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**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2012**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** 2012, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>IHSAN WORLDWIDE</b>		<b>D</b> Employer identification number 80-0030161
	Doing Business As		<b>E</b> Telephone number (513) 575-0413
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 6070 BRANCH HILL GUINEA RD		<b>G</b> Gross receipts \$ 226,724
	City/town or county State ZIP code + 4 MILFORD OH 45150		
<b>F</b> Name and address of principal officer AHMER KODVAWALA 6970 BRANCH HILL GUINEA PK MILFORD OH 45150			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, attach a list (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: www.Ihsanonline.org			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 2001	<b>M</b> State of legal domicile OH

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities CHARITABLE, RELIGIOUS AND EDUCATIONAL		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	10
	<b>6</b> Total number of volunteers (estimate if necessary)	6	150
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 140,177.	Current Year 159,208.
	<b>9</b> Program service revenue (Part VIII, line 2g)	79,612.	67,516.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)	219,789.	226,724.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	71,527.	65,281.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	177,909.	176,307.	
<b>18</b> Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	249,436.	241,588.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-29,647.	-14,864.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 593,134.	End of Year 569,512.
	<b>21</b> Total liabilities (Part X, line 26)	465,933.	457,175.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	127,201.	112,337.

**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.

<b>Sign Here</b>	Signature of officer <i>Ahmer Kodvawala</i>	Date 08/14/13			
	AHMER KODVAWALA Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name ABED KEIS, CPA, MBA, CGMA	Preparer's signature <i>Abed Keis</i>	Date 08/12/13	Check <input type="checkbox"/> if self-employed	PTIN P00781353
	Firm's name KEIS CPA & CO	Firm's EIN 20-2023663			
	Firm's address 4335 SMITH RD STE 1 CINCINNATI OH 45212-4236	Phone no (513) 531-5347			
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCANNED SEP 18 2013

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