208200DB7.0	082708200DB7.0	102008200DB7.0	110508200DB7.00	110508200DB7.00	110508200DB7.00	031908200DB5.00	070508200DB5.00	080808200DB5.00	081408
Description	FURNITURE, FIXTURE & EQUIPMENT	EQUIPMENT	LEASEROLD IMPROVEMENT	LAPTOP	COMPUTER	COMPUTER	SMALL BUFFET	OFA	KCADO WOOD KS	ED FURNITUR	CASES &	CHERRY PRESENTATION BOARD	H	CHERRY LOW CABINET WITH DOORS	6 COMPUTERS	PREPPED	OTEBOOKS	KPS M1530 INTEL CORE 2 DUO PROCESSO081408200DB5.0
Asset						•												

(D) · Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset	Description	Date Acquired	Method	Life	S.C.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	NON IERA	071808	071808200DB5.0C	00-9	17	1,787.		894.	893.	636.		103.
	RW/52"SONY BRAVIA	041609	0411609200DB7.00	1.00	17	2,370.		1,185.	1,185,	490.		199.
	<u>ы</u>	120809	120809200DB7.00	00.7	17	2,648.		1,324.	1,324.	412.		261.
	DIRECT)	060310	060310200DB5.00		17	801.			801.	160.	·	256.
	4	072210	072210200DB5.0C	00.5	17	394.			394.	79.		126.
	CDW CDW		081710200DB5.00	00.5	13	516.			516.	103.		165.
	(1) COMPUTER	090210	090210200DB5.0C	00.5	17	1,102.			1,102.	220.		353.
	NOTEBOOK (MICROCENTED91410200DB5.00	E091410	ZOODE	00.5	17	1,281.			1,281.	256.		410.
	(1) DELL - COMPUTER091410200DB5.00	R091410	200DB	00.5	17	420.			420.	84.		134.
	(1) COMPUTER	102110	102110200085.00	00.5	17	420.			420.	\$4		134.
	(1) DELL COMPUTER	111110	111110200B5.00	00.5	17	630.			630.	126.		202.
	(1) NOTEBOOK	121310	121310200B5.00	00.0	17	315.			315.	63.		101.
	\vdash	091511	091511200DB7.00	00.	19C	1,942.		1,942.				1,942.
	RITY	A0211011200DB5.00	200DB5	00.0	19B	966.		996				966.
	(1) COMPUTER ACER SLIM DESKTOP	021111	021111200DB5.00	00.5	19B	366.		366.				366.
		061511	061511200085.00		19B	871.		871.				871.
	(1) AFFLE 1FAD WI-FI 3G 64GB	063011	063011200DB5.0C	00.5	19B	870.	•	870.				870.
	330 FAGE	5				228,318.		24,651,	203,667.	190,681.	0.	9,569.

(D) - Asset disposed

43

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury

See separate instructions.

990

Name(s)	shown on return			Busine	ss or activity to wh	ich this form relate	s	Identifying number
INT	ERNATIONAL INSTIT	UTE OF ISL	AMIC					
	UGHT			FOR	м 990 р	AGE 10		23-2202414
	Election To Expense Certain Pro	nerty Under Section 1	79 Note: If you	have any list	ted property.	complete Part	V before v	
	aximum amount (see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , ,		1	500,000.
	otal cost of section 179 property p	laced in service (see	instructions)				2	
	nreshold cost of section 179 property p	•	•				3	2,000,000
	eduction in limitation. Subtract line	•		Δ.			4	270007000
			-				5	
6	ollar limitation for tax year Subtract line 4 from (a) Description of		r-0- ii married tiling	(b) Cost (busine		(c) Elected	cost	
<u> </u>	(4)				,	(-,		
7 1	sted property. Enter the amount fr	om line 20			7			
	otal elected cost of section 179 pro		n in column (c)	lines & and			8	
	entative deduction. Enter the sma l			ilites o and	•		9	
				,			10	
	arryover of disallowed deduction fi	•			o) or line E			
	usiness income limitation. Enter th ection 179 expense deduction. Ad		,		•		11	
					P 13		12_	
	arryover of disallowed deduction to Do not use Part II or Part III below				<u> </u>			<u> </u>
Par			•		te listed prope	arty I		
	pecial depreciation allowance for c	qualified property (or	ner than iisted	property) pa	aced in service	e auring	44	5,015
	ne tax year	alaatiaa					14	3,013
	roperty subject to section 168(f)(1)						15	
Par	ther depreciation (including ACRS) MACRS Depreciation (Do		roperty \ /See II	netructione)	<u> </u>		16	
4 5429	titi inAdria Depreciation (Do	not include listed p		tion A	<u> </u>			
17 M	ACRS deductions for assets place	nd in convice in tax v					17	4,554
	•	•				▶ □	¬	1/331
10 11	you are electing to group any assets placed in Section B - Ass	ets Placed in Service				eral Deprecia	ation Syst	em
	ocolion b - Add	(b) Month and	(c) Basis for d			Depresid	lion Oyst	
	(a) Classification of property	year placed in service	(business/inve	stment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		1	•				
<u>тва</u>	5-year property		<u> </u>			-		
	7-year property							
	10-year property	 				-		
d								
<u>e</u>	15-year property						-	
	20-year property				25 vm		S/L	
9	25-year property	, , , ,	1		25 yrs. 27.5 yrs.	ММ	S/L	
h	Residential rental property	'	 				†	
	· · · · · · · · · · · · · · · · · · ·	/	-		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	1		39 yrs.	MM MM	S/L S/L	
	Section C - Asset	s Placed in Service	During 2011	Tay Year He	ing the Alter			stem
200		ST INCENTITION OF THE	, Suring 2011	.ux rear Os	y the Aiter	Litto Depret	T	J.C.II
20a	Class life		 		12 vm	-	S/L	
_ь	12-year		 		12 yrs. 40 yrs.	ММ	S/L S/L	
Par	40-year * W Summary (See Instruction				40 yrs.	IAIIAI		
					<u> </u>	.		
	isted property. Enter amount from		200 10 cod 20 :	n column (-)	and line 24		. 21	
	otal. Add amounts from line 12, lin nter here and on the appropriate li	_				r	22	9,569
	mon nere and on the appropriate if	nos or your retuin. F	withouthby all	- o ooipoidi	10112 JOED 11121			

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

IIIT 1

1110003111	·				23-	770741	<u> т Ра</u>
clude automob	iles, certain other	vehicles, certa	in computers,	and property	used for entertainm	ent, recreati	on, or

Listed Property (include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, of
amusement.)
N.A., F.,, hale for which was one was the standard colored and an deduction large process accounts as to Ode Ode and one

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

•	through (c) of S	Section A, all	of Section B, an	d Section C if a	арр	licable.								
	Section A -	Depreciation	on and Other Inf	formation (Ca	utic	n: See th	e instruc	tions for lii	nits for pa	ssenge	er automobil	es.)		
24a	Do you have evidence to s	upport the bu	siness/investment	use claimed?		Yes	No	24b If "Y	es," is the	eviden	ce written?		Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis		Basis for d (business/		(f) Recovery period	(g) Metho Conver	od/	(h) Depreciation deduction		Elec sectio co	n 179
25	Special depreciation allo	wance for q	ualified listed pro	perty placed i	n s	ervice dui	ring the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use							25				
26_	Property used more tha	n 50% in a c	ualified business	s use:				_	•					
			%											
-			%											
			%											
<u> </u>	Property used 50% or le	ess in a qual	fied business us	e:					•					
			%						S/L·		-			
			%						S/L -					
			%						S/L·					
<u></u>	Add amounts in column	(h), lines 25	through 27. Ente	er here and on	line	21, page	e 1	•		28				
29	Add amounts in column	(i), line 26. E	nter here and on	iline 7, page 1		. •						29		
		•••		tion B - Inform		ion on U	se of Vel	nicles			•		-	

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(á	a)	(t	o)	(4	c)	(0	d)	(4	e)	(1	f)
30	Total business/investment miles driven during the	Veh	ıcle	Veh	ncle	Veh	ıcle	Veh	ıcle	Veh	iicle	Veh	ııcle
	year (do not include commuting miles)					ļ							
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles												
	driven						···						
33	Total miles driven during the year.												
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?									<u> </u>			
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?					:							
36	Is another vehicle available for personal												
	use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5%

<u>ow</u>	ners or related persons.		
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		<u>-</u>
41	Do you meet the requirements concerning qualified automobile demonstration use?		L
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization		
	(a) (b) (c) (d) (a)	(6)	

P	art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during you	2011 tax year:				
		<u> </u>				
43	Amortization of costs that began before your	43				
<u>44</u>	Total. Add amounts in column (f). See the ins	44				

116252 11-18-11

Form 4562 (2011)