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OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lang benefit trust or private foundation) Open to Public rtment of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection ernal Revenue Service For the 2011 calendar year, or tax year beginning 7/1/2011 and ending 6/30/2012 C Name of organization Check if applicable CADEMY, INC D Employer identification n **AVICENNA** Doing Business As Address change 20-0331209 Number and street (or P O box if mail is not delivered to street address) Room/suite lame change E Telephone pur Initial re 9803 COLORADO ST **2**19) 736-7100 City or town, state or country, and ZIP + 4 Terminated Amended return CROWN POINT IN 46307 G Gross receipts \$ 494,034 F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes X DR M HYTHAM RIFAI 9803 COLORADO STREET, CROWN POINT, X Yes H(b) Are all affiliates included? If "No," attach a list (see instri 501(c)(3) Tax-exempt status 501(c) (insert no) a)(1) or Website: ► N/A X | Corporation K Form of organization Part I Summarv Briefly describe the organization's mission PRIMARY ED TION AND INSTRUCTION IN THE MUSLIM RELIGION AND CULTURE. Rev@@ANNEDActivities &G&eAnn3 2 Check this box ▶ if the organization discontinued its operations or disposed of han 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). 3 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 19 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) 396,431 259,945 Program service revenue (Part VIII, line 2g) 213,695 234.084 10 Investment income (Part VIII, column (A), -1,4237 6d 8c 11 Other revenue (Part VIII, column (A), line 10c. and 11e) Total revenue—add lines 8 through 11 must equal Part VIII, column (A), line 12) 12 608,703 494,034 13 Grants and similar amounts paid (Fart 14 Benefits paid to or for members (PaleX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A) 304,237 306,073 16a Professional fundraising lees (Raut IX,,column (A) line 11e) Total fundraising expenses (PartilX, column (D), Ind b Other expenses (Part IX, column (A), lines 11ac1 Id, 1f-24e).

Total expenses Additions 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 18 from line 12 17 357,790 214,812 18 662,027 520,885 19 -53,324 -26,851 Beginning of Current Year End of Year Total assets (Part X, Irre) 6 20 1,342,832 1,319,172 21: Total liabilities (Part X, line 26) 1,120,655 1.123.846 Net assets or fund balances. Subtract line 21 from line 20 222,177 195,326 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Date Paid Check WILLIAM WHITE self-employed P00161396 1/8/2013 **Preparer**

For Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Use Only

Firm's name ► RAMUSACK, WHITE, CPAS, PC

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

Firm's address ▶ 8087 RANDOLPH ST, HOBART, IN 46342

Form **990** (2011)

X Yes

Firm's EIN ► 35-2033945

(219) 945-0462

Phone no