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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)

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

OMB No 1545-0047 Open to Public Inspection

A F	or th	e 2012 calendar year, or tax year beginning and ending					
<b>B</b> c	heck if	C Name of organization	D Employer identific	cation number			
ā	pplicab	* INTERNATIONAL INSTITUTE OF ISLAMIC					
	Addre	SS BY OTTO THE					
	Name	D. C. TITM	23-2	202414			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/si					
F	Termi			471-1133			
F	⊣ated ⊓Amen	ded Chu town as not office state and 7/D and	G Gross receipts \$	5,093,108.			
F	return  App!⊪		H(a) Is this a group re				
	⊒tion pendi		for affiliates?	Yes X No			
		500 GROVE STREET, 2ND FL, HERNDON, VA 2017					
. 7	-av av		<del></del>	list (see instructions)			
		te: > WWW.IIIT.ORG	H(c) Group exemptio				
				State of legal domicile: VA			
	ırt I	Summary	car or formation. 1900 N	d State of legal dofficile. VII			
	<del></del>	Briefly describe the organization's mission or most significant activities. IIIT FUN	DC IMITUEDCITV				
Se	1	INSTRUCTION, MEETINGS AND SEMINARS AND PUBLI		V MODKG			
Governance	_						
/eri	2	Check this box I if the organization discontinued its operations or disposed of n	i i	_			
<u>်</u>	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u> </u>			
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3			
ctivities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0			
ΞΞ	6	Total number of volunteers (estimate if necessary)	6	0			
AG		Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
2013 P A	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
			Prior Year	Current Year			
= = =	8	Contributions and grants (Part VIII, line 1h)	4,360,000.	5,048,035.			
UEし II I	9	Program service revenue (Part VIII, line 2g)	54,722.	45,071.			
i ş	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19.	2.			
۵ ـــ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.			
	12	Total revenue: add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,414,741.	5,093,108.			
のである。 Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3	2,427,999.	3,382,206.			
<u> </u>	14	Benefits paid to or for members (Part IX, column (A), line 4) RECEIVED	0.	0.			
જે જ	15	Salaries, other compensation, employee benefits (Par 190 column (A), lines 5·10)	1,286,523.	1,149,020.			
	16a	Professional fundraising fees (Part IX, column (A), line 18) NOV 2 1 2013 Professional fundraising expenses (Part IX, column (D), line 25)	0.	0.			
a, ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 1 f-24e)	620,536.	601,572.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25, 9,	4,335,058.	5,132,798.			
	19	Revenue less expenses Subtract line 18 from line 12	79,683.	<u>&lt;39,690.</u> >			
Net Assets or Fund Balances			Beginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	574,718.	701,356.			
ABB	21	Total liabilities (Part X, line 26)	167,048.	549,466.			
캺	22	Net assets or fund balances Subtract line 21 from line 20	407,670.	151,890.			
	ırt II	Signature Block					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep					
		D.H.Bay	11-14-	2013			
Sig	า	Signature of officer	Date				
Her		I Dh. JAMAL BAKKINJI - DIKECIOK	- IRUSTEE				
Type or print name and title							
		Print/Type preparer's name Preparer's phaging	Date Check	X PTIN			
Paid		RICHARD H CHAMPION	Spreading ZM if sight-employ				
	arer	Firm's name RICHARD H CHAMPION	Firm's EIN	52-1469143			
Use							
J30	,	Firm's address > 251 WESTWOOD AVE. LONG BRANCH, NJ 07704	Phone no. 7	32-222-3328			
140	thai	29 discuss this return with the preparer shown above? (see instructions)	1 110110 110. 1	X Yes No			

	INTERNATIONAL INSTITUTE OF ISLAMIC	
	n 990 (2012) THOUGHT 23-2202414	1 Page <b>2</b>
Pa	rt'III Statement of Program Service Accomplishments	C
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission	
	IIIT IS DEDICATED TO THE REVIVAL AND REFORM OF ISLAMIC THOUGHT AND	<u>) ITS</u>
	METHODOLOGY IN ORDER TO ENABLE THE UMMAH TO DEAL EFFECTIVELY WITH	
	PRESENT CHALLENGES AND CONTRIBUTE TO THE PROGRESS OF HUMAN	
	CIVILIZATION IN WAYS THAT WILL GIVE IT MEANING AND DIRECTION.	
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the prior Form 990 or 990-EZ?	es X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	es, and
	revenue, if any, for each program service reported	
4a		1,966.)
	IIIT PROVIDED CLASSROOM INSTRUCTION ON TOPICS OF INTEREST FROM THE	3
	ISLAMIC PERSPECTIVE.	
		· · · · · · · · · · · · · · · · · · ·
46	(Code ) (Expenses \$ 3,305,922. including grants of \$ 3,020,545.) (Revenue \$	
4b	(Code) (Expenses \$ 3,305,922. including grants of \$ 3,020,545.) (Revenue \$ IIIT CONDUCTS SEMINARS & EDUCATIONAL RESEARCH, PROVIDES SCHOLARSHI	TD ATD
	TO DOMESTIC AND INTERNATIONAL STUDENTS, AND CONTRIBUTES TO EXEMPT	I AID
	ORGANIZATIONS AND CHARITABLE CAUSES.	
	OKGANIZATIOND AND CHARTIADDE CAODED:	
	705 171	105
4c		3,105.)
	IIIT FUNDED THE PUBLICATION AND DISTRIBUTION OF SCHOLARLY BOOKS AN	4D
	JOURNALS.	
	\ \	
4d	Other program services (Describe in Schedule O.)	· · · · · · · · · · · · · · · · · · ·
	(Expenses \$ 103,669 • including grants of \$ 103,669 •) (Revenue \$ )	
4e	Total program service expenses ► 4,668,401.	

Form **990** (2012)

232002 12-10-12

4e Total program service expenses ▶

Page 3

Par	t IV Checklist of Required Schedules			
			Yes	N <u>o</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		X
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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		ĺ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
	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 and XII is optional	12b	ļ	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	<u>X</u>
		14a	X	
	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, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4.5	v	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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	40		, v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		_ v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	<u> X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
	complete Schedule G, Part III	19	<del>                                     </del>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		┢
<u> 0</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_ =00		

		Form	990 (	(2012)
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del></del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
	Part V, line 1	34	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b>.</b>
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions)			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	Schedule L, Part I	25b		Х
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
_	any tax-exempt bonds?	24c		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<u>-</u>		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25	24a		х
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		х
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	۱.,	v	
			Yes	No
		Γ .		

C	THISIQUE INDITIONS OF ISBAMIC	23. 2202	111		age 5		
Par	990 (2012) THOUGHT t V Statements Regarding Other IRS Filings and Tax Compliance	23-2202	414		age J		
Га	Check if Schedule O contains a response to any question in this Part V				$\Box$		
	Check it Schedule O Contains a response to any question in this hair v				_ <u></u> _		
	Fig. 11. The second of the Point of the Control of	ا ما		Yes	No		
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 44					
þ	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rules for reportable payments.	eportable gaming		v			
	(gambling) winnings to prize winners?	1 1	1c	X	<del> </del>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	م ا					
_	filed for the calendar year ending with or within the year covered by this return	2a 0	٥.				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the		_2b		-		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)			_ v		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_	-	X		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		_3b				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other	·			x		
	financial account in a foreign country (such as a bank account, securities account, or other financial at the financial account, securities account, or other financial account, securities account, or other financial account.	account)?	<u>4a</u>				
b	If "Yes," enter the name of the foreign country	A					
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ation?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	CUOT?	5b				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	a average estant	5c				
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the second but the second bu	ie organization solicit	6.		х		
	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribute.	ione or diffe	6a		- 1		
ь	were not tax deductible?	ions or gins	6b		İ		
7	Organizations that may receive deductible contributions under section 170(c).		OD				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	wices provided to the payor?	7a		X		
b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7b		<u> </u>		
Ŭ	to file Form 8282?	ao roquirou	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	· · · · · · · · · · · · · · · · · · ·	7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?		9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:				ĺ		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		<u> </u>		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					

Form **990** (2012)

X

14a

14b

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Form 990 (2012) THOUGHT 23-2202414 Page 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

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{X}$				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 5							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3							
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_		_X_				
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		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X				
6	Did the organization have members or stockholders?	_6		X_				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, 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	9		<u>X</u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b		40-		v				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_				
b		12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c						
40	In Schedule O how this was done	13		X				
13	Did the organization have a written whistleblower policy?	14		X				
14	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	17						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
_	The organization's CEO, Executive Director, or top management official	15a		X				
a h	Other officers or key employees of the organization	15b		X				
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
162	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		Х				
h	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						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	avaılab	le					
-	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial					
-	statements available to the public during the tax year							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨						
	BEVERLY AMAL HASSAN - ACCOUNTANT - 703-471-6060							
	459 HERNDON PARKWAY, SUITE 22, HERNDON, VA 20170							
23200 12-10-	5 12	Form	990	(2012)				

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

· · · · · · · · · · · · · · · · · · ·	or any related	orga	nıza	ation	CO	mpe	nsat	ted any current officer, director, or trustee					
(A)	(B)			_ ((	C)			(D)	(E)	(F)			
Name and Title	Average	Position (do not check more than o					one	Reportable	Reportable	Estimated			
	hours per	box, unless per			person is both an director/trustee)			compensation	compensation	amount of			
	week	_	Jer ai	luau	III GCIC	7,005	166)	<del> </del>	from related	other .			
	(list any	Irrect	ŀ					the organization	organizations (W-2/1099-MISC)	compensation from the			
	related	9 01 0	tee			satec		(W-2/1099-MISC)	(44-2/1099-141130)	organization			
	organizations	truste	al trus		yee	mper		(11 27 1000 111100)		and related			
	below	Individual trustee or director	Institutional trustee	<u></u>	oldw	est co	<b>a</b>			organizations			
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	E G						
(1) DR. ABDULHAMID ABUSULAYMAN	20.00								_	_			
CHAIRMAN/TRUSTEE		X	_	X	_	<u> </u>		0.	0.	0.			
(2) DR. JAMAL BARZINJI	20.00									_			
VP/SECRETARY/TRUSTEE	-	X		X				0.	0.	0.			
(3) ISHAQ AHMAD FARHAN	2.00									_			
TRUSTEE	1 22	X						0.	0.	0.			
(4) ANWAR IBRAHIM	1.00									•			
TRUSTEE	0.10	X						0.	0.	0.			
(5) DR. TAHA AL-ALWANI	0.10									0			
TRUSTEE	20 00	X			<u> </u>			0.	0.	0.			
(6) DR. HISHAM ALTALIB	20.00			,,	}				15 204	0			
TREASURER	40.00	$\vdash$		X	-			0.	15,284.	0.			
(7) ABUBAKER AL-SHINGIETI	40.00				ļ	v		102 046	ا م	25 625			
EXECUTIVE DIRECTOR		<u> </u>				Х		103,846.	0.	25,635.			
	-												
<del></del>								-					
									<del></del>				
						<u> </u>							
					_	_	]						
				L			L						
									İ				

Form 990 (2012)

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THOUGHT

Part VII Section A. Officers, Directors, Tru (A)	(B)	Ţ,			C)	<u> </u>		(D)	(E)			F)	
Name and title	Average	١		Pos	ition	ion		Reportable	Reportable			mate	b
	hours per	box	box, unless		heck more than one ss person is both an		h an	compensation	compensation			unt o	ıf
	week		cer an	nd a d	lirecto	x/trus	tee)	from	from related	l l		her	
·	(list any hours for	recto						the	organizations (W-2/1099-MIS		compe	ensat n the	
	related	Bord	ee			sated		organization (W-2/1099-MISC)	(44-2/1099-14113	,,,	orgar		
	organizations	truste	al trus		yee	mper		(** 2, 1033 (**100)			•	relate	
	below	Individual trustee or director	Institutional trustee	<b>a</b>	Key employee	Highest compensated employee	je l			ļ	organ	ızatıo	ns
	line)	盲	nstr.	Officer	Key	돌	Former				_		
		-											
<del>.</del>	<u> </u>	-	┼─	-			-				-		
		1											
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		_	-	-	_	-							
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		-											
		-	$\vdash$		-	┼							
		1											
		<u> </u>	<u> </u>	<u> </u>	-	<u> </u>							
		$\left\{ \right.$		İ									
1b Sub-total		L	J	i	<u> </u>	┢	<u> </u>	103,846.	15,28	34.	25	, 63	35.
c Total from continuation sheets to Part \	/II, Section A					•		0.		0.		<i></i>	0.
d Total (add lines 1b and 1c)						<b></b>		103,846.	15,28	34.	25	, 63	35.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportabl	е			_
compensation from the organization	·											'es	No
3 Did the organization list any former office	r. director, or tri	uste	e. ke	ev er	nolo	vee.	or	highest compensated e	mplovee on	[		-	
line 1a? If "Yes," complete Schedule J for			٥, ١١٠	., o.		,, 00,	, .	g., oct componication o			3		X
4 For any individual listed on line 1a, is the s			omp	ensa	atıor	n and	d ot	her compensation from	the organization	Ī			
and related organizations greater than \$1	50,000? If "Yes,	" co	mpl	ete S	Sch	edule	∋ J 1	for such individual			4	_	X
5 Did any person listed on line 1a receive or							elat	ed organization or indivi	dual for services		_		7.7
rendered to the organization? If "Yes," con Section B. Independent Contractors	mplete Schedui	e J i	for s	<u>uch</u>	per	son					5		<u>X</u>
Complete this table for your five highest or	ompensated in	den	ende	ent c	ont	racto	ors t	hat received more than	\$100.000 of com	pens	ation fro	m	
the organization Report compensation fo													
(A)								(B)		_	(C)		
Name and busines	s address	N	ON	E			4	Description of s	ervices	<u> </u>	ompens	ation	<u> </u>
							$\dashv$						
				_									
							_	<del> </del>	<del></del>				
											<u></u>		
					_								
2 Total number of independent contractors	(including but r	ot li	mıte	d to	tho	se lis	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ	nization_		_		(	0	_						
											Form 99	JII /0	010

Form 990 (2012) THOUGHT
Part VIII Statement of Revenue

23-2202414 Page 9

		Check if Schedule O cont	tains a response	to any question		<del>,</del>		
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	1 a	Membership dues	1a 1b				-	0.0,0.01
ons, Gifts, Similar A	d e	Related organizations Government grants (contribute	tions) 1e	048,035.				
Contributions, Gifts, Grants and Other Similar Amounts	g		ive 1f	140,000.	5 040 035			
<u>0 e</u>	h	Total. Add lines 1a-1f	_ <del></del>		5,048,035.			<del> </del>
vice	2 a			Business Code 511190 611110	43,105. 1,966.	43,105. 1,966.		
Program Service Revenue	b b			011110	1,300.	1,900.		
gra Re	d			<u> </u>			<del></del>	<del>-  </del>
Pro	e f	All other program service reve	enue					-
	g			<b>—</b>	45,071.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>•</b>	2.			2.
	4	Income from investment of ta	x-exempt bond p	oroceeds <b>&gt;</b>				<u> </u>
	5	Royalties						
			(i) Real	(ıi) Personal				
	6 a	Gross rents				ŀ		
	b	Less. rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				[
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
enne	8 a	Gross income from fundraisin including \$	•					
Other Rever		contributions reported on line Part IV, line 18	:1c) See a					
ŧ		Less direct expenses	, <b>b</b>					
		Net income or (loss) from fund		<b>P</b>		-		+
		Gross income from gaming ac Part IV, line 19	а					
		Less direct expenses	b					
ļ		Net income or (loss) from gam	-	<u> </u>		-	· · · · · · · · ·	
	10 a	Gross sales of inventory, less		İ				
		and allowances	a					
		Less: cost of goods sold	b	L				
}	<u> </u>	Net income or (loss) from sale		Duamas: O: :		<b>-</b>		<del> </del>
}	44 -	Miscellaneous Revenu	-	Business Code				
	11 a					<del> </del>		<del> </del>
ļ	b c					<del>  </del>		1
ľ	d d	All other revenue						<del> </del>
-	u A	Total, Add lines 11a-11d		<u> </u>			<del></del>	<del> </del>
	12	Total revenue. See instructions.			5,093,108.	45,071.	0	. 2.
232009 12-10-			,					Form <b>990</b> (2012)

Form 990 (2012) THOUGHT
Part IX | Statement of Functional Expenses

Pa	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)										
	Check if Schedule O contains a respon									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21 $$	2,021,295.	2,021,295.							
2	Grants and other assistance to individuals in									
	the United States See Part IV, line 22	103,669.	103,669.							
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16	1,257,242.	1,257,242.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	010 011	705 705	207 106						
7	Other salaries and wages	912,911.	705,725.	207,186.						
8	Pension plan accruals and contributions (include	22 251	20,071.	2,280.						
_	section 401(k) and 403(b) employer contributions)	22,351. 163,330.	112,702.	50,628.						
9	Other employee benefits	50,428.	39,459.	10,969.						
10	Payroll taxes	30,420.	39,439.	10,303.	<del></del>					
11	Fees for services (non-employees)	33,770.		33,770.						
a	Management	5,490.	5,490.	33,110.	***					
b	Legal Accounting	30,000.	3,470.	30,000.	. 1					
d	Lobbying	30,000.		30,000.						
u	Professional fundraising services. See Part IV, line 17		_		· -					
f	Investment management fees									
, g	Other (If line 11g amount exceeds 10% of line 25,									
9	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion	28,468.	27,642.	826.						
13	Office expenses	11,729.	2,053.	9,676.						
14	Information technology									
15	Royalties									
16	Occupancy		·							
17	Travel	64,853.	33,840.	31,013.						
18	Payments of travel or entertainment expenses		<del>-</del> ·							
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	39,869.	29,902.	9,967.						
20	Interest	1,210.		1,210.	<del></del>					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	6,444.	4,511.	1,933.						
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	PUBLICATION COSTS	174,363.	171,498.	2,865.	<del></del>					
a b	MEALS & HOSPITALITY	112,593.	66,321.	46,272.						
	TELEPHONE/FAX/ETC	18,461.	11,077.	7,384.	<del></del>					
d	POSTAGE & SHIPPING	17,318.	14,047.	3,271.	<del></del> .					
_	All other expenses	57,004.	41,857.	15,147.						
25	Total functional expenses. Add lines 1 through 24e	5,132,798.	4,668,401.	464,397.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here If following SOP 98-2 (ASC 958-720)									
	<del></del>	· · · —			E 000 (0040)					

Form 990 (2012) THOUGHT

Pai		Balance Sheet		<del></del>	<u></u>	<u> </u>	ZUZ4I4 Fage II
		Check if Schedule O contains a response to an	y quest	ion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			132,197.	1	244,178.
	2	Savings and temporary cash investments	3,526.	2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	192,147.	4	208,373.		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50°	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	. Comp	lete Part II of Sch L		6	
sets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		236,561.	8	236,561.	
	9	Prepaid expenses and deferred charges				9	- <del></del>
	10a	Land, buildings, and equipment cost or other					
	1	basis Complete Part VI of Schedule D	10a	217,583. 206,851.			
	b	Less accumulated depreciation	8,432.	10c	10,732.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line		12			
i	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	1,855.	15	1,512.		
	16	Total assets. Add lines 1 through 15 (must equ	574,718.	16	701,356.		
	17	Accounts payable and accrued expenses	<u>167,048.</u>	17	56,250.		
	18	Grants payable		18	<del></del>		
	19	Deferred revenue				19	
- 1	20	Tax-exempt bond liabilities				20	<u> </u>
es	21	Escrow or custodial account liability Complete		ſ	<del></del>	21	<del></del>
ij	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee	es, and	disqualified persons			
<b>-</b>		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
- 1	24	Unsecured notes and loans payable to unrelate				24	
- 1	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of	0		402 216
İ		Schedule D		1-	0. 167,048.	25	493,216. 549,466.
_	26	Total liabilities. Add lines 17 through 25		k here X and	107,040.	26	343,400.
		Organizations that follow SFAS 117 (ASC 958		k nere ▶ 🔼 and			
ces	07	complete lines 27 through 29, and lines 33 and	ia 34.		407,670.	07	151,890.
lan	27	Unrestricted net assets			407,070.	27	131,630.
B	28 29	Temporarily restricted net assets  Permanently restricted net assets		}		28 29	
Ĕ	29	Organizations that do not follow SFAS 117 (A	60 0E0	2) shock here		29	
Ē		<del>-</del>					
Net Assets or Fund Balances	30	and complete lines 30 through 34.  Capital stock or trust principal, or current funds				30	
Se	30 31	Paid-in or capital surplus, or land, building, or ed		at fund		31	<del></del>
<u>ځ</u>	32	Retained earnings, endowment, accumulated in	-		<del></del>	32	
S S	33	Total net assets or fund balances	COME,	or other lunus	407,670.	33	151,890.
	34	Total liabilities and net assets/fund balances		-	574,718.	34	701,356.
	<u> </u>	1.5.tal habilities and not assets/fully balarises			<u> </u>	9,1	Form <b>990</b> (2012)

Form **990** (2012)

	INIDIGNITION INDITION OF IDENTIC				
	990 (2012) THOUGHT	23-22	02414	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	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	<u>5,09</u> 3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,132		
3	Revenue less expenses Subtract line 2 from line 1	3	<39	6,6	<u>90.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40	7,6	<u>70.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	<140	0,0	<u>00.</u> >
7	Investment expenses	7			
8	Prior period adjustments	8	<76	5,0	<u>90.</u> >
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15:	L,8	<u>90.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both			:	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury'
Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name	or the organiza	THOUGHT	TIONAL INSTI	TOTE	OF IS	LAMIC		-		3-22 <u>02</u>		CI
Part	I Reason		r <b>ity Status</b> (All organiz	ations mu	st complet	te this part	t.) See inst	ructions.		<u> </u>	414	
<u> </u>			because it is (For lines									_
1 E	<del>-</del>		es, or association of church					L				
2	<b>─</b>		70(b)(1)(A)(ii). (Attach Sc				(~)( ·)(·)	•				
3			ital service organization o	•		170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(i	ii). Enter t	the hospita	's name,	
• •	city, and st	=							•	•	•	
5			benefit of a college or ur	niversity o	wned or op	perated by	a governi	nental un	t describ	ed in		
	-	<b>'0(b)(1)(A)(iv).</b> (Compl		•								
6 🗆	A federal, s	tate, or local governm	nent or governmental und	t describe	d in sectio	n 170(b)(	1)(A)(v).					
7	An organiza	ation that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public desc	rıbed ın	
	section 17	0(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🗌	A commun	ty trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🖸	X An organiza	ation that normally red	ceives (1) more than 33 1	1/3% of its	s support f	rom contri	butions, m	nembershi	ıp fees, aı	nd gross re	ceipts fro	m
	activities re	lated to its exempt fu	nctions - subject to certa	ıın excepti	ons, and (	2) no more	than 33 1	/3% of its	s support	from gross	ınvestme	∍nt
	income and	d unrelated business t	taxable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization	after June 3	30, 1975.	
_		n <b>509(a)(2).</b> (Complet	·									
10	<del></del>	_	perated exclusively to te	•	-			-				
11 _			perated exclusively for th									
			ations described in section				2) See <b>se</b> o	tion 509(	a)(3). Ch	eck the box	, tnat	
		· · · · · · · · · · · · · · · · · · ·	organization and comple		-		_	. — T	all No	n functional	h intogra	tod
	a ∟ Typo		,,	•	nctionally	•				n-functional	-	leu
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			tten determination from t						3(a)(1) OI	36011011 300	<i>,</i> (α)( <i>Σ</i> ).	
•	_	organization, check t			анвату	pe i, Type	ii, oi Type				Γ	
g		-	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owina per	sons?		_	
9			directly controls, either al							_	Yes N	lo.
			supported organization?	_		•		,,,,,	. ,	11g(i)		
	-		n described in (i) above?							11g(ii)		
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (ii) abov	e?					11g(iii)		
h	Provide the	following information	about the supported or	ganızatıon	(s)							
(i) Na	me of supported	(ii) EIN	(iii) Type of organization		organization			(vi) ls	s the	(vii) Amoun	t of moneta	ary
	rganization (described on lii		(described on lines 1-9		sted in your		ion in col.	(i) organiz	organized in the suppor			
,			above or IRC section (see instructions))		document?		r support?		U.S.?			
	.,		(000	Yes	No	Yes	No	Yes	No			
						-						
								<del></del>		_		—
		<del></del>							1			
					† <i>-</i>					-		
							1				_	
Total									<u> </u>			
	or Paperwork F	Reduction Act Notice	e, see the Instructions fo	 or		_		Schedul	le A (Forr	m 990 or 99	)O-EZ) 20	)12

232021 12-04-12

Form 990 or 990-EZ.

Concadic A	1 01111 000 01 000 LE) 2012				
Part II	Support Schedule for Organic	ganizations	Described in Sections	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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	,			, ,		
membership fees received (Do not						
include any "unusual grants.")				1		
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						•
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4				<u> </u>		
Section B. Total Support		7			,	
Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4			ļ			
8 Gross income from interest,						
dividends, payments received on		1				
securities loans, rents, royalties						
and income from similar sources					<u></u>	
9 Net income from unrelated business		1				
activities, whether or not the						
business is regularly carried on					<del> </del>	
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	<u> </u>	<u> </u>			<del>                                     </del>	
12 Gross receipts from related activities	•	•			12	
13 First five years. If the Form 990 is fo	=	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
organization, check this box and stop Section C. Computation of Pub	here	rcentage				
			Lunan (f)		T44	
14 Public support percentage for 2012 (		•	column (i))		15	<u>%</u> %
15 Public support percentage from 2011 16a 33 1/3% support test - 2012. If the			on line 12, and line	14 is 22 1/20% or i		
stop here. The organization qualifies				14 15 33 1/370 01 1	more, check this be	» A a i i d
b 33 1/3% support test - 2011. If the		_		1 line 15 is 33 1/39	6 or more check th	nis box
and stop here. The organization qua				3 11110 10 10 00 1707	o or more, erroer c	<b>▶</b> □
17a 10% -facts-and-circumstances tes				e 13 16a or 16b	and line 14 is 10%	or more.
and if the organization meets the "fac						
meets the "facts-and-circumstances"					g	▶□
b 10% -facts-and-circumstances tes	-				17a, and line 15 is	10% or
more, and if the organization meets t						
organization meets the "facts-and-cir						
18 Private foundation. If the organization						s
and the second s					edule A (Form 990	

23-2202414 Page 3

Schedule A (Form 990 or 990-EZ) 2012 THOUGHT

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the	ne organization fails to
---	--------------------------

	elow, please comp	lete Part II )				
Section A. Public Support			1,25:5		*, , , , , , ,	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and						
membership fees received (Do not	1					
ınclude any "unusual grants.")	2,630,000.	2,865,000.	3,088,244.	4 220 000.	5,048,035.	17,851,279.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	184,097.	53,016.	58,175.	54,722.	45,071.	395,081.
3 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						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						_
6 Total. Add lines 1 through 5	2,814,097.	2,918,016.	3,146,419.	4 274 722.	5,093,106.	18,246,360.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b				,		0.
				"		
8 Public support (Subtract line 7c from line 6) Section B. Total Support	<u></u>		L		****	18,246,360,
	(a) 2008	(F) 0000	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calendar year (or fiscal year beginning in)	<del></del>	(b) 2009				
9 Amounts from line 6 10a Gross income from interest,	2,814,097.	2,918,016.	3,146,419.	4,274,722.	5,093,106.	18,246,360.
dividends, payments received on securities loans, rents, royalties and income from similar sources	46.	27.	21.	19.	2.	115.
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				i		
c Add lines 10a and 10b	46.	27.	21.	19.	2.	115.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	40.	27.	21•		2.	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	2,814,143.	2,918,043.	3 146 440.	4,274,741.	_5,093,108.	18,246,475.
14 First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	n 501(c)(3) organiz	ation,
check this box and stop here						▶□_
Section C. Computation of Publi	c Support Per	centage				_
15 Public support percentage for 2012 (li	ne 8, column (f) di	vided by line 13, co	olumn (f))		15	100.00 %
16 Public support percentage from 2011			\ <i>''</i>		16	100.00 %
Section D. Computation of Inves						
17 Investment income percentage for 20			e 13 column (fl)		17	.00 %
18 Investment income percentage from 2			2 10, 00141111 (1))	•	18	%
19a 33 1/3% support tests - 2012. If the			n line 14 and line	15 is more than 2		
more than 33 1/3%, check this box ar						V IS HOL ► X
b 33 1/3% support tests - 2011. If the						u
line 18 is not more than 33 1/3%, chec		•				
20 Private foundation. If the organization 232023 12-04-12	r did not check a t	JOA OIT IIITE 14, 19a	, or 190, check (ni			0 or 990-EZ) 2012

232023 12-04-12

### 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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

INTERNATIONAL INSTITUTE OF ISLAMIC

**Employer identification number** 

D-	THOUGHT	d Francis on C	When Cimilan Franc	<u> </u>	<u> </u>	
Pa			otner Similar Fund	as or Acco	unts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, lin				<del></del>	<del></del>
	i	(a) Dono	r advised funds	(b) Fu	nds and other account	ts
1	Total number at end of year					
2	Aggregate contributions to (during year)					<del></del>
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the a	ssets held in donor adv	vised funds		
	are the organization's property, subject to the organization's	exclusive legal c	ontrol?		Yes	Ll No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing	that grant funds can b	e used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor,	or for any other purpos	se conferring		
	ımpermissible private benefit?				Yes_	No_
Pa	t II Conservation Easements. Complete if the org	ganızatıon answe	red "Yes" to Form 990,	, Part IV, line 7	, 	
1	Purpose(s) of conservation easements held by the organization	ion (check all th <u>a</u>	t apply).			
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of an h	nistorically imp	ortant land area	
	Protection of natural habitat		Preservation of a ce	ertified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation	contribution in the form	m of a conser	ation easement on the	e last
	day of the tax year					
					Held at the End of the	Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic str	ucture included	n (a)	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, an	d not on a historic struc	cture		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	leased, extinguis	hed, or terminated by t	he organizatio	n during the tax	
	year ▶					
4	Number of states where property subject to conservation ea	sement is locate	<b></b>	_		
5	Does the organization have a written policy regarding the per	riodic monitoring	, inspection, handling o	of		
	violations, and enforcement of the conservation easements i	t holds?			☐ Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing co	onservation easements	during the ye	ar 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conser	vation easements durir	ng the year ►	\$	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the req	uirements of section 17	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				☐ Yes	No No
9	In Part XIII, describe how the organization reports conservati	ion easements in	its revenue and expen-	se statement,	and balance sheet, ar	nd
	include, if applicable, the text of the footnote to the organization	tion's financial st	atements that describe	s the organiza	ation's accounting for	
	conservation easements					
Par	t III Organizations Maintaining Collections o	f Art, Histori	cal Treasures, or	Other Simi	lar Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line	8	_		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to re	port in its revenue stat	ement and ba	lance sheet works of a	art,
	historical treasures, or other similar assets held for public ext	hibition, educatio	n, or research in furthe	rance of publi	c service, provide, in F	Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to repor	t in its revenue stateme	ent and balanc	e sheet works of art, h	nistorical
	treasures, or other similar assets held for public exhibition, e	ducation, or rese	arch in furtherance of p	oublic service,	provide the following	amounts
	relating to these items					
	(i) Revenues included in Form 990, Part VIII, line 1		•	<b>&gt;</b>	\$ \$	<del></del>
	(ii) Assets included in Form 990, Part X			<b>&gt;</b>	\$	
2	If the organization received or held works of art, historical tre	asures, or other	sımılar assets for financ	cial gain, provi	de	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) rel	ating to these items			
а	Revenues included in Form 990, Part VIII, line 1	-		<b>&gt;</b>	\$ \$	<del></del>
b	Assets included in Form 990, Part X			<b>&gt;</b>	\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued (sheek all that apply).    Jung the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).		dule D (Form 990) 2012 THOUGHT	- <u>-</u>							02414		ige <b>2</b>
check all that apply),	Par	t III   Organizations Maintaining C	ollections of A	<u>rt, Hist</u>	orical Tr	easures, c	or Other	r Simila	ar Asse	<b>ts</b> (contini	ued)	
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	t are a sig	ınıfıcantı	use of its	collection	rtems	š
b Scholarly research e		(check all that apply).										
c	а	Public exhibition	d	╵╚┛╵	oan or exc	hange progra	ıms					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 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	b	Scholarly research	e	. [(	Other							
So During the year, det 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? Sollection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an aspert, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table    Beginning balance	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizatio	on's exem	pt purpo	ose in Par	t XIII		
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table    Comparison   Compa	5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	er sımılar i	assets	_	_		,
reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  C Beginning balance  d Additions during the year  f Ending balance  2a Dot the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  1a Beginning of year balance  1b Contributions  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  1c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasiveniment    96  Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    96  P Permanent endowment    97  (a) Unreleted organizations (ii) irelated organizations (iii) irelated organizations (iii) irelated organizations (iii) irelated organizations (iii) irelated organizations (iii) irelated organizations (iii) irelated organizations (iii) irelated organizations (ives the related organizations sendowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property (a) Costo or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book												No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	<del></del>	•	ete if the	organizatio	n answered "	'Yes" to F	orm 990	, Part IV,	lıne 9, or		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Both organization include an amount on Form 990, Part X, line 21? 2 Both the organization include an amount on Form 990, Part X, line 21? 2 Both organization include an amount on Form 990, Part X, line 21? 2 Both organization include an amount on Form 990, Part X, line 21? 2 Both organization include an amount on Form 990, Part X, line 21? 2 Both organization include an amount on Form 990, Part X, line 21? 2 Both organization include an amount on Form 990, Part X, line 21? 3 Beginning of year balance b Contributions C Net investment earnings, gains, and losses d Grants or scholarships e Cother expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									<u> </u>			
b if *Yes,* explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 1f Ending balance 2b Did the organization include an amount on Form 990, Part X, line 21?  1f I *Yes,* explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII User Interest Inte	1a	is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded	_	_		1
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Describer and Part XIII		on Form 990, Part X?							L_	_ Yes	L	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?  bif 'Yes', explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able							
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?  2b If Yes, *explain the arrangement in Part XIII Check here if the explaination has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \( \bigcite{\sigma} \) % b Permanent endowment \( \bigcite{\sigma} \) % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  Describe in Part XIII the intended uses of the organization's endowment funds  1a Land, Buildings, and Equipment. See Form 990, Part X, line 10  Describe in Part XIII the intended uses of the organization's endowment funds  2										Amount		
e Distributions during the year  f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 10  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  [b) Corter by Other years back (d) Three years back (e) Four years back  [c) Two years back (d) Three years back (e) Four years back  [d) Three years back (e) Four years back (e	С	Beginning balance						1c				
f Ending balance 2a Dut the organization include an amount on Form 990, Part X, line 21?    Dart V   Endowment Funds. Complete if the explanation has been provided in Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10    Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four year	d	Additions during the year						1d				
Did the organization include an amount on Form 990, Part X, line 21?    Part V   Endowment Funds. Complete if the explanation has been provided in Part XIII	е	Distributions during the year						1e				
b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back  b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶%  The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  basis (other)  1a Land  b Buildings c Leasehold improvements d Equipment e Other  217,583. 206,851. 10,732.	f	Ending balance						1f		_	<del></del>	T
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10   Can be a completed in the organization answered "Yes" to Form 990, Part IV, line 10   Can be a completed in the organization answered "Yes" to Form 990, Part IV, line 10   Can be a completed in the organization answered "Yes" to Form 990, Part IV, line 10   Can be a completed in the organization answered "Yes" to Form 990, Part IV, line 10   Can be a completed in the organization answered "Yes" to Form 990, Part IV, line 10   Can be a completed in the property   Can be a completed in the proper		•							L	_l Yes	$\vdash$	l No
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back	_											<u></u>
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Pai	t v Endowment Funds. Complete								T.,,		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   96 c Temporarily restricted endowment   97 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property (a) Cost or other basis (investment)  1a Land b Buildings c Leasehold improvements d Equipment e Other 217,583. 206,851. 10,732.			(a) Current year	(b) P	rior year	(c) I wo year	s back (	d) Three y	ears back	(e) Four	years t	раск_
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a					-		<del></del>				
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  %  b Permanent endowment  %  c Temporanly restricted endowment  %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment e Other  217,583. 206,851. 10,732.	C		<u>.</u>									
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	•			<del></del>		<del> </del>					
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е											
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		· -				1						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	,					<del> -</del>					
a Board designated or quasi-endowment ▶	g	•				L				l		
b Permanent endowment ▶	2		rent year end baland		g, column (a	a)) held as:						
Temporarily restricted endowment ▶	а	,		_%								
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  b Buildings  c Leasehold improvements  d Equipment  e Other  217,583.  206,851.  10,732.	b	The second secon	<del></del>									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  217,583.  206,851.  10,732.	С											
by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment e Other  217,583.  206,851.  10,732.	_					1 1						
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  1a Land b Buildings c Leasehold improvements d Equipment e Other  217,583.  206,851.  10,732.	За		ession of the organiz	ation tha	it are neid a	ına aamınıste	rea tor tn	e organiz	zation	Г	T	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings c Leasehold improvements d Equipment e Other  217,583.  206,851.  10,732.		<del>-</del>									res	NO_
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  217,583.  206,851.  10,732.		•									$\rightarrow$	
4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (d) Book value depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other 217,583. 206,851. 10,732.				0.1	t. I. D0						$\rightarrow$	
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land b Buildings c Leasehold improvements d Equipment e Other  217,583.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  217,583.	b	.,,	•							30		
Description of property  (a) Cost or other basis (investment)  (b) Cost or other depreciation  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Equipment  (f) Cost or other basis (other)  (g) Accumulated depreciation  (h) Cost or other basis (other)  (n) Equipment  (n) Equi	Dai						-					
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  217,583. 206,851. 10,732.	Fai					or other	(0) (0	oumulate	nd	(d) Book	value	
1a Land         b Buildings         c Leasehold improvements         d Equipment         e Other       217,583.         206,851.       10,732.		Description of property	1 ''							(u) DOOR	value	•
b Buildings c Leasehold improvements d Equipment e Other 217,583. 206,851. 10,732.		Lond	54510 (11146511		54010	(-0.7)						
c Leasehold improvements d Equipment e Other 217,583. 206,851. 10,732.					-		··		-+			
d Equipment e Other 217,583. 206,851. 10,732.	D	_					_					
e Other 217,583. 206,851. 10,732.	C	•							_			
10 по		, ,	217	583			2	06.8	51	1(	) . 7	32.
					nn (B), line 1	10(c) )		<u> </u>				

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 THOUGHT			23-2202414 Page 3
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on Cost or end-of-year market value
(1) Financial derivâtives			
(2) Closely-held equity interests			
(3) Other			<del></del>
(A)			
(B)			
(C)	<del>-</del>	<del>-</del>	
(D) (E)	, <u></u>	<u></u>	
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, III		
(a) Description of investment type	(b) Book value	(c) Method of valuation	on Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		-	
(8)			
(9) (10)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			····-
Part IX Other Assets. See Form 990, Part X, line		<u> </u>	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
	<del></del>		
(8)			
(9)			
(10)  Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities. See Form 990, Part X, le		<u> </u>	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) RESTON INVESTMENTS, INC		493,216.	
(3)			
(4)			
(5)			
(6)		<del>,                                     </del>	
(7)			
(8)			
(9)			
(10)			
(11)	25.1	493,216.	
Total. (Column (b) must equal Form 990, Part X, col (B) line			monte that reports the argentation!
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tex			

232053 12-10-12 Schedule D (Form 990) 2012

	edule D (Form 990) 2012 THOUGHT  Taking Reconciliation of Revenue per Audited Financial Statemen	ate Wit			2202414 Page 4
<u>1</u>	Total revenue, gains, and other support per audited financial statements	ILO VVII	in nevenue per n	1	<u>'</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			_	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retu	ırn
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d	=:-		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		-	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				2b, Part V, line 4; Part
	<del></del>			Sche	dule D (Form 990) 2012

### SCHEDULE F (Form'990)

Department of the Treasury

### **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.

2012
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL INSTITUTE OF ISLAMIC THOUGHT 23-2202414 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted in region (f) Total émployees, expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region 3 a Sub-total 0 0 Q. **b** Total from continuation sheets to Part I 0 c Totals (add lines 3a and 3b)

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

Schedule F (Form 990) 2012

THOUGHT

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 23-2202414 Schedule F (Form 990) 2012

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		a d O dilia	OPERATION- TRANSLATION & DIBLICATION	84.8 C1.7 84.0	THE CHARLE	0		a N
		EUROPE	OPERATION - TEACHING UT VENTURE	270 000 WIRED	WIRED	0	4/	. A
		SOUTH ASIA & PACIFIC		155,000,WIRED	WIRED	0.N/A	//A	N/A
	,	MIDDLE EAST & NORTH AFRICA	TEACHING MASTER'S PROGRAM	150 000.WIRED	WIRED	0	<b>∀</b> /∑	N/N
2 Enter total number of	f recipient organizatio	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	cempt by		

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

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Schedule F (Form 990) 2012

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THOUGHT Schedule F (Form 990) 2012

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 23-2202414

Page 3

Schedule F (Form 990) 2012 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of cash grant cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

Schedi	ule F	(Form 990) 2012 THOUGHT	23-2202414	Page 4
Part	ŧV	Foreign Forms		
1	orga	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	X No
2	may Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization to be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and selpt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To tain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	X No
4	qua Info	s the organization a direct or indirect shareholder of a passive foreign investment company or a difficult direct shareholder of a passive foreign investment company or a difficult direction. The tax year? If "Yes," the organization may be required to file Form 8621, formation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. Instructions for Form 8621)	Yes	X No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain eign Partnerships (see Instructions for Form 8865)	Yes	X No
6	"Ye:	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713)	☐ Yes	X No

Schedule F (Form 990) 2012

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.

ISLAMIC

INTERNATIONAL INSTITUTE OF

2012.
Open to Public

Inspection Employer identification number

20. 23. **2** 23-2202414 (h) Purpose of grant or assistance EDUCATION/INTERFAITH ENDOWMENT/EDUCATION PROGRAM ASSISTANCE PROGRAM ASSISTANCE PROGRAM ASSISTANCE PROGRAM ASSISTANCE PROGRAM ASSISTANCE PROGRAM ASSISTANCE COMMUNITY SERVICES COMMUNITY CENTER X Yes SOCIAL SERVICES Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SCHOLARSHIP EDUCATION PROGRAM 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance N/A Y. (f) Method of valuation (book, FMV, appraisal, other) N/A N/A N/A N/A N/A ó 0 ó ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ecipient that received more than \$5,000. Part il can be duplicated if additional space is needed. 000 600 (d) Amount of 1,500 1,000 250,000 666,334 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 Enter total number of other organizations listed in the line 1 table 06-0647016 54-0732966 26-1300145 16-0743088 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? INTERFAITH STUDIES & DIALOG - 4245 GIRL SCOUTS COUNCIL OF THE NATIONS - ROCHESTER, NY 14618 1 (a) Name and address of organization CAPITAL - C/O 1357 BUTTER CHURN MASJID AL ISLAM - ISF SPECIAL YUSUF ZIYA KAVAKCI INSTITUTE NAZARETH COLLEGE/CTR FOR or government DR. - HERNDON, VA 20170 RICHARDSON, TX 75085 NEW HAVEN, CT 06511 HARTFORD, CT 06105 624 GEORGE STREET HARTFORD SEMINARY 77 SHERMAN STREET VIENNA, VA 22180 P.O. BOX 850994 AL-HEWAR CENTER P.O. BOX 2104 EAST AVENUE Part I Part II ત

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Schedule I (Form 990) (2012)

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23-2202414 Page 1	1990), Part II )	
	rernments and Organizations in the United States (Schedule I (Form	
THOUGHT	ition of Grants and Other Assistance to Gove	
Schedule I (Form 990)	Part II   Continuation	

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Orgar	nizations in the Ur	ited States (Sche	dule I (Form 990), Par	t II )	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIMAT AL-NISAA 4107 SPRINGDALE AVE. BALTIMORE, MD 21207	20-5644620	501(C)3	6,000	0	N/A	N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES
ARAB AMERICAN INSTITUTE FOUNDATION 1600 K STREET NW WASHINGTON, DC 20006	52-1959306	501(C)3	2,500,	0	0.N/A	N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES
CLERGY BEYOND BORDERS, INC 2807 BLAIN DR. CHEVY CHASE, MD 20815	20-3223430	501(C)3	10,000	0	N/A	N/A.	PROGRAM ASSISTANCE - SOCIAL SERVICES
WORLD CONGRESS OF MUSLIM PHILANTHROPIST - P.O. BOX 3654 - OAK BROOK, IL 60522	80-0253036	501(C)3	5,000,	0	N/A	N/A	PROGRAM ASSISTANCE - SOCIAL SERVICES
COUNCIL OM AMERICAN ISLAMIC RELATION - 453 NEW JERSEY AVE SE - WASHINGTON, DC 20003	77-0646756	501(C)3	3,000.	0	N/A	N/A	, PROGRAM ASSISTANCE - COMMUNITY SERVICES/EDUCATIONAL
MINARET OF FREEDOM INSTITUTE 4323 ROSEDALE AVENUE BETHESDA, MD 20814	52-1850442	501(C)3	1,500.	0	0.N/A	N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES
THE REBUILDING ALLIANCE 178 SOUTH BOULEVARD SAN MATEO, CA 94402	56-2392452	501(C)3	5,000,	*0	N/A	N/A.	PROGRAM ASSISTANCE - COMMUNITY SERVICES/EDUCATIONAL
ISLAMIC SOCIETY OF NORTH AMERICA 110 MARYLAND AVE NE , STE 304 WASHINGTON, DC 20002	31-1054012	501(C)3	34,000.	0	N/A	N/A	PROGRAM ASSISTANCE - SOCIAL SERVICES
AMERICAN TASK FORCE FOR LEBANON 1100 CONNECTICUT AVE, NW WASHINGTON, DC 20036	52-1611820	501(C)3	1,000.	0	0.N/A	N/A	PROGRAM ASSISTANCE - COMMUNITY ASSISTANCE Schedule (Form 990)
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Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sch	edule I (Form 990), Par	t    )	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpdse of grant or assistance
NATIONAL COALITION TO PROTECT CIVIL FREEDOMS FOUNDATION - P.O. BOX 66301 - WASHINGTON, DC 20035	45-1653796	501(C)3	1,000.	•0	N/A	N/A	PROGRAM ASSISTANCE - SOCIAL SERVICES
HURON UNIVERSITY COLLEGE FOUNDATION USA - 80 MAIDEN LN ROOM 1401 - NEW YORK, NY 10038	20-8179397	501(C)3	1,000,000,	0.	N/A	N/A	PROGRAM ASSISTANCE - EDUCATIONAL/INTERFAITH PROGRAM
INDIAN MUSLIM RELIEF AND CHARITIES 1000 SAN ANTONIO RD. SUITE#1 PALO ALTO, CA 94303	27-0058132	501(C)3	.005	•0	N/A	N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES
UNITED VOICES FOR AMERICA 7320 EAST FLETCHER AVE TAMPA, FL 33637	26-3167994	501(C)3	1,000,	•0	N/A	N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES
ZAYTUNA COLLEGE 2401 LE CONTE AVE, BERKELEY, CA 94709	33-0720978	501(C)3	5,000	•0	N/A	N/A	PROGRAM ASSISTANCE - EDUCATIONAL SERVICES
EXPRESS CARE 1183 CYPRESS TREE PL HERNDON, VA 20170	32-0076958	501(C)3	500.	*0	N/A	N/A	PROGRAM ASSISTANCE - SOCIAL SERVICES
CODOBA INITIATIVE 475 RIVERSIDE DR. SUITE 248 NEW YORK, NY 10115	41-2140798	501(C)3	1,000,	0	N/A	N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES - EDUCATIONAL
KADIJAH DAWA INC. 12420 LIBERTY AVENUE#714 S.RICHMOND HILL, NY 11419		:	1,000,1	•0	N/A	N/A	PROGRAM ASSISTANCE - COMMUNITY SERVICES

INTERNATIONAL INSTITUTE OF ISLAMIC THOUGHT

Schedule I (Form 990) (2012) THOUGHT

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

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

Part III Grants and Other Assistance to Individuals in the United States.

Page 2

23-2202414

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS & SCHOLARSHIPS GIVEN	. 13	53,492.	0	САЅН	, YA
TUITION ASSISTANCE	16	42,977.	0		N/A
FINANCIAL ASSISTANCE	2	7,200.	0	САЅН	N/A
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the information	required in Part I, I	line 2, Part III, columi	ר (b), and any other additional וחל	ormation
PART1, LINE2: NONE					

Schedule I (Form 990) (2012)

232102 12-18-12

### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

### **Noncash Contributions**

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

Attach to Form 990.

OMB No 1545-0047

**2012** 

Open to Public Inspection

Name of the organization

INTERNATIONAL INSTITUTE OF ISLAMIC THOUGHT

Employer identification number 23-2202414

11 Securities - Partnership, LLC, or trust interests 2 Securities - Miscellaneous 3 Qualified conservation contribution - Other 4 Gualified conservation contribution - Other 5 Real estate - Residential 6 Real estate - Commercial 7 Real estate - Commercial 8 Collectibles 9 Food inventory 10 Drugs and medical supplies 11 Taxdermy 12 Historical artifacts 13 Scientific specimens 14 Archeological artifacts 15 Cither  ( )	Pai	rt I	Type	s of Property									
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Art - Works of art  Art - Historical treasures  Art - Historical treasures  Art - Historical treasures  Art - Historical treasures  Art - Historical treasures  Art - Historical treasures  Art - Fractional interests  Books and publications  Cars and orbit evelvicles  Boats and planes  Intellectual property  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Publicly traded  Securities - Closely held stock  Securities - Publicly traded  Securities - Publicly traded  Securities - Closely held stock  Securities - Closely held stock  Cualified conservation contribution - Other  Real estate - Readential  Real estate - Readential  Real estate - Readential  Real estate - Commercial  X 1 140,000 - PAIR MARKET VALUE  Real estate - Other  Collectibles  Diagram and medical supplies  Taydermy  Hatorical artfacts  Securities - Securi					_								_
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25 Other													
26 Other							······						
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28 Other ()  29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  29  Yes No  30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II  31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  31 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  b if "Yes," describe in Part II  33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				<u> </u>									
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b if "Yes," describe in Part II  33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  describe in Part II	32a	Doe	s the orga	unization hire or use third parties	or related or	rganizations to soli	cit, process, or s	ell noncash					ı
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33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II	ь												
describe in Part II					column (c) 1	or a type of prope	rty for which colu	ımn (a) ıs ch	necked,				ı
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	LHA				the Instruc	tions for Form 99	 0.		s	chedule M	Form	990) (	2012)

### **SCHEDULE 0**

(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 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization	INTERNATIONAL _THOUGHT	INSTITUT	E OF ISLAM	C	Employer identification number 23-2202414
FORM 990, PART	· · · · · · · · · · · · · · · · · · ·	OTHER PRO	GRAM SERVI	CES:	
IIIT ASSISTED (	CERTAIN NEEDY I	NDIVIDUAL	S/FAMILIES		
WITH FUNDING FO	OR MEDICAL, EDU	CATIONAL,	AND GENERA	AL	
WELFARE NEEDS.					
EXPENSES \$ 103,	,669. INCLUDI	NG GRANTS	OF \$ 103,6	569. RE	VENUE \$ 0.
FORM 990, PART	VI, SECTION A,	LINE 7A:	THE TRUST	EES MAY A	DD OR REPLACE
TRUSTEES BY MAC	JORITY VOTE.				
FORM 990, PART	VI, SECTION A,	LINE 8B:	LINE 8B: 5	THE ORGAN	IZATION HAS NO
COMMITTIBLE.					
FORM 990, PART	VI, SECTION B,	LINE 11:	THE PREPAR	RER CONFE	RS WITH THE BOARD
AS NECESSARY. V	WHEN FINALIZED,	THE RETU	RN IS PRESI	ENTED TO	A BOARD MEMBER FOR
SIGNATURE. QUES	STIONS AND REVI	SIONS, IF	NECESSARY	ARE ADD	RESSED PRIOR TO
FILING.	<u>.</u>				
FORM 990, PART	VI, SECTION C,	LINE 19:	UPON REQUI	EST	
	- 40				
	.,				
		:-		, <del>, ,</del>	

1/27111/ 12011Q TTTM

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

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2012 Open to Public Inspection OMB No 1545-0047

Employer identification number 23-2202414

INTERNATIONAL INSTITUTE OF ISLAMIC THOUGHT Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

סיפטייובטייסיים סטיייופ נוס אסמיי							
(a)	(q)	(c)	(p)	(e)	(t)	(6)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	Section 5 (0) 13)	(S) X
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	8 8
SAFA TRUST, INC - 54-1399426							
459 HERNDON PARKWAY SUITE 12	SUPPORTS IIIT & OTHER			SUPPORTING			
HERNDON, VA 20170	CHARITABLE CAUSES	DISTRICT OF COLUMBIA 501(C)3	501(C)3	TYPE II	N/A	~	×
YORK FOUNDATION - 31-1621645							
459 HERNDON PARKWAY SUITE 22							
HERNDON, VA 20170	SUPPORTS CHARITABLE CAUSES VIRGINIA		501(C)3	SCH A LN #7	N/A	×	<b>~</b>
						_	

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

34

Schedule R (Form 990) 2012

THOUGHT Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 23-2202414

Page 2

General or Percentage managing ownership			r more related	tage Saction Saction Ship controlled entity?	 		Schedule R (Form 990) 2012
Code V-UBI Gen amount in box man 20 of Schedule Par K-1 (Form 1065) Ves			on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related .)	(b) (c) (d) (d) Share of Percentage end-of-year ownership assets			Schedule R (
(h) Disproportion- ate allocations? Yes No K-	2		irt IV, line 34 be	-		-	
(g) Share of end-of-year assets			o Form 990, Pa	(f) Share of total income			
(f) Share of total income			swered "Yes" t	(C corp, S corp, or trust)	:		
(e) Predominant income (related, unrelated, section 3512-514)			the organization an	(d) Direct controlling entity			
			(Complete if t	(c) Legal domicile (state or foreign country)			35
(d) Direct controlling entity			oration or Trust year.)	(b) Primary activity			
(c) Legal domicile (state or foreign country)			e as a Corporung the tax	Prım			
(b) Primary activity			Janizations Taxable	<b>Z</b> c			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			232162 12-10-12

## INTERNATIONAL INSTITUTE OF ISLAMIC THOUGHT

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23-2202414

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Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	1	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				<b>1</b>	X	
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				÷		×
ביינינים היינים המנפס כו שמוודמנוטוולט					$\dagger$	<b>(</b>  :
g Sale of assets to related organization(s)				타	1	×
h Purchase of assets from related organization(s)				÷		×
i Exchange of assets with related organization(s)				ï		×
j Lease of facilities, equipment, or other assets to related organization(s)				ï		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			E		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			5		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10		×
Doimhi reamont haid to related overshinds for evestions				Ç		×
p remodescent para to related organization(s) for expenses				2 5	1	×
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) SAFA TRUST, INC	ŭ	4,908,000.CASH	CASH	:		
(2) SAFA TRUST, INC	×	140,000.	140,000.FAIR MARKET VALUE			
(3)						
(4)						
(5)						
(9)						
232163 12-10-12	36		Schedule R (Form 990) 2012	R (Form	(066	2012

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INTERNATIONAL INSTITUTE OF ISLAMIC

THOUGHT Schedule R (Form 990) 2012 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

					•			
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 pariner (Form 1065) Yes No							,	
(k) ercent wners							,	
5 gc 0				· <u>-</u>				<u> </u>
(j) General or managing partner? Yes No				<del>.</del> .				
= × × (c)	-	<u> </u>	_	<del>-</del>				
(i) e V-UB t in box edule in n 1065						;		
Code Sche Form					;			
of all								
(h) Disproportionate allocations?		_						
<u> </u>		_			<u>-</u> .			
(g) Share of end-of-year assets								į
(g) Share of nd-of-yea assets								
Ū.								
(f) Share of total Income								
Sha								
		<u> </u>						
(e) Are all partners sec 501(c)(3) orgs 7 4) Yes No								
(d) (e) Are all Predominant income partiers sec (related, unrelated, 501(c)(3) excluded from tax under section 512-514) Yes No								
ncom slated m tax 12-5								
(d) nant i unre i, unre ed fro tion 5								
domi elated cclude								
Pre (F.C. unde								
를 들	•							
(c) gal domic ate or fore country)								
egal c ate c cou								
St Le								
(b) Primary activity								
(b)								
rima								
<u> </u>								
	$  \   \   \  $							
Z E	$  \   \   \  $							
and								$ \  \  \  $
(a) fress entit	$ \cdot $							$ \  \  \  $
add								$  \   \   \  $
(a) Name, address, and EIN of entity		$ \  \  \  \  $						$ \  \  \  $
2		$ \  \  \  \  $						
	1							

Schedule R (Form 990) 2012

### INTERNATIONAL INSTITUTE OF ISLAMIC 23-2202414 Page 5 Schedule R (Form 990) 2012 THOU Part VII Supplemental Information THOUGHT Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

1

# 2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

	6		•	<del>.</del>	<del></del>	•	<u>.</u>	7.	7	5	<u>.</u>	5.	<u> </u>	34.	<b>L</b>		<b>,</b> 4
Current Year Deduction					23	3(	 	5.	33.	24	383	25	128	́ е	17.		32,
Current Sec 179																	
Accumulated Depreciation	121,581.	34,749.	19,479.	1,208.	502.	589.	180.	441.	244.	1,891.	2,953.	190.	988.	264.	1,271.	2 326	•
Basis For Depreciation	121,581.	34,749.	19,479.	1,208.	523.	619.	262.	642.	355.	2,750.	4,294.	276.	1,437.	384.	1,537.	2.812.	
Reduction In Basis					_		263.	642.	355.	2,750.	4,295.	277.	1,437.	385.	1,538.	2,812.	
Bus % Excl															_		
Unadjusted Cost Or Basis	121,581.	34,749.	19,479.	1,208.	523.	619.	525.	1,284.	710.	5,500.	8,589.	553.	2,874.	769.	3,075.	5,624.	
No	16	16	16	17	17	17	17	17	17	17	17	17	17	17	17	17	
Life	7.00	5.00	5.00	2.00	2.00	5.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	5.00	5.00	
Method				000B	000B	000B	100DB	100DB	000B	100DB	1000E	00DB	00DB	100DB	100DB	200DB	
Date Acquired	VARIESSL	VARIESSI	VARIESSL	083106200DB5.00	082307200DB5.00	102607200DB5.00	070108200DB7.00	070208200DB7.00	070208200DB7.00	082708200DB7.00	102008200DB7.00	110508200DB7.00	110508200DB7.00	110508200DB7.00	031908200DB5.00	070508200DB5.0	
Description	FURNITURE, FIXTURE & EQUIPMENT	IPMENT	(U)LEASEHOLD IMPROVEMENT	LAPTOP	COMPUTER	COMPUTER	SMALL BUFFET	BLACK LEATHER SOFA	ACADO WOOD SIDE AS	KE FROM	CASES &	PRESENTATION	BOAT-SHAPED INCE TABLE	CHERRY LOW CABINET WITH DOORS	6 COMPUTERS	S ACEK DESKTOPS PREPPED	
Asset No																	

(D) - Asset disposed

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

Current Year Deduction	103.	142.	186.	154.	76.	. 66	212.	246.	81.	81.	121.	09	0	0	0	0	0	293.	ization Deduction
Current Sec 179							_			_		-				_			mercial Revital
Accumulated Depreciation	739.	689.	673.	416.	205.	268.	573.	.999	218.	218.	328.	164.							age, Bonus, Com
Basis For Depreciation	893.	1,185.	1,324.	801.	394.	516.	1,102.	1,281.	420.	420.	630.	315.						243.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Reduction In Basis	894.	1,185.	1,324.										1,942.	996	366.	871.	870.	244.	* ITC,
Bus % Excl												-						_	
Unadjusted Cost Or Basis	1,787.	2,370.	2,648.	801.	394.	516.	1,102.	1,281.	420.	420.	630.	315.	1,942.	996	366.	871.	870.	487.	(D) - Asset disposed
No o	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	19B	(D)
Lıfe	00.9	00.	00.	00.9	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	00.7	2.00	2.00	2.00	2.00	5.00	
Method	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	110200DB5.0	200DB	200DB	200DB	200DB	1200DB5.0	200DB	200DB	
Date Acquired	071808200DB5.0	041609200DB7.0	120809200DB7.00	060310200DB5.0	072210200DB5.0	081710200DB5.0	090210200DB5.0	E091410	R091410	102110200DB5.0	111110	121310200DB5.0	091511200DB7.00	A021011200DB5.00	021111200DB5.00	061511	063011200DB5.0	082412200DB5.0	
Description	NON ERA	TV FOR CONFERENCE RM/52"SONY BRAVIA	TERENCE		Η	CDW CDW	(1) COMPUTER	NOTEBOOK (MICROCENTE091410200DB5.00	(1) DELL - COMPUTER 091410200DB5.00	(1) COMPUTER	(1) DELL COMPUTER	(1) NOTEBOOK	- н	URITY	(1) COMPUTER ACER SLIM DESKTOP		AFFLE FI 3G 6	(1) AFFLE TIME CAPSULE 3TB	
Asset					_														228102 05-01-12

40

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) 	-
) ) )	L

<u></u>	13.
Current Year Deduction	460. 1,437. 1,043. 6,444.
Current Sec 179	• 0
Accumulated Depreciation	195,235.
Basis For Depreciation	383. 1,197. 868. 206,358.
Reduction In Basis	383. 1,198. 869. 27,345.
Bus % Excl	
Unadjusted Cost Or Basis	2,395. 1,737. 233,703.
Line	19B 19B
Life	0 0
Method	2000B 2000B 2000B
Date Acquired	TTER 082412200DB5.00 CARD 060212200DB5.00 30K 256 060212200DB5.00 FE 10
Description	(1) DELL - COMPUTER 082412200DB5.0 ALPHACARD RIOP PRO DUO 2-SIDED ID CARD060212200DB5.0 (1) APPLE MACBOOK AIR 13.3/1.8/4/256 060212200DB5.0 * TOTAL 990 PAGE 10 DEPR
Asset	

(D) - Asset disposed

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

### 4562

Department of the Treasury Internal Revenue Service (99)

### **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2012

Attachment Sequence No 179

Identifying number

Name(s) shown on return

INTERNATIONAL INSTITUTE OF ISLAMIC

THOUGHT

► See separate instructions.

Business or activity to which this form relates

990

22 2202414

TH	OUGHT			FOR	<u>m_9</u>	<u>90 PA</u>	GE 10		<u> 23-2202414</u>
Pa	irt   Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	ted pro	operty, co	mplete Part	V before yo	ou complete Part I.
1	Maximum amount (see instructions)							1	500,000.
2	Total cost of section 179 property plac	ed in service (see	instructions	)				2	
	Threshold cost of section 179 property	•		•				3	2,000,000.
	Reduction in limitation Subtract line 3			er -0-				4	
	Dollar limitation for tax year Subtract line 4 from line		•		nstruct	ions		5	
6	(a) Description of pr		0 11 11 10 11	(b) Cost (busin			(c) Elected	cost	
				**					
		··		-				-	
				-	-				
	<del></del> -			-					
_	Lested wearesty. Enter the amount from	line 20			-	7			
	Listed property Enter the amount from			a) limas Cand	7				
	Total elected cost of section 179 prope	-	s in column (	c), lines 6 and	′			9	
	Tentative deduction Enter the smaller		044 5 45	.00				\ <del></del>	
	Carryover of disallowed deduction from					c		10	
	Business income limitation Enter the s					ne 5		11	
	Section 179 expense deduction Add li				ne 11	10		12	
	Carryover of disallowed deduction to 2					13			
	e: Do not use Part II or Part III below fo				-1 - 1 - 4 -		L		
	rt II Special Depreciation Allowa								
14	Special depreciation allowance for qua	lified property (otl	her than liste	d property) pl	aced ir	n service (	during		2 (04
	the tax year							14	2,694.
15	Property subject to section 168(f)(1) ele	ection						15	
-	Other depreciation (including ACRS)							16	
Pa	irt III MACRS Depreciation (Do no	ot include listed pi			)				
			Se	ection A					
17	MACRS deductions for assets placed i	ın service in tax ye	ears beginnir	ng before 2012	2		_	17	3,211.
18	If you are electing to group any assets placed in sen						▶ ∟		
	Section B - Assets	Placed in Service	T		Using	the Gene	ral Deprecia	tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use nstructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property			2,691.	5	YRS.	HY	200DB	539.
	7-year property								
d	10-year property								
e	15-year property	7			T				
f	20-year property	7							
g	25-year property	7			2	5 yrs		S/L	
		/			27	5 yrs.	MM	S/L	
h	Residential rental property	/				5 yrs.	ММ	S/L	
		,			<del> </del>	9 yrs.	ММ	S/L	
i	Nonresidential real property	,			<del>  </del>		MM	S/L	
	Section C - Assets F	Placed in Service	During 201	2 Tax Year U	sina th	ne Alterna	<del></del>		tem
200		1	<u> </u>				i i	S/L	
<u>20a</u>		$\dashv$			1	2 yrs	<del> </del>	S/L	
<u>b</u>		<del>                                     </del>				0 yrs	ММ	S/L	
Pa	Irt IV Summary (See instructions )		<u> </u>			- ,	1		
								21	
	Listed property Enter amount from line		on 10 and 0	O in column (-	N 224	lino 21		-=	<del></del>
	Total. Add amounts from line 12, lines							22	6,444.
	Enter here and on the appropriate lines				uoiis ·	See (1)Str			0,444.
	For assets shown above and placed in		e current yea	ar, enter the					
	portion of the basis attributable to sect			- 4		23	<del></del>		Eorm 4500 (0010)
21625 12-28	51 3-12 LHA For Paperwork Reduction	n Act Notice, see	separate in	structions.					Form <b>4562</b> (2012)

∣ Part V	2 (2012)	THO										47	<u> 2202</u>	<del></del>	
	Listed Proper amusement)	•	•					•		•					
	Note: For any through (c) of S							dedu	cting lease	expense	e, comp	lete onl	<b>y</b> 24a, 2	4b, colur	nns (a)
			on and Other					nstruc	tions for lii	nıts for p	asseng	er autor	nobiles )	<del></del> _	
24a Do yo	u have evidence to s						es 🗌		24b If "Y					Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(9	g)		(h)		(1)
Туре	e of property	Date placed in	Business/ investment		Cost or		is for depre		Recovery		hod/		eciation		cted in 179
(list v	/ehicles first )	service	use percentag	je ot	ther basis	,550	use only		period	Convi	ention	aea	uction		st
<b>25</b> Specia	al depreciation alle	owance for q	qualified listed	property	y placed	ın servic	e during	the ta	ax year an	d		1			·
used r	more than 50% in	a qualified b	usiness use		•				_		25	1		<u> </u>	
26 Prope	rty used more tha	ın 50% ın a c	qualified busine	ess use							•				
	-		9	6											
			9/	6											
			9/	6			•••								
27 Prope	rty used 50% or k	ess in a qual	Ified business	use				•				•			
<u> </u>	· · · · · · · · · · · · · · · · · · ·	T	9							S/L -					
			9	6						S/L -				1	
		<del> </del>	9	6						S/L -				1	
28 Add a	mounts in column	(h), lines 25	through 27 E	nter her	e and on	line 21.	page 1				28		_	1	
	mounts in column		-				page .					J	29		
23 /100 0	inounts in column	1 (9, 1110 20 2			B - Infori		on Use	of Veh	nicles	-					
Complete	this section for ve	hicles used								or related	nerson	1			
	vided vehicles to y												ing this s	section fe	or
those vehi		, , -	<b>,</b>									•	J		
				,	_,		-1	]	(0)	10	n	· ,	٥١		`
OO Total b	uninge (investment	milaa dewaa d	lucina tha		a) hicle		o) ncle	١ ,	(c) 'ehicle	(c Veh	-		e) ncle	(1 Veh	
	usiness/investment		iurnig tile	vei	IIICIE	Vei	IICIE	- V	CHICIC	Ven	icie	Vei	licie	VEI	ICIG
- '	lo not include comr					-									
	commuting miles	_													
	other personal (no	ncommuting	g) miles												
driven								<u> </u>							
								l		l					
33 Total r	miles driven during	g the year						[							
	miles driven during nes 30 through 32												1		
Add I	-	2	nal use	Yes	No	Yes	No	Yes	. No	Yes	No	Yes	No	Yes	No
Add lir 34 Was t	nes 30 through 32	2	nal use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
Add lir 34 Was ti during	nes 30 through 32 he vehicle availab	le for person		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Add lin 34 Was to during 35 Was to	nes 30 through 32 he vehicle availab g off-duty hours?	le for person		Yes	No	Yes	No	Yes	No.	Yes	No	Yes	No	Yes	No
Add lir 34 Was ti during 35 Was ti than 5	nes 30 through 32 he vehicle availab g off-duty hours? he vehicle used pi	ed person rimarily by a ed person?	more	Yes	No	Yes	No	Yes	S No	Yes	No	Yes	No	Yes	No
Add lir 34 Was ti during 35 Was ti than 5	nes 30 through 32 he vehicle availab g off-duty hours? he vehicle used pi 5% owner or relate	ed person rimarily by a ed person?	more	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Add lir 34 Was the during 35 Was the than 5	nes 30 through 32 he vehicle availab g off-duty hours? he vehicle used pi 5% owner or relate	le for person rimarily by a ed person? able for perso	more										No	Yes	No
Add lift 34 Was the during 35 Was the than 5 36 Is anouse?	nes 30 through 32 he vehicle availab g off-duty hours? he vehicle used pi 5% owner or relate	le for person rimarily by a ed person? able for person	more  onal  - Questions for	or Emp	loyers W	ho Pro	vide Vet	nicles	for Use by	/ Their E	mploye	ees			
Add lift  34 Was the during 35 Was the than 5 and use?	nes 30 through 32 he vehicle availab g off-duty hours? he vehicle used pi 5% owner or relate ther vehicle availa	le for person rimarily by a ed person? able for person	more  onal  - Questions for	or Emp	loyers W	ho Pro	vide Vet	nicles	for Use by	/ Their E	mploye	ees			
Add lift  34 Was to during  35 Was to than 5  36 Is ano use?  Answer th owners or	nes 30 through 32 he vehicle availab g off-duty hours? he vehicle used pi 5% owner or relate ther vehicle availa	le for person rimarily by a ed person? able for perso Section C determine if y	more  onal  - Questions for you meet an experience of the control	or Emp	loyers W	ho Pro	vide Veh	nicles 3 for v	for Use by	/ Their E	mployee	ees s who a			5%
Add lift  34 Was to during  35 Was to than 5  36 Is ano use?  Answer th owners or	nes 30 through 32 he vehicle availab g off-duty hours? he vehicle used pi 5% owner or relate ther vehicle availa lese questions to o related persons u maintain a writte	le for person rimarily by a ed person? able for perso Section C determine if y	more  onal  - Questions for you meet an experience of the control	or Emp	loyers W	ho Propoleting S	vide Veh	nicles 3 for v	for Use by	/ Their E	mployee	ees s who a		nore than	5%
Add lift  34 Was the during  35 Was the than 5  36 Is anouse?  Answer the owners or  37 Do you emplo	nes 30 through 32 he vehicle availab g off-duty hours? he vehicle used pi 5% owner or relate ther vehicle availa lese questions to o related persons u maintain a writte	le for person rimarily by a ed person? able for perso Section C determine if y	more  - Questions for you meet an extended that professions are the contents and the contents are the conten	or Emp kception bhibits a	loyers W	ho Proposition of the Propositio	ride Ver Section I	nicles 3 for v	for Use by ehicles us luding con	<b>y Their E</b> ed by em	i <b>mploye</b> nployee by you	ees s who a		nore than	5%
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	1990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form	990-T (trust other than above)	06	Form 8870		12
STOP	Do not complete Part II if you were not already gra	inted an au	ntomatic 3-month ex	tension on a previously filed	Form 8868.
• The	books are in the care of ► AMAL BEVERLY HASSAN	- ACCOUN	TANT		
	phone No. ► 703-471-6060	FAX		703-471-1211	
	e organization does not have an office or place of bu				▶ □
	s is for a Group Return, enter the organization's four				. If this is
for the	whole group, check this box ▶ □ . If it	t in for nort	of the group, check	this box	
			or the group, check	triis box	and attach a
ist wit	h the names and EINs of all members the extension	is tor.	<del></del>		
	I request on additional O month automition of the	4.11		00 10	
4	I request an additional 3-month extension of time L	<i></i>	November 15	, 20	
5	For calendar year 2012, or other tax year beginnin	g	, 20	, and ending	, 20
6	If the tax year entered in line 5 is for less than 12 m	onths, che	eck reason: LInit	ial return	
_	Change in accounting period				
7	State in detail why you need the extension	o collect da	ita to file a complete a	and accurate return, that is req	uired.
_					
8a	If this application is for Form 990-BL, 990-PF, 990-	-T, 4720, c	r 6069, enter the ter	ntative tax, less any	
	nonrefundable credits. See instructions.			8a \$	0.00
b	If this application is for Form 990-PF, 990-T, 4	720, or 60	069, enter any refui		
	estimated tax payments made. Include any prior	year over	payment allowed a	s a credit and any	
	amount paid previously with Form 8868.			8b \$	0.00
	Balance due. Subtract line 8b from line 8a. Include you	ur payment	with this form, if requi	ired, by using EFTPS	0.00
	(Electronic Federal Tax Payment System). See instruction	ons.		8c \$	0.00
			-		0.00
	Signature and Verificati	ion must	be completed for	Part II only.	

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Title ► V.P. Finance - SMG, INC

Date > 08 - \4 - 2013 Form 8868 (Rev. 1-2013)

(Rev. January 2013)

**Application for Extension of Time To File an Exempt Organization Return** 

OMB No. 1545-1709

	Revenue S		► File a sep	parate appi	ication for each return	<b>7.</b>				
• If yo	u are fil	ling for a	Automatic 3-Month Extension,	complete	only Part I and ched	ck this box		▶ □		
• If yo	u are fil	ing for ar	n Additional (Not Automatic) 3-Me	onth Exter	nsion, complete on	y Part II (on page 2	of thi	s form).		
Do no	t comp	olete Par	t II unless you have already been g	granted an	automatic 3-month	extension on a previ	ously	filed Form 8868.		
a corp 8868 1 Return	ooration to requal for Tr	required est an ex ransfers	e). You can electronically file Form to file Form 990-T), or an addition dension of time to file any of the Associated With Certain Persona details on the electronic filing of the	al (not aut forms liste l Benefit (	omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You with the exception ust be sent to the	can e of Fo IRS	electronically file Form frm 8870, Information in paper format (see		
			ic 3-Month Extension of Time					<u> </u>		
A cor	poration	require	d to file Form 990-T and reque	sting an a	automatic 6-month	extension-check th				
		orations tax retun	(including 1120-C filers), partnersh ns.	ips, REMIC	Cs, and trusts must (	use Form 7004 to re	quest	an extension of time		
						Enter filer's identifyi	ng nu	mber, see instructions		
Type o	or	Name of e	Employer identificatio	n num	ber (EIN) or					
File by the	ne	Number, s	treet, and room or suite no. If a P.O. bo	x, see instr	uctions.	Social security number	er (SSI	<b>V)</b>		
return. Sonstruction	ee (`	City, town	or post office, state, and ZIP code. For	a foreign a	ddress, see instruction	s.				
Enter ti	he Retu	rn code i	for the return that this application is	s for (file a	separate application	for each return) .				
Applic Is For				Return Code	Application Is For			Return Code		
Form 9	990 or I	Form 990	-EZ	01	Form 990-T (corpo	ration)		07		
Form 9	990-BL			02	Form 1041-A			08		
		ndividual)		03	Form 4720			09		
Form 9	990-PF			04	Form 5227			10		
		<del></del>	a) or 408(a) trust)	05	Form 6069			11		
Form 9	990-T (t	rust othe	r than above)	06	Form 8870			12		
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<ul><li>If this</li></ul>	is for a	Group R	es not have an office or place of bu eturn, enter the organization's four	digit Grou	p Exemption Number	er (GEN)		If this is		
			eck this box ▶ □ . If it		of the group, check	this box	▶ [	and attach		
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e	stimate	d tax pay	n is for Form 990-PF, 990-T, 47 ments made. Include any prior ye	ar overpay	ment allowed as a c	redit.	3b	\$		
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$									
Caution.	If you ar	e going to	make an electronic fund withdrawal w	ith this For	n 8868, see Form 8453	-FO and Form 8879-FC	) for n	ayment instructions		



For Privacy Act and Paperwork Reduction Act Notice, see instructions.