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DLN: 93493166002153

990 -

Department of the Treasury

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)

2011

OMB No 1545-0047

2011

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

Open to Public Inspection

		011 calendar year, or tax year beginning 08-01-2011 and ending 07-31-2012 C Name of organization	1	D Employer id	dentification number
B Ched マ Addr		plicable Zaytuna College Inc		33-07209	
_		Doing Business As		E Telephone	
Nam				(510)900	-3137
Initia	al returi	Number and street (of PO box it mail is not delivered to street address) Room/suite	-	G Gross receipt	
Term	nınated	2401 Le Conte Avenue	-	G Gloss receipt	
_ Ame	ended re		_		
— Appl	ication	Berkeley, CA 94709 pending			
		F Name and address of principal officer	H(a) Is this	s a group retu	rn for
		W	affiliat		┌ Yes
			11/1-> • !!	· · · · · ·	
			• •	affiliates inclu	ı ded?
[Tax	-exem _l	ot status 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527		, accacil a lis o exemption r	
1 W <i>e</i>	heite	: www zaytuna org	11(0)		
		anization Corporation Trust Association Other •	L Year of for	mation 1996	M State of legal domicile Ca
Par	't Ι	Summary			
		riefly describe the organization's mission or most significant activities			
		aytuna College aims to educate and prepare morally committed professional, in n the Islamic scholarly tradition and conversant with the cultural currents and ci			
Governance	=	The Island Scholary tradition and conversant with the calcular currents and ci	Teredi racas e	maping mode	TH Society
<u> </u>	_				
<u> </u>	-				
3	2 C	heck this box দ if the organization discontinued its operations or disposed of	more than 25	5% of its net	assets
<u>ة</u>		umber of voting members of the governing body (Part VI, line 1a)		3	1
<u>≅</u>		umber of independent voting members of the governing body (Part VI, line 1b)		4	
Activities &		otal number of individuals employed in calendar year 2011 (Part V, line 2a) .		5	31
[otal number of volunteers (estimate if necessary)		6	2.
		otal unrelated business revenue from Part VIII, column (C), line 12		7a	(
ightharpoonup	ЬN	et unrelated business taxable income from Form 990-T, line 34		7b	
			Prior	Year .	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		3,210,070	7,317,845
Revenue	9	Program service revenue (Part VIII, line 2g)		398,903	522,599
9.4	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,480	3,873
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		74,505	169,091
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		3,684,958	8,013,408
	12	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		197,473	
	13 14			197,473	262,115
		Benefits paid to or for members (Part IX, column (A), line 4)			
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,154,040	1,680,564
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			(
<u></u>	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,329,470			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,285,657	1,772,880
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,637,170	3,715,559
	19	Revenue less expenses Subtract line 18 from line 12		1,047,788	4,297,849
			Beginning	of Current	
Net Assets or Fund Balances				ear	End of Year
388	20	Total assets (Part X, line 16)		3,346,776	7,746,839
주를	21	Total liabilities (Part X, line 26)		110,063	211,280
ž2	22	Net assets or fund balances Subtract line 21 from line 20		3,236,713	7,535,559
Par	t II	Signature Block	-		
Jnder	penalt	ies of perjury, I declare that I have examined this return, including accompanying sch			
V TY IC		nd belief, it is true, correct, and complete. Declaration of preparer (other than officer)	Duscu OII d	o. mativii	S. H.H. Preparer Has all
nowle	cage.				
mowle	uge.		I	13-06-14	
mowle	cuge.	*****			
Sign		***** Signature of officer	201 Dat		
Sign		Signature of officer Waheed Abdul Rasheed VP Operations			
Sign		Signature of officer			
Sign		Signature of officer Waheed Abdul Rasheed VP Operations Type or print name and title Preparer's Date Ch	Dat eck if	te Preparer's taxp	payer identification number
Sign Here		Signature of officer Waheed Abdul Rasheed VP Operations Type or print name and title Preparer's signature Patel Associates CPA Date Chesel	Dat eck if	te	
Sign Here Paid		Signature of officer Waheed Abdul Rasheed VP Operations Type or print name and title Preparer's signature Patel Associates CPA Date Chesel	Dat eck if if	Preparer's taxp (see instruction	
Sign Here Paid	rer's	Signature of officer Waheed Abdul Rasheed VP Operations Type or print name and title Preparer's signature Patel Associates CPA Patel Associates CPA Date Ch sel err Firm's name (or yours if self-employed),	Dat eck if if	te Preparer's taxp	
Sign Here Paid Prepa	rer's	Signature of officer Waheed Abdul Rasheed VP Operations Type or print name and title Preparer's signature Patel Associates CPA Date Ch sel em Firm's name (or yours Patel & Associates CPA	Dat eck if if	Preparer's taxp (see instruction	

Par		Statement of Progra Check if Schedule O conta				
1		describe the organization's				
		ege aims to educate and pi larly tradition and convers			ctual, and spiritual leaders, v s shaping modern society	vho are grounded in the
2		e organization undertake an or Form 990 or 990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes	," describe these new servi	ces on Schedule O			
3	service	e organization cease conduces?		nt changes in how it co	nducts, any program	┌ Yes ┌ No
4	Descri expens	be the organization's progra ses Section 501(c)(3) and	am service accomplishi 501(c)(4) organization	s and section 4947(a)	ree largest program services (1) trusts are required to rep th program service reported	, as measured by ort the amount of
4a	(Code) (Expens	ses \$ 1,771,234	ıncludıng grants of \$	227,625) (Revenue \$	301,960)
	offered langua	and the College curriculum emp	hasızes key foundatıonal tex iportant İslamıc sciences, an	ts, an in-depth examination id a firm grounding in the so	freshman class of 15 students The n of critical methodological issues, a cial sciences and the humanities T cation	a solid command of the Árabic
4b	(Code) (Expens	ses \$ 156,394	ıncludıng grants of \$	34,490) (Revenue \$	220,639)
	with a enrolled from va	ngorous, complete-immersion lai d in introductory, intermediate ar	nguage experience in an Ara nd advanced level classes. Za st speakers for weekly lectur	bic-only environment. The s aytuna hired qualified Arabic	reek program provided introductory ummer program hosted approxima teachers to participate in this sumi program, students who successfully	tely 50 students from the US mer program and invited scholars
4c	(Code) (Expens	ses \$	including grants of \$) (Revenue \$)
4d		program services (Descri	be in Schedule O) including grants o	 of \$) (Revenue \$)
 4е		program service expenses		·		,

art 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? <i>If</i> "Yes," complete Schedule D, Part IV	9		No
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	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV \blacksquare	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
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	Yes	
		F	orm 99 0	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . $$. \cdot . $$. [
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			No
_		5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
_	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N o
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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	70		N.o.
_	Contract?	7e 7f		No
	· · · · · · · · · · · · · · · · · · ·	/ 1		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		No
3	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		No
)	Sponsoring organizations maintaining donor advised funds.			110
а	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		Νo
	allocated to each state	134		1410
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νo

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

Se	ection A. Governing Body and Management			
			Yes	No
4_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		No
b	more members of the governing body?	7a 7b		No No
8	or persons other than the governing body?			
_	year by the following	.	V	
a	The governing body?	8a 8b	Yes Yes	
ь 9	Each committee with authority to act on behalf of the governing body?	H	res	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)	—	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		NO
ט	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Νo
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Sadaf Khwaja 2401 Le Conte Avenue

Berkeley, CA 94709 (510)900-3137

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, and current key employees 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, or 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 organiz	atıon nor any re	lated or	ganı	zatio	ns c	ompe	nsat	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Former Highest compensated employee Key employee Officer			MISC)	related organizations		
(1) Dr Tayyıb Rana Board Member	1 00	х						0	0	0
(2) Dr Suhail Obaji Board Member	1 00	х						0	0	0
(3) Hisham A Alireza Board Member	1 00	х						0	0	0
(4) Hamed Omar Board Member	1 00	х						0	0	0
(5) Zaid Shakir Board Member	40 00	х						71,241	0	2,575
(6) Pervez Qureshi Board Member	1 00	х						0	0	0
(7) Mohammad Omar Nawaz Board Member	40 00	х						167,815	0	18,032
(8) Dr Hatem Al-Bazıan Board Member	40 00	х		Х				46,000	0	0
(9) Hamza Yusuf Hanson Chairman	40 00	х						98,124	0	16,360
(10) Liliana Hanson Secretary	1 00	х						0	0	0
(11) Syed Mubeen Saıfullah President/Treas	5 00	х						0	0	0
(12) Sadaf Latif Controller	40 00			х				46,943	0	12,325

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-	C	(F) Estimated amount of other compensation from the organization and	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	0	rganiza	
1b c	Sub-Total	to Part VII. Sec	tion A	· ·	<u>.</u>	•		>						
d						•		F		430,123				49,292
2	Total number of individuals (incli \$100,000 of reportable compens					ted	above) who	received	d more tha	ın	·		
3	Did the organization list any forr	ner officer, direc	tor or t	ruste	e, k	ey e	mploy	ee, c	or highest	compens	ated employee		Yes	No
4	on line 1a? If "Yes," complete Sch For any individual listed on line 1 organization and related organiza	la, is the sum of	report	able								3		No
	ındıvıdual			•		•	• •	•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									anızatıon d	or individual for •	5		No
Se	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business add	dress							Desci	(B) ription of services		(C) Compen	
												+		
	Fotal number of independent conti \$100,000 of compensation from t			ot lın	nited	d to	those	liste	d above)	who receiv	ved more than			

Part V	4 * * *	Statement of Revenue					
10.00				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
芸芸	1a	Federated campaigns 1a					
豆豆	b	Membership dues 1b					
£.	С	Fundraising events 1c	4,239,056				
ž≝	d	Related organizations 1d					
오늘	e	Government grants (contributions) 1e					
₩.,?			3,078,789				
美量	f	All other contributions, gifts, grants, and similar amounts not included above					
은황	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$					
ठॅ व	h	Total. Add lines 1a-1f	•	7,317,845			
œ.			Business Code				
E E	2a	Tuition & Fees	611600	522,599	522,599		
% 92	ь						
ο E	С						
ž Š	d						+
Ŧ							-
Program Serwce Revenue	e						
٥	f	All other program service revenue					
Δ	g	Total. Add lines 2a-2f		522,599			
	3	Investment income (including dividence	+	·			
		and other similar amounts)	· · · · · · · · · · · · · · · · · · ·	3,873	3,873		
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties	• [0			
		(ı) Real	(II) Personal				
	6a	Gross rents	,				
	ь	Less rental					
		expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)	•	0			
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising					
Other Revenue		events (not including \$3,654,645 of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>	_	a	792,890				
Ě	b	Less direct expenses b	638,716				
0	C	Net income or (loss) from fundraising e	events 🟲	154,174			ļ
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activ	vities 🛌	0			
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	ntory 🟲	o			
		Miscellaneous Revenue	Business Code				
	11a	Publications	611600	5,620	5,620		
	ь	O ther I ncome	611600	9,297	9,297		
	c						
		All other revenue					
	a e	All other revenue					
	2	iotai. Add illies 118-110		14,917			
	12	Total revenue. See Instructions	. ▶	8,013,408	541,389		

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

Do no	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	262,115	262,115		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	562,196	396,566	55,834	109,796
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	877,039	618,652	87,105	171,282
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0		2.,222	
9	Other employee benefits	115,858	81,724	11,507	22,627
10	Payroll taxes	125,471	88,506	12,461	24,504
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	13,619		3,220	10,399
c	Accounting	20,200		20,200	_
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	181,445	28,298	18,680	134,467
12	Advertising and promotion	84,321	19,555	696	64,070
13	Office expenses	594,398	30,967	76,470	486,961
14	Information technology	25,845	4,031	2,661	19,153
15	Royalties	0			
16	Occupancy	392,342	296,151	71,681	24,510
17	Travel	196,653	20,633	3,804	172,216
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	15,177	13,927	1,250	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	49,514		49,514	
23	Insurance	4,437		4,437	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Textbooks	35,401	35,251	150	
b	Other Expenses	37,951	5,502	28,033	4,416
c	Sponsorship	38,900	25,750		13,150
d	Credit Card Service Charges	82,677		10,758	71,919
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	3,715,559	1,927,628	458,461	1,329,470
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,640,412 1.946.242 1 1 2 0 2 0 3 3 239.995 4 4 531.794 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 0 7 0 8 9 44,327 9 39,003 Prepaid expenses and deferred charges 5,068,228 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 301,266 b Less accumulated depreciation 1,044,716 10c 4,766,962 11 0 11 178,087 207,550 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 199,239 15 255,288 15 3,346,776 7,746,839 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 57,525 133,219 17 17 Accounts payable and accrued expenses . 18 18 19 31,088 19 51,513 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 21,450 25 26,548 D 26 110,063 26 211,280 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 2,930,756 6,902,580 Unrestricted net assets 65,302 28 361,069 28 Temporarily restricted net assets Fund 29 240,655 29 271,910 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 3.236.713 33 7.535.559 34 Total liabilities and net assets/fund balances 3.346.776 34 7.746.839

Ра	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8 (013,408
2	Total expenses (must equal Part IX, column (A), line 25)	2			715,559
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,2	236,713
5	Other changes in net assets or fund balances (explain in Schedule O)	5			997
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		7,5	35,559
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is	sued		103	
•	on a separate basis, consolidated basis, or both	Jucu			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		No

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Inspection

ytun	a Colle	ge Inc								
				rection described in section 170(b)(1)(A)(iii). Inction with a hospital described in section 170(b)(1)(A)(iii). Enter the e or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). In all part of its support from a governmental unit or from the general public (A)(vi) (Complete Part II) In all han 331/3% of its support from contributions, membership fees, and gross mons—subject to certain exceptions, and (2) no more than 331/3% of elated business taxable income (less section 511 tax) from businesses (See section 509(a)(2). (Complete Part III) If y to test for public safety Seesection 509(a)(4). If y for the benefit of, to perform the functions of, or to carry out the purposes of ribed in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check initiation and complete lines 11e through 11h If y per III - Functionally integrated definition of the purposes of ribed directly or indirectly by one or more disqualified persons						
	t I					uctions				
	rganız									
1	<u> </u>)(1).					
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	ı	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5	Г	An organization operated for the be	nefit of a college or uni	versity owned or operated	i by a governmental u	nıt described in				
		section 170(b)(1)(A)(iv). (Complete	te Part II)							
6	\sqcap	A federal, state, or local governmen	nt or governmental unit	: described in section 170((b)(1)(A)(v).					
7		described in	·	of its support from a gove	rnmental unit or from	the general public				
_	_	section 170(b)(1)(A)(vi) (Complet	•	(C. 1.1. D. 1.77.)						
8	<u> </u>	•								
9	ı	- · · · · · · · · · · · · · · · · · · ·			•	· · · · · · · · · · · · · · · · · · ·				
		· ·		•	•	from businesses				
_	_									
.0	<u> </u>		·	·						
1	l	one or more publicly supported orga	anızatıons described in upporting organization	ı section 509(a)(1) or sec ı and complete lines 11e t	tion 509(a)(2) See s hrough 11h	ection 509(a)(3). Check				
e	Γ									
f		If the organization received a writte	n determination from t	he IRS that it is a Type I,	Type II or Type III s	supporting organization,				
		check this box				Г				
g		Since August 17, 2006, has the order following persons?	ganization accepted ar	ny gift or contribution from	any of the					
		(i) a person who directly or indirect	lv controls, either alon	e or together with persons	s described in (ii)	Yes No				
		and (III) below, the governing body of		•	(,	11g(i)				
		(ii) a family member of a person de		5 		11g(ii)				
		(iii) a 35% controlled entity of a per	, ,	r (II) above?		11g(iii)				
h		Provide the following information ab	• •	• •		3(/				
		(iii) Type of	(iv) Is the	(v)	(vi)					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If the ection A. Public Support	e organization	rails to qualify t	inder the tests	listed below, ple	ease cor	npiete i	Part III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	111	(f) Total
	ın)	(a) 2007	(b) 2008	(6) 2009	(d) 2010	(6) 20	,,,,	(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,393,19	2 1,272,129	2,606,902	3,210,070	7	,317,845	15,800,138
•	grants ") Tax revenues levied for the						+	
2	organization's benefit and either							
	paid to or expended on its							0
	behalf							
3	The value of services or facilities							0
	furnished by a governmental unit							0
4	to the organization without charge Total. Add lines 1 through 3	1,393,19	2 1,272,129	2,606,902	3,210,070	7	,317,845	15,800,138
5	The portion of total contributions	2,030,13		2,000,502	3,223,010	•	,011,1010	20,000,200
•	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							932,170
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5							14 067 060
	from line 4							14,867,968
	ection B. Total Support		1		1			
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	1,393,192	1,272,129	2,606,902	3,210,070	7	317,845	15,800,138
8	Gross income from interest,	1,333,132	1,2,2,125	2,000,502	3,210,070	• •	317,013	13,000,130
Ü	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	482	296	641	1,480		3,873	6,772
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		374,836		64,905		169,091	608,832
11	Total support (Add lines 7 through 10)							16,415,742
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		
13	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organız	zation, ▶ T
	ection C. Computation of Pul			4.4 1 (5)				
14	Public Support Percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	11 column (r))		14		90 570 %
15	Public Support Percentage for 201	0 Schedule A , P a	art II, line 14			15		96 190 %
16a	33 1/3% support test—2011. If the				ine 14 is 33 1/3%	or more	, check t	his box ► ▼
	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee	e organization did n qualifies as a p — 2011. If the org tion meets the "i	I not check the bo ublicly supported janization did not facts and circums	x on line 13 or 16 organization check a box on lir tances" test, che	ne 13, 16a, or 16t ck this box and st	and line	14 Explain	check this
	organization			organiz		բաթուսո	,	▶ □
b	10%-facts-and-circumstances test							
	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization							▶□
18	Private Foundation If the organizat	ion did not check	c a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and s	see	
	ınstructions							▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493166002153

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

	u me of the organization ytuna College Inc		Emp	loyer identification number
,	,9		33-0	0720978
Pa	organizations Maintaining Donor organization answered "Yes" to Form	990, Part IV, line 6.		·
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			rsed ┌ Yes ┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b conferring impermissible private benefit			
Pa	rt II Conservation Easements. Comple	te if the organization answered "\	es" to Forn	<u> </u>
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qu	e organization (check all that apply) eation or pleasure)	n of an histor n of a certifie	ically importantly land area d historic structure
_	easement on the last day of the tax year	admica conservation contribution in th	[Held at the End of the Year
а	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easeme	nts	2b	
c	Number of conservation easements on a certified		2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified, tran	sferred released extinguished or ter	minated by th	ne organization during
-	the taxable year -	sterrea, reteasea, extingationea, or terr	initiacea by cr	ic organization daring
4	Number of states where property subject to conse	rvation easement is located 🗠		
5	Does the organization have a written policy regard enforcement of the conservation easements it hol		n, handling of	violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting and enforcing conservation	easements d	uring the year ►
7	Amount of expenses incurred in monitoring, inspe ► \$	cting, and enforcing conservation ease	ements durin	g the year
8	Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements	ofsection	┌ Yes
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's fin		
Pai	rt IIII Organizations Maintaining Collect Complete if the organization answere			her Similar Assets.
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or r	esearch in fu	
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these ite	or public exhibition, education, or rese		
	(i) Revenues included in Form 990, Part VIII, lin	e 1		► \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, h following amounts required to be reported under S		sets for finan	

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asu	<u>res, or O</u>	<u>the</u>	<u>r Simila</u>	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	lowing th	at are	e a significa	nt u	se of its co	ollection	ו	
а	Public exhibition		d	Γ	Loan or	exch	nange progr	ams	ı			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the o	rganızatıon	's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiz	atıor			es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontrıbutı	ons d	or other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г			Amou	.nt	
_	Daniman balanca						F	1.0		Amot	inc	
c d	Beginning balance							1c 1d				
	Additions during the year							1a 1e				
e •	Distributions during the year						H					
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo		21?							ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				1 1157		- 000					
Pai	Endowment Funds. Complete	f the organization (a)Current Year		were Prior			-orm 990, wo Years Back				1Eour V	ears Back
1a	Beginning of year balance	1,265,265	(L	PHOL	506,669	(6)10	WO TEATS DACK	<u> </u>	Jilliee fears	Dack (e)rour r	ears back
b	Contributions	1,075,041			758,596			+				
c	Investment earnings or losses	2,073,011			, 50,550			+				
d	Grants or scholarships							+				
u e	Other expenditures for facilities							+				
	and programs							┶				
f	Administrative expenses											
g	End of year balance	2,340,306		1	1,265,265							
2	Provide the estimated percentage of the year	r end balance held a	is									
а	Board designated or quasi-endowment 🕨	88 000 %										
b	Permanent endowment 🕨 12 000 %											
c	Term endowment ▶											
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	are held a	and a	dministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
_	(ii) related organizations					•		•		3a(ii)		No
	If "Yes" to 3a(II), are the related organization	•						•		3b		No
4	Describe in Part XIV the intended uses of th					<u> </u>						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	U, Pa									
	Description of property) Cost or o		(b) Cost or o basis (othe		(c) Accum deprecia		(d) Bo	ok value
1 a l	and		ı				2,891	,712				2,891,712
b I	Buildings						1,629	,335		74,189		1,555,146
c l	easehold improvements						405	,066	1	138,869		266,197
d i	Equipment						71	,655		47,400		24,255
_e (Other	<u> </u>	<u>. </u>				70	,460		40,808		29,652
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)							4,766,962
									Sched	ule D (I	orm 9	90) 2011

Investments—Other Securities. See	orm 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 1212	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.	
Part IX Other Assets. See Form 990, Part X, ling (a) Descrip	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount	

_	rotal revenue (Form 990, Part VIII, Column (A), me 12)	-	0,010,10
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,715,55
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,297,84
4	Net unrealized gains (losses) on investments	4	99
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	99
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,298,84
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	7,752,29
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-261,11
3	Subtract line 2e from line 1	3	8,013,40
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,013,40
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	3,453,44
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
d e	Other (Describe in Part XIV)	2e	-262,11
	Add lines 2a through 2d	2e 3	-262,11 3,715,55
e	Add lines 2a through 2d		
e 3	Add lines 2a through 2d		
e 3 4	Add lines 2a through 2d		
e 3 4 a	Add lines 2a through 2d		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The College is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code and the corresponding sections of the California Revenue and Taxation Code, except for taxes on net unrelated business income The College concluded that no provisions for federal or state income tax are required for the year ended July 31, 2012 The College has adopted the accounting guidance related to uncertain tax positions, and has evaluated its tax positions and believes that all of the positions taken by the College in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination The College's returns for years ended July 31, 2009, 2010 and 2011 are subject to examination by federal and state taxing authorities generally for three years after they are filed
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Zaytuna College's endowment fund is established for the purpose of the College and consists of donor-restricted endowment funds and board designated funds. The funds will be appropriated for expenditure in accordance with the UPMIFA statutes.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493166002153

OMB No 1545-0047

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.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Zavt	una College Inc					
,	and contege the				33-0720978	
Pa	General Informatio "Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the			ds to substantiate the	amount of the grants	or
_	assistance, the grantees' elig					
	the grants or assistance?					☐ Yes ☐ No
2	For grantmakers. Describe in Pa United States					ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is a	(f) Total
	(a) Region	offices in the region	employees or agents in region or independent contractors	region (by type) (e g ,	program service, describe specific type of	expenditures for region/investments in region
	Middle East & N. Africa	0	0	Contribution Received	Fundraising	12,853
	-					
3a	Sub-total					12,853
	Total from continuation sheets					•
	to Part I Totals (add lines 3a and 3b)					12,853
•	(aaaoo oa alla ob)		1			12,000

Pa	Part IV,	line 15, for any	sistance to Orgar y recipient who rece space is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composite of the composite	olete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 🔽
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	-								
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities				. ▶	
								Schodulo E	(Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +	·	<u> </u>	+		
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			<u> </u>	<u> </u>		 	1
						1	dula E (Earre 000) 2011

Part IV Foreign Forms

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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	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)	Г	Yes	্	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
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)	Г	Yes	┍	Νo
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).	Г	Yes	~	No

Schedule F (Form 990) 2011

Additional Data

Software ID: 11000144

Software Version: 2011v1.5

EIN: 33-0720978

Name: Zaytuna College Inc

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

As Filed Data -

DLN: 93493166002153

Employer identification number

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Zaytuna College Inc				Zinpioyer ide	itti ication namber
Zaytuna Conege Inc				33-0720978	3
Part I Fundraising Act	tivities. Complet	e if the organiz	zation answered "Yes'	' to Form 990, Part IV	/, line 17.
a	licitations s a written or oral agre Form 990, Part VII st paid individuals or	eement with any i) or entity in con entities (fundra	e Solicitation of not for Solicitation of go g Special fundrais ndividual (including offic nection with professiona sers) pursuant to agreer	on-government grants overnment grants ing events ers, directors, trustees I fundraising services? ments under which the fu	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser hav custody or control of contributions? Yes No	,	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
3 List all states in which the licensing					

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 19 Events (event type)	(b) Event #2 San Jose (event type)	(c) O ther Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
E E	1	Gross receipts	3,038,558	787,741	621,236	4,447,535
Reveilue	2	Less Charitable contributions	2,440,821	691,191	522,633	3,654,645
<u> </u>	3	Gross income (line 1 minus line 2)	597,737	96,550	98,603	792,890
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	214,132	43,277		257,409
ă	7	Food and beverages	34,023	733		34,756
Drea	8	Entertainment				
Δ	9	Other direct expenses .	223,627	24,321	98,603	346,551
	10	Direct expense summary Add lin	es 4 through 9 ın columr	ı(d)	🛌	(638,716)
	11	Net income summary Combine li				154,174
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	Г Yes Г No	
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ►</u>	
9 a b	Ist	er the state(s) in which the organization licensed to operate	gaming activities in eac	h of these states?		
	If"۱	re any of the organization's gaming Yes," Explain	licenses revoked, suspei	nded or terminated during	the tax year?	· · 「Yes 「No

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047

DLN: 93493166002153

Inspection

Employer identification number

Zaytuna College Inc						33-0720978	
Part I General Information							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sıstance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, III Part IV and Schedule	ne 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5		_	ted in the line 1 table .			· · · · •	0

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.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Financial Aid- Education	32	262,115		Cash	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description		Financial aid applications are received and granted based on need only. In addition, the undergraduate recipients are required
of How Grants are Used		to maintain a grade point average at or above 3 0, for the academic year for which the aid is awarded

Schedule I (Form 990) 2011

Compensation Information

DLN: 93493166002153

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Zaytuna College Inc

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			33-0720978			
Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all to Compensation committee					
		<u>'</u>	Compensation survey or study			
	Independent compensation consultant Form 990 of other organizations	고	Approval by the board or compensation committee			
	1 offit 990 of other organizations	Į*	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	pased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) Mohammad Omar (Nawaz ((1) (11)	167,815				18,032	185,847	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name	of the	organization
Zaytuna	a Colleg	e Inc

Employer identification number

33-0720978

Identifier	Return Reference	Explanation
	Form 990, Part VII - Compensation	During the 2012 fiscal year, Zaytuna had three board members who also served as teachers They are as follows 1 Hamza Yusuf Hanson (Chairman of the Board) - Full time Faculty2 Zaid Shakir (Member of the Board) - Full time Faculty3 Dr Hatem Al-Bazian (Member of the Board) - President of Zaytuna College and Full Time FacultyIn addition, the Executive Vice President, Mohammad Omar Nawaz, a position for which he is compensated, also served as a voting board member. These four persons are the non-independent voting members of the board.
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The organization's governing documents, policies, and financial statements are made available to the public upon request
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Board of Trustees and the Executive Vice President determine the compensation for other officers and key employees
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The conflict of interest policy is distributed annually and written responses to the conflict of interest questionnaire are required. The Board will determine if there is a potential conflict of interest identified. The Board members, less the member whose potential conflict of interest is identified, shall decide if a conflict of interest exists.
Form 990, Part VI, Line 9	Form 990, Part VI, Line 9 Officer, Director, Trustee, Key Employee Mailing Address	Hamed Omar10894 Pine Bluff DriveFishers, IN 46038Hisham A Alireza3313 17 Mile DrivePebble Beach, CA 93953Dr Suhail Obaji3424 Hollow Creek RoadGermantown, TN 38138Dr Tayyib Rana1306 Barksdale Drive NELeesburg, VA 20176
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990 will be provided to the Audit Committee for review and approval before it is filed with the IRS
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Yes, Zaytuna College has two board members that have a family relationship Hamza Yusuf Hanson (Chairman of the Board) is married to Liliana Hanson (Secretary of the Board)