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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inter	ral Reve	of the Treasury enue Service	► The or	ganization may h	ave to use a copy	of this return to s	satisfy s	state report	ing requiren	nents	Ор	en to Pub	lic Insp	ection
	For th	ie 2009 calendar	year, or tax yea	r beginning		, 20	009, a	nd endin	g			,		
В	Check if	f applicable		of organization						D Employ	er Iden	tification Nu	mber	
	Ad	ldress change IR	RS label HILLS	IDE ISLAI	MIC CENTE	R INC.				43-	1979	474		
	Na Na	ime change o		er and street (or P	O box if mail is no	ot delivered to stre	et addr)) Room/s	uite	E Telepho	ne nun	nber		
	L Init		See specific 300 H	ILLSIDE A	AVENUE			-		(51	6) 4	88-64	ł 0	
	Ter		nstruc- tions. City, to	own or country		St	tate Z	IP code + 4						
	Arr	nended return	NEW H	YDE PARK		N	1Y]	11040		G Gross re	eceipts	\$ 553	,307.	
	Ap	plication pending F	Name and address	of principal officer					H(a) Is this	a group retur			Yes	X No
		ABI	DUL BASIR KAZI 1	0 OLD COURT	HOUSE RD MANH	ASSET HILLS	NY 1	11040		affiliates incl attach a list			Yes	No
<u></u>	Tax-	-exempt status	X 501(c) (3)◀ (ınse	rt no)	4947(a)(1) or		527	11 110	attach a list	(566 11)	Structions)		
J	Web	osite: ► hill	sideislam:	iccenter	org				H(c) Group	exemption nu	ımber ^l	>		
ĸ		of organization	Corporation T	rust Asso	ciation Other	-	L Yea	ar of Format	tion 200	2 M s	State of	legal domicil	e NY	
Pa	ırt I	Summary												
		Briefly describe				nt activities	TO E	ROVID	E NEIG	нвовно	OD M	USLIMS	PLAC	E OF
çe		WORSHIP AN	ND_READING	HOLY OU	RAN	- 								. _
Activities & Governance					- -							. .		
Veri	٠ .	2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets												
ဗ္ဗ		Number of voting					spose	d of mor	e than 25	% of its as	assets 3 7			
প্র		Number of indep					ne 1h))			4	7		
ij		Total number of			governing bo	ay (i ait vi, iii	110 10)	,			5	'		
ž		Total number of			sary)						6	8		
ď	7 a	Total gross unrel	lated business re	evenue from F	Part VIII, Icolui	mn (C), ine 12	2				7 a		9,	709.
	b	Net unrelated bu	ısıness taxable ı	ncome from F	orm 990-T, lin	e 34					7 b			
									P	rior Year		Curi	ent Yea	ar
<u>Φ</u>		Contributions and								289,4	77.		533,	507.
Revenue		Program service												
Re.	1	Investment incor												
_		Other revenue (F								6,3				<u>709.</u>
	1	Total revenue –					line 1	2)		295,8	68.	ļ	543,	
		Grants and simil											2,	<u>525.</u>
		Benefits paid to												
es	l	Salaries, other c	11	ų.	Dκ	0)	es 5-1	0)				ļ		
Expenses		Professional fund												
EX	1	Total fundraising	ll ll	ĭ		: 1	10	<u>,585.</u>						
		Other expenses								101,9	14.		128,	238.
	18	Total expenses	Add lines 13-17	(1000)	Mit-M-Loinm	→(A), line 25)				101,9			130,	<u> 763.</u>
_	19	Revenue less ex	penses Subtrac	t line 18 from	line 12	<u></u>				193,9	54.		412,	<u>453.</u>
ncor									Begir	nning of Y	ear	Enc	of Yea	r
Bata		Total assets (Par	,						1	,689,8	73.	1,	995,	
Net Assets or Fund Balances	l	Total liabilities (F	Part X, line 26)	•						225,0	00.		118,	000.
	22	Net assets or fur		otract line 21	from line 20				1	,464,8	73.	1,	877,	<u>325.</u>
Pa	rt II	Signature		$\overline{}$										
		Under penalties of true correct and c	perjury, i declare that complete Declaration	have examined	this return includ r than officer) is ba	ng accompanying sed on all informa	schedul ation of v	les and stat	lements, and arer has any	to the best o	f my kn	owledge and	belief, it i	S
Sig	un.	▶		-# × /	(U)		•		1	11	61	B J		
He		Signature of of	fficer	- //\/- `					l Da	9/1		·		
	. •		BASIR KAZI	(1)	*				00	ite .				
		Type or print n												
				~~~		- <del></del> -	Date	e	T _o		TP	reparer's ide	ntitvina nu	mber
Pai	id			ے. 🗸	2		"	-	se	heck if		seé instructio	าร)	
Pre	9-	Preparer s signature		A GULL	1		١٨٤	/14/1		nployed P	Ч			
pai	rer's	Firm's name (or	ACCU BUSI	NESS COM	SULTANTS	TNC	103	/14/1	<del>-</del>			<del> </del>		
Üs		voure it calt.	1270 BROA			TINC.								
On	ıy	l address, and		DAVI DAT	TE 908	MV 10	007	3000	E		155	0) 601		
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		RS discuss this re Privacy Act and										Ye		No
	- 1'01	i iivacy Act allu	aperwork Red	uction Act NO	ouce, see the s	separate instri	uction	15.		TEEA0101	07/20		rm <b>990</b>	(2009)
												17-1	Q	/
											5	11-1	a	'

	990 (2009) HILLSIDE ISLAMIC CENTER INC.	43-19794	/4		age 2
Par	<del></del>				
1	Briefly describe the organization's mission				
	TO PROVIDE NEIGHBORHOOD MUSLIMS PLACE OF WORSHIP AND READING HOL	Y QURAN_			
	,				
2	Did the organization undertake any significant program services during the year which were not listed on the	ne prior			
-	Form 990 or 990-EZ?	C	Yes	$\mathbf{x}$	No
		L_	163	Ē.	NO
_	If 'Yes,' describe these new services on Schedule O		۱	<u></u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	Yes	x	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	y expenses Sec	tion 501	(c)(3)	
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported	allocations to otr	ers, the	totai	
	expenses, and revenue, it any, for each program service reported				
4 a	a (Code) (Expenses \$111,317. including grants of \$ 0.) (	Revenue \$		9,70	9.)
	TO PROVIDE NEIGHBORHOOD MUSLIMS PLACE OF WORSHIP AND READING HOL				
	~				
					<b>- -</b> -
		·· <del>···································</del>			
41	b (Code) (Expenses \$ including grants of \$) (I	Revenue <b>\$</b>			)
		<b></b>			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				<b>-</b>
			- -		
	~				
					- - -
40	c (Code) (Expenses \$ including grants of \$) (Revenue \$)
		<u> </u>			
40	d Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► 111, 317.				
					

Part IV Checklist of Required Schedules

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		x
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		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	P 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			
•	• 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			
	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	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? If'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12 /	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
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 United States? If 'Yes,' complete Schedule F, Part III	16		х_
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
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		<u>x</u>
20		20		X

Part IV Checklist of Required Schedules (continued) Yes No 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 ' 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule 1 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25b x 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 x Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Part V, line 2 35 X 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 36 Х 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 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O 38

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Form **990** (2009)

			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 7			-110
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	
2	a 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			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4	a 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, securities account, or other financial account)?	4a		х
	b If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		x
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6	a 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		x
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	-	x
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	-/-		
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	-	x
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	,	x
9	· · · · · · · · · · · · · · · · · · ·			
	a Did the organization make any taxable distributions under section 4966?	9a	i	x
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		х
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter	3		
	a Gross income from other 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)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form **990** (2009)

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

Sect	ion A.	Governing Body and Management						
					Yes	No		
1 a	Enter the	number of voting members of the governing body	1a 7					
		number of voting members that are independent	1b 7	1				
		officer, director, trustee, or key employee have a family relationship or a business rela		1				
_	officer, di	rector, trustee or key employee?	ationship with any other	2		X		
3	Did the o	roanization delegate control over management duties customarily performed by or un	nder the direct supervision	<u> </u>				
-	of officers	s, directors or trustees, or key employees to a management company or other person	19	3		x		
4	Did the o	rganization make any significant changes to its organizational documents		4		X		
	since the	prior Form 990 was filed?						
5	Did the o	rganization become aware during the year of a material diversion of the organization'	's assets?	5		х		
		organization have members or stockholders?		6		X		
7 a	Does the governing	organization have members, stockholders, or other persons who may elect one or m	ore members of the	7 a		x		
		decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7 b		х		
8	Did the or the follow	rganization contemporaneously document the meetings held or written actions undert Jing	taken during the year by					
a	The gove	rning body?		8 a	x			
	-	nmittee with authority to act on behalf of the governing body?		8b	x			
9	9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O							
			name and but Alac Indance	9		X		
	nue Code	, , , , , , , , , , , , , , , , , , , ,	requirea by the interna	1				
					Yes	No		
10 a	Does the	organization have local chapters, branches, or affiliates?		10 a		×		
b	If 'Yes,' d and brand	oes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10 ь				
		organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	х			
		in Schedule O the process, if any, used by the organization to review this Form 990.	store ming the form		- 41			
		organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>		12a		x		
		ers, directors or trustees, and key employees required to disclose annually interests the	hat could give rice	12 0				
-	to conflic	ls?	lat could give rise	12b				
С	Does the <i>Schedule</i>	organization regularly and consistently monitor and enforce compliance with the polic O how this is done	cy? If 'Yes,' describe in	12 c				
13	Does the	organization have a written whistleblower policy?		13		x		
14	Does the	organization have a written document retention and destruction policy?		14		x		
15	Did the pi persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent					
		nization's CEO, Executive Director, or top management official		15a	i	х		
		cers of key employees of the organization		15 b		X		
		line 15a or 15b, describe the process in Schedule O (See instructions)		.0.5				
16 a l	Did the oi	rganization invest in, contribute assets to, or participate in a joint venture or similar a ing the year?	arrangement with a taxable	16 a		x		
b	lf 'Yes,' h in joint ve	as the organization adopted a written policy or procedure requiring the organization tenture arrangements under applicable federal tax law, and taken steps to safeguard the	o evaluate its participation he organization's exempt			 -		
	status wit	h respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16 b				
		Disclosures						
		tates with which a copy of this Form 990 is required to be filed						
18 :	Inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) ava	ıılable	for pu	blic		
		website Another's website X Upon request						
:	statemen	in Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public	,		inanci	ıal		
20	State the	name, physical address, and telephone number of the person who possesses the boo	oks and records of the organ	zation				
▶_	ABDUL	BASIR KAZI 300 HILLSIDE AVENUE NEW HYDE PARK N	Y _ 11040 (5	16)_7	41-5	<u>5579</u>		

Part VII 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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not	compens	ate ar	ту с	urrer	nt of	ficer,	direc	ctor, or trustee		
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours					that app		Reportable compensation from	Reportable compensation from	Estimated
	per week	adividi el frustee or director	anstitutional trustee	Off. #	Key employee	Highest countersaled	r(J\ne)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SALEEM TATARI		_								
TREASURER	20.00	Х						0.	0.	0.
ABDUL BASIR KAZI										
PRESIDENT	20.00	х				<u> </u>		0.	0.	0.
IQBAL JANDA										
GENERAL SECRETARY	16.00	<u>X</u>	ļ		_			0.	0.	0.
MUHAMMAD ARIF										
TRUSTEE	10.00	_X_	<u> </u>	_	L			0.	0.	0.
MOHAMED YASSIM KHAN					l					
TRUSTEE	15.00	_ <u>x</u> _						0.	0.	0.
IMTIAZ RAHI										
TRUSTEE	10.00	_ <u>X</u>		<u> </u>				0.	0.	0.
ABDUL AZIZ BHUIYAN										
TRUSTEE	20.00	_ <u>x</u>	<u> </u>	 		<u> </u>		0.	0.	0.
									_	
									-	
		_								

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >

Га	rt viii Statement of Revenue		₁		r
,	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	1a Federated campaigns 1a	• •			
PROGRAM SERVICE REVENUE ONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1 b				
	c Fundraising events 1c				
	d Deleted expenses 1.1				
불불	d Related organizations				
SIMI SIMI	e Government grants (contributions)				
든	f All other contributions, gifts, grants, and				
즲	similar amounts not included above 1f 533,507.			•	
NO	g Noncash contribns included in Ins 1a-1f, \$				
양조	h Total. Add lines 1a-1f	533,507.			
UE	Business Code				
VEN.	2a				
RE	b				
,ice	c				
E	d				
S X					
RA	e	·			
200	f All other program service revenue			· .	
	<u> </u>		·		
	3 Investment income (including dividends, interest and				
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents 19,800 .				
	b Less rental expenses 10,091.				
	c Rental income or (loss) 9,709.				
	d Net rental income or (loss) ▶	9,709.	o.	9,709.	0.
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	, <u> </u>				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$				
EK	of contributions reported on line 1c)				
ж Ж	See Part IV, line 18				
OTHER REVEN	b Less direct expenses b				
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19			· ·	
	b Less direct expenses b				'
	c Net income or (loss) from gaming activities				
		<u>-</u>			
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b		-		
	c Net income or (loss) from sales of inventory				
-	Miscellaneous Revenue Business Code		_	*	
	11a				
	b				
	c				
	d All other revenue				
-	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	543,216.	0.	9,709.	0.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	olete column (A) but are			
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,525.	2,525.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ä	Management				
ł	Legal				
(Accounting	1,200.	0.	1,200.	0.
	Lobbying	=,=;;;			· · · · · · ·
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees		·· · · - ·		
	1 Other	48,451.	48,451.	0.	0.
	Advertising and promotion	10,131.	40,431.		<u> </u>
13	Office expenses				
14	Information technology				
15	33				
	Royalties	10 000			
16	Occupancy	12,200.	12,200.	0.	0.
18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,618.	19,624.	2,994.	0.
24	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	CATERING & TENT RENTAL	10,585.	0.	0.	10,585.
t	REPAIR & MAINTENANCE	7,985.	7,985.	0.	0.
(INSURANCE	2,718.	2,718.	0.	0.
C	LICENSES & PERMITS	1,365.	1,365.	0.	0.
€	DRINKING WATER	2,563.	0.	2,563.	0.
f	All other expenses	18,553.	16,449.	2,104.	0.
_25	Total functional expenses Add lines 1 through 24f	130,763.	111,317.	8,861.	10,585.
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation			<u>-</u> 1	Form 990 (2009)
					550 (2003)

	•	•	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	212,959.	1	144,440
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 Schedule L		6	
ŝ	7	Notes and loans receivable, net		7	
A S S E T	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 78,446.	1,475,134.	10 c	1,849,105
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	·········
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,780.	15	1,780
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,689,873.	16	1,995,325
	17	Accounts payable and accrued expenses		17	2,330,025
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		-	
Ţ	İ	of Schedule L	-	22	-
E S	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 Complete Part X of Schedule D	225,000.	25	118,000
	26	Total liabilities. Add lines 17 through 25	225,000.	26	118,000
N		Organizations that follow SFAS 117, check here ► X and complete lines			
N E T		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	1,464,873.	27	1,877,325
A S E	28	Temporarily restricted net assets		28	2,0,020
Š	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ▶ □ and complete	- 1		
		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	•
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
A N C	33	Total net assets or fund balances	1 464 073	33	1 077 305
B4L420mの	34	Total liabilities and net assets/fund balances	1,464,873.		1,877,325.
3A,		ו סנמי וומטוונונים מווע ווכנ מססכנסוועווע טמומוניפט	1,689,873.	34	1,995,325. Form 990 (2009

Form 990 (2009) HILLSIDE ISLAMIC CENTER INC. 43-1	979474	Pa	age 12
Part XI Financial Statements and Reporting			*
		Yes	No
1. Accounting method used to prepare the Form 990. X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		x
b Were the organization's financial statements audited by an independent accountant?	2 b		х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			,
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, separate basis, or both	on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	jle 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit 3b		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	Name of the organization Employer identification number											
HIL	LSIDE ISLAMIC								79474			
Parl	t I Reason for Pu	iblic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ir	nstructi	ons		
The o	organization is not a pri	vate foundation because	se it is (For lines 1 through	gh 11, cl	neck onl	y one bo	ox)					
1	A church, convent	ion of churches or asso	ciation of churches descr	ribed in s	section	1 7 0(b)(1)(A)(i).					
2	A school described	d in section 170(b)(1)(A	(Attach Schedule E)								
3	A hospital or coop	erative hospital service	organization described in	n sectio	n 170(b)	(1)(A)(ii	i).					
4	A medical researc	h organization operate	d in conjunction with a ho	spital de	escribed	ın secti	on 170(ЬХ1ХА Х	iii) Ente	r the hospital's		
	name, city, and st	ate	•	·			•			·		
5	An organization or 170(b)(1)(A)(iv). (perated for the benefit of Complete Part II)	of a college or university	owned o	r operat	ed by a	governr	nental u	nıt descr	ibed in section		
6			overnmental unit describ									
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II)											
8	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)							
9	9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	An organization or	ganized and operated	exclusively to test for pub	olic safet	y See s	ection !	509(a)(4).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
	_ a _ Type I											
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f	If the organization check this box	received a written dete	ermination from the IRS ti	hat is a	Type I,	Гуре II с	r Type	III suppo	rting org	anization,		
g	Since August 17, 2	2006, has the organizat	tion accepted any gift or	contribu	ition fror	n any of	the foll	owing pe	ersons?			
										Yes No		
	(i) a person wh below, the g	o directly or indirectly o overning body of the su	controls, either alone or to ipported organization?	ogether	with pers	sons des	scribed	ın (II) an	d (III)	11 g (i)		
	(ii) a famıly mer	mber of a person desc	ribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	olled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h	Provide the following	ng information about the	ne supported organization	าร				·				
	(i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) lister	ls the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	(vi) I organizati (i) organi U S	s the ion in col zed in the	(vii) Amount of Support		
				Yes	No	Yes	No	Yes	No			
				~					T	_		
		<u> </u>		<u> </u>	<u> </u>					.		
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Total	l											

Schedule A (Form 990 or 990-EZ) 2009 HILLSIDE ISLAMIC CENTER INC. 43-1979474

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

Sec	(Complete only if you checke tion A. Public Support	ed the box on line !	5, 7, or 8 of Part I)						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	253,653.	485,961.	319,470.	289,477.	533,507.	1,882,068.			
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.			
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.	0.			
4	Total. Add lines 1-through 3	otal. Add lines 1-through 3 253,653. 485,961. 319,470. 289,		289,477.	533,507.	1,882,068.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
	Public support. Subtract line 5 from line 4						1,882,068.			
Sec	tion B. Total Support									
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	253,653.	485,961.	319,470.	289,477.	533,507.	1,882,068.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	0.	18,000.	19,800.	19,800.	57,600.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10						1,939,668.			
12	Gross receipts from related activi	ties, etc (see inst	ructions)			12				
	First five years. If the Form 990 i organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3)	<u> </u>			
Sec	tion C. Computation of Pul	olic Support P	ercentage							
	Public support percentage for 200 Public support percentage from 2			11, column (f)		14 15	97.03% 97.44%			
16 a	33-1/3 support test — 2009. If the and stop here. The organization of	organization did r qualifies as a publi	not check the box	on line 13, and t	he line 14 is 33-1/	3 % or more, che	ck this box			
b	33-1/3 support test — 2008. If the and stop here. The organization of	organization did r qualifies as a publi	not check a box or cly supported orga	i line 13, or 16a, anization	and line 15 is 33-	1/3% or more, che				
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
t	10%-facts-and-circumstances te or more, and if the organization n organization meets the 'facts-and	neets the 'facts-an -circumstances' t	d-circumstances' est The organiza	test, check this be tion qualifies as a	ox and stop here. a publicly supporte	Explain in Part IV ed organization	' how the ►			
18 BAA	Private foundation. If the organiz	ation did not chec	k a box on line, 13	3, 16a, 16b, 17a,			90 or 990-EZ) 2009			

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2008 Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 **(e)** 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support **(b)** 2006 **(e)** 2009 Calendar year (or fiscal yr beginning in) (a) 2005 (d) 2008 (c) 2007 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 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) 13 Total support. (add ins 9, 10c, 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 section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule /	A (Form 990 or 9	990-EZ) 2009	HILLSIDE	ISLAMIC	CENTER	INC.	43-1979474	Page 4
Part IV	Supplemer	ital Informat	ion. Complet	e this part	to provide	e the e	43-1979474 xplanations required by Part II, I additional information. See instr	ine 10;
	i art ii, iirio	174 01 170,	and rare in,	1110 12.1	TOVIGE any	Other	additional information. Occ mate	uctions.
		- -				-		
								
								
								
							·	
							·	
								
			- -					
								
								

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, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

IVanie	of the organization			Employer Identification	n number
HI	LLSIDE ISLAMIC CENTER INC.			43-1979474	
Pa		r Advised Funds or Other Similar Funds			= If
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) F	unds and other acc	counts
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 don funds are the organization's property, subject t	or advisors in writing that the assets held in donor a o the organization's exclusive legal control?	advised	Yes	☐ No
6	used only for charitable purposes and not for the purpose conferring impermissible private bene		other	Yes	☐ No
		ete if the organization answered 'Yes' to	Form 99	0, Part IV, line	7.
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e g , re	ecreation or pleasure) Preservation of a	n historica	lly important land a	area
	Protection of natural habitat	Preservation of ce	ertified his	toric structure	
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in the fo	orm of a c	onservation easem	ent on the
				Held at the End o	f the Year
	a Total number of conservation easements		2a		·=-
	Total acreage restricted by conservation easen		2b		
	Number of conservation easements on a certifi	• •	2c		
	Number of conservation easements included in	` '	2d		
3	year ►	ransferred, released, extinguished, or terminated by	y the organ	nization during the	tax
4	Number of states where property subject to cor	nservation easement is located >			
5	Does the organization have a written policy regand enforcement of the conservation easemen	garding the periodic monitoring, inspection, handling to tholds?	of violation	ons, Yes	□No
6		g, inspecting, and enforcing conservation easement	ts		☐ 110
7		specting, and enforcing conservation easements	\$ _		
8	Does each conservation easement reported on 170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	line 2(d) above satisfy the requirements of section		☐ Yes	— □ No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and exp or the organization's financial statements that describ	ense state bes the org	ment, and balance ganization's accour	sheet, and nting for
Pai	Organizations Maintaining Colle Complete if the organization answers	ctions of Art, Historical Treasures, or Of wered 'Yes' to Form 990, Part IV, line 8.	ther Sim	ilar Assets	
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	SFAS 116, not to report in its revenue statement ar c exhibition, education, or research in furtherance of its that describes these items	nd balance of public se	sheet works of are ervice, provide, in f	t, historical Part XIV,
t	 If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items 	SFAS 116, to report in its revenue statement and b c exhibition, education, or research in furtherance of	alance she of public se	eet works of art, his ervice, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for fin 16 relating to these items	ancial gair	n, provide the follow	wing
á	Revenues included in Form 990, Part VIII, line	1		► \$	
t	Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2009 HILLSID			I Transcrives or	43-197		Page 2				
				-						
3 Using the organization's acquisition as items (check all that apply)	ccession and other record 	_	-	at are a significant use o	of its collection					
a Public exhibition	d	7	change programs							
b Scholarly research	e L	Other								
c Preservation for future generation		laum laurus dieses	C							
Part XIV										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Part IV Escrow and Custodial Ar 9, or reported an amount	rangements Compl	ete if organ			90, Part IV,	line				
1 a Is the organization an agent, trustee, included on Form 990, Part X?	custodian, or other interr	nediary for co	ntributions or other	assets not	Yes	No				
b If 'Yes,' explain the arrangement in Pa	art XIV and complete the	following tab	le							
					Amount					
c Beginning balance				1 c						
d Additions during the year				1 d						
e Distributions during the year				1e	 _					
f Ending balance				1f						
2a Did the organization include an amoun	·	line 21?			Yes	No				
b If 'Yes,' explain the arrangement in Pa		annuared N	/aal ta Farra 00	O David IV June 10						
Part V Endowment Funds Compl					T (2) 5					
	(a) Current year (b)) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s Dack				
1 a Beginning of year balance b Contributions		<u> </u>								
b Contributions					 					
c Net Investment earnings, gains, and losses										
d Grants or scholarships					 					
Other expenditures for facilities and programs										
f Administrative expenses					 					
g End of year balance		<u></u>			<u> </u>					
2 Provide the estimated percentage of t		d as								
a Board designated or quasi-endowmen	t •*									
b Permanent endowment ►	%									
c Term endowment ►	_*6									
3a Are there endowment funds not in the organization by	possession of the organ	ization that ai	e held and adminis	stered for the	Yes	No				
(i) unrelated organizations					3a(i)	110				
(ii) related organizations					3a(ii)	_				
b If 'Yes' to 3a(II), are the related organ	izations listed as require	d on Schedule	e R?		3b	\vdash				
4 Describe in Part XIV the intended use										
Part VI Investments-Land, Build				line 10.						
Description of investment	(a) Cost or othe (investme) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Va	alue				
1 a Land										
b Buildings			1,915,018.	69,616.	1,845	,402.				
c Leasehold improvements										
d Equipment			6,908.	4,254.		,654.				
e Other			5,625.	4,576.		<u>,049.</u>				
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, P	art X, column	(B), line 10(c))	<u> </u>	1,849					
BAA				Sched	dule D (Form 99	<i>3</i> 0) 2009				

TEEA3302 02/02/10

Schedule D (Form 990) 2009 HILLSIDE ISLAMIC	CENTER INC.	43-1979474 P	age 3
Part VII Investments—Other Securities See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
	_		
			
	_		
	_	· · · · · · · · · · · · · · · · · · ·	
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		2)	
Part VIII Investments—Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		out of one of year market value	
		· · · · · · · · · · · · · · · · · · ·	
		V	

Total (Column (b) must equal Form 990, Part X, Col (B) line 13) ►			
Part IX Other Assets (See Form 990, Part X	, line 15)		
· · · · · · · · · · · · · · · · · · ·	Description	(b) Book value	е
ELECTRICITY DEPOSIT	-	1,7	80.
	- 		
Total. (Column (b) must equal Form 990, Part X, col (B),	line 15)	▶ 1.7	80.
Part X Other Liabilities (See Form 990, Par		1,,	00.
(a) Description of Liability	(b) Amount	***	
Federal Income Taxes	(S) / iiiio		
LOAN PAYABLE	118,000.		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	118,000.		
2. FIN 48 Footnote In Part XIV, provide the text of the foot	note to the organization's financ	cial statements that reports the organization's liability	ty

Schedule D (Form 990) 2009 HILLSIDE ISLAMIC CENTER INC.

	dule D (Form 990) 2009 HILLSIDE ISLAMIC CENTER INC.	43-1979474	Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2.	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b	 	
	Recoveries of prior year grants 2c	 	
	Other (Describe in Part XIV)	 	
	Add lines 2a through 2d		
	Subtract line 2e from line 1	2e	
		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
	Total expenses and losses per audited financial statements	-1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b	<u> </u>	
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	_ 5	
Par	XIV Supplemental Information	<u> </u>	
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part X, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this nation	IV, lines 1b and 2b, Par part to provide any add	rt V, itional
	~		

Schedule D	(Form 990) 2009	HILLSIDE	ISLAMIC	CENTER	INC.		4	3-1979474	Page 5
Part XIV	(Form 990) 2009 Supplementa	l Information	(continue	d)					
	•								
	. 			. 					
				. 					
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-									
	. 								
				· 					
							_		
								_	

SCHEDULE L (Form 990 or 990-EZ)

or 990-EZ.

Transactions with Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Schedule L (Form 990 or 990-EZ) 2009

HILLSIDE ISLAMIC CENTER INC.								43-1979474							
	Excess Benefit Transactions Complete if the organization answere	(sect	ion 501 on Form	(c)(3) an 1 990, Part I	d section V, line 25a o	501(c) or 25b, or									
1	(a) Name of disqualified person					ption of transaction					(c) Cor				
										*		Yes	No		
							· · ·								
															
section						sons duri	ng the year un	ıder	► \$						
	ne amount of tax, if any, on line 2, a Loans to and/or From Interes				ganization				▶ \$						
	Complete if the organization answere				V, line 26 or	Form 99	0-EZ, Part V, Iı	ne 38a	a.						
(a) Na	me of interested person and purpose	(b) Loan the orga	to or from	(c) Or principal	riginal I amount	(d) E	(d) Balance due		by board of		default? (f) Approved by board or committee?		ard or	(g) W agree	ritten ment?
ADDIII DA	GTD VART	То	From					Yes	No	Yes	No	Yes	No		
SALEEM 7	SIR KAZI ORGANIZATION PROGRAM SE	-	X		15,000. 45,000.	15,000. 45,000.		ļ	x	X			X		
	VIVIA 2011 2011 211 211 211 211 211 211 211 2				23,000.										
.										-					
								 			-	<u> </u>			
Total			·		⊳ \$		60,000.								
Part III (Grants or Assistance Benefit Complete if the organization	tting l answe	nterest ered 'Ye	t ed Perso es' on For	ns. m 990, P	art IV,	lıne 27.								
	(a) Name of interested person	(b) Relations	ship between in the organiza	terested person	and	(c)) Amoun	t and ty	pe of as	ssistanc	e			
								,							
										-					
							 								
Part IV	Business Transactions Invol Complete if the organization	ving I answe	nterestered'Ye	ted Perso	ns. n 990. Pa	art IV. I	l ne 28a. 28l	o. or	 28c.						
(a) Name of interested person (b) Relationsh interested per			elationship I	between and the	(c) Amour transaction		T	(d) Description of transaction				(e) Sha organiz rever	ring o		
										Yes	No				
	-		_ ·												
		•													
							 								

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

HILLSIDE ISLAMIC CENTER INC.	43-1979474
Pt_VI-B, Line 11A trustees review form 990 in meeting compare with financial recor	DS FOR ACCURACY AND COMPLETENESS
Pt_VI-C, Line 19 GENERAL PUBLIC CAN MAKE REQUEST WITH TRUSTEES TO I	NSPECT FINANCIAL RECORDS

Department of the Treasury Internal Revenue Service (99)

Business or activity to which this form relates

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment Sequence No 67

► See separate instructions. ► Attach to your tax return. Identifying number Name(s) shown on return HILLSIDE ISLAMIC CENTER INC. 43-1979474

	m 990 / Form 990	0EZ						
Par		cpense Certain l	Property Under Sec complete Part V before	ction 179 vou complete Pai	rt I			
1	Maximum amount See th					**	1	\$250,000.
2	Total cost of section 179		=				2	
3	Threshold cost of section		· · · · · · · · · · · · · · · · · · ·				3	\$800,000.
4	Reduction in limitation S	ubtract line 3 from I	line 2 If zero or less, en	ter -0-			4	
5	Dollar limitation for tax ye	ear Subtract line 4	from line 1 If zero or les	ss, enter -0 If m	arried filing		_	
 6	separately, see instructio	a) Description of property		(b) Cost (business		(C) Elected co	5	
		a) Description of property		(b) Cost (business	use only)	(C) Elected co	51	
								
7	Listed property Enter the	amount from line 2	29		7 7			
8	Total elected cost of sect			c), lines 6 and 7	<u></u>		8	
9	Tentative deduction Ente			,,			9	
10	Carryover of disallowed d	deduction from line	13 of your 2008 Form 45	62			10	
11	Business income limitation	on Enter the smalle	er of business income (no	ot less than zero)	or line 5 (see	e instrs)	11	
12	Section 179 expense ded						12	
	Carryover of disallowed of				► 13 <u> </u>			
	: Do not use Part II or Par							
Pai	t II Special Depre	<u>ciation Allowan</u>	ce and Other Depre	eciation (Do no	t include liste	d property)	(See i	nstructions)
14	Special depreciation allow tax year (see instructions	wance for qualified (property (other than liste	ed property) place	ed in service o	luring the	14	
15	Property subject to section	on 168(f)(1) election	1				15	
	Other depreciation (include	ding ACRS)					16	
Pai	t III MACRS Depre	eciation (Do not II	nclude listed property) (See instructions)				
			Section	on A				
17	MACRS deductions for as	ssets placed in serv	ice in tax years beginnir	ng before 2009			17	18,731.
18	If you are electing to grou	up any assets place ere	d in service during the ta	ax year into one c	or more gener	al ► □		
		· · · · · · · · · · · · · · · · · · ·	in Service During 2009	Tax Year Using t	he General D	epreciation	Syster	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Metho	d	(g) Depreciation deduction
19 a	3-year property							
	5-year property		778.	5.0 yrs	MQ	200	DB	39.
	7-year property							
	10-year property	7						
	15-year property						_	
f	20-year property							
	25-year property			25 yrs		S/I		
	Residential rental			27.5 yrs	MM	S/I		
	property			27.5 yrs	MM	S/I	,	
i	Nonresidential real	06/09	277,068.	39 yrs	MM	S/I	,	3,848.
	property				MM	S/I	,	
	Section C	Assets Placed in	n Service During 2009 T	ax Year Using the	e Alternative	Depreciatio	n Syst	em
20 a	Class life					S/I		
ı	12-year			12 yrs		S/I		
-	: 40-year			40 yrs	MM	S/I		
	t IV Summary (See	instructions)				•		
	Listed property Enter an						21	
22	Total Add amounts from line 1 the appropriate lines of your rei	2, lines 14 through 17, li turn Partnerships and S	nes 19 and 20 in column (g), a corporations — see instruction	and line 21 Enter here	and on	Ţ	22	22,618.
23		•	•		23			•

HILLSIDE ISLAMIC CENTER INC. 43-1979474 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes Yes No (c) Business/ (d) (a) (b) (e) **(f)** (g) (h) (i) Basis for depreciation Type of property (list vehicles first) Date placed Cost or Method/ Recovery Depreciation deduction Elected investment in service other basis (business/investment period Convention section 179 cost LISE use only) percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) **(f)** (e) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year Add 33 lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles **Amortization** Part VI (a) (b) (c) (d) **(f)** (e) Description of costs Date amortization begins Amortizable amount Code section Amortization period or percentage Amortization for this year Amortization of costs that begins during your 2009 tax year (see instructions) Amortization of costs that began before your 2009 tax year 43 Total. Add amounts in column (f) See the instructions for where to report 44