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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

,Open to Public ,如 Inspection

Department of the Treasury

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

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			dar year, or tax	year begi	inning 7/	01	, 201	12, and endir	ng 6/		, 2013	
В	Check if app	licable	С							D Employer Ide	ntification Number	
	Address	s change	Crescent							20-534		
	Name o	hange	11501 Bull			Ct.				E Telephone nu	mber	
	Initial re	eturn	Manassas,	vA ∠U	103					(703)	754-1894	
	Termina	ated										
	Amendo	ed return	L							G Gross receipts	\$ 4	0,416.
	Applica	tion pending	F Name and addre	ess of princi	pal officer Re	eza M. A	Afshar		H(a) Is this	a group return for a	#1 · ·	es X No
			Same As C	Above						affiliates included? attach a list (see i		es 🔲 No
	Tax-exem	pt status	X 501(c)(3)	501(c) ()◀ (insert no)	4947(a)(1)	or 527	1 "'''	attacif a fist (see i	risu actions)	
J	Website	e: ► N/	'A				<u> </u>		H(c) Group	exemption number	>	
K	Form of o	rganization	X Corporation	Trust	Association	Other►		L Year of Forma	ton 200	6 M State o	f legal domicile	/A
Pa	rt I	Summar	v	<u> </u>								
	1 Brie	efly descri	be the organizat	ion's mis	sion or most	significant	activities:	Build ar	Tslam	nic center	of worsh	nin.
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Activities & Governance			ox ►if the o					sposed of m	ore than 2	25% of its net a	assets	
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les Bali	20 Tot		(Part X, line 16)				8			<u>824,044</u> .	. 86	<u>3,935.</u>
Net Assets o Fund Balance	21 Tot		es (Part X, line 2	-	00	م الماسة لا و		:]		0.		<u> </u>
ZŒ	22 Net	assets o	r fund balances	Subtract	line 21 from	Jine 20 Kg	<u> </u>	1		824,044.	86	3,935.
Ρa	ırt II	Signatu	re Block									
Unde	r penalties of	perjury, I dec	lare that I have examinate (other	ed this return	, including accomp	anying schedule	es and statement	ts, and to the best	of my knowle	dge and belief, it is ti	rue, correct, and	_
com	piete Deciari	ation of prepa	arer (outer train dilibe) baseur	n all information	or which prepar	er nas any kno				= 1 .a	
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	eparer	Firm's nam					/					
Us	e Only	Firm's addr	ess ► 5721 Ce	ntre Sq	uare Dr					Firm's EIN ► 54	1-0855145	
		<u> </u>	Centrev	ille, V	A 20120					Phone no (70	3) 378-3696	
Ма	y the IRS	discuss th	nis return with th	e prepar	er shown abo	ve? (see in	structions)				X Yes	No
BA	A For Pa	perwork f	Reduction Act N	otice, see	the separat	e instructio	ns.	TE	EA0113L 12	2/18/12	Form 9	990 (2012)

orm 990 (2012)	Crescent Islamic (Center	20-5	341817 Page
	ment of Program Servi	•		
		ponse to any question in this Part III		
	e the organization's mission			
Build_an_	<u>Islamic center of</u>	worship.		
	- 			
O Did the arren	matian implantation and a most	cant program services during the year w		
Form 990 or 9		cant program services during the year wi	iich were not listed on the prior	
	ibe these new services on So	chedule O		Yes X No
		make significant changes in how it cond	ucts any program services?	Yes X No
	ibe these changes on Sched		acts, any program services.	
			largest program services, as n	neasured by expenses.
Section 501(c) others, the tot)(3) and 501(c)(4) organization of the contract of the contrac	ce accomplishments for each of its three ons and section 4947(a)(1) trusts are red f any, for each program service reported	quired to report the amount of o	grants and allocations
4a (Code:) (Expenses \$	500. including grants of \$	500.) (Revenue	\$
Gift_to_M	Manassas Mosque		-	
		· 		
				
				
4 b (Code) (Expenses \$	including grants of \$) (Revenue	Ś
				'
				
				
		· •		
4 c (Code) (Expenses \$	including grants of \$) (Revenue	\$
				
4 d Other progran	n services (Describe in Sch			
(Expenses		ncluding grants of \$) (Revenue \$)
	n service expenses ▶	500.		Form 990 (20
BAA		TEEA0102L 08/08/12		Form 990 (20

Form 990 (2012) Crescent Islamic Center Park W Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation) if 'Yes,' complete Schedule A	1	Х	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, 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 similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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? If 'Yes,' complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings and equipment in Part X, line 107f 'Yes,' complete Schedule D, Part VI	11a	Х	
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	11 b		Х
C	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	11 c		Х
	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X	11 e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)7/f 'Yes,' complete Schedule D, Part X	11 f		Х
	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)?/If 'Yes,' complete Schedule E	13		_X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did-the organization report-a total of-more than \$15,000 of-expenses for-professional-fundraising services on Part-IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	-	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7f 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

. Form 990 (2012) Crescent Islamic Center
Part IV. Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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 ⁹ If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizationsDid the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ3f 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
29	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	-38-	Х-	<u> </u>
BAA		Form	990 (2012)

<u>. ar</u>	Check if Schedule O contains a response to any question in this Part V						
	and the same of any quantum and the same		Yes	No			
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>		111			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1 c					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0	İ					
h	ments, filed for the calendar year ending with or within the year covered by this return 2 a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file. (see instructions)	2.0					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X			
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3 b					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X			
b	of Yes,' enter the name of the foreign country:▶						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X			
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c					
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х			
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х			
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		ļ	لييب			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х			
ç	lf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g					
r	lf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization advised the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9 a					
k	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b					
10	Section 501(c)(7) organizations Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12		-				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			'			
	Section 501(c)(12) organizations.Enter:						
	Gross income from members or shareholders	4		'			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
	Section 4947(a)(1) non- exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		-			
	of Yes, enter the amount of tax-exempt interest received or accrued during the year	4					
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.	<u> </u>	 			
č	I is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	 				
L	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						
c	Enter the amount of reserves on hand	1					
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	1				
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Form 990 (2012) Crescent Islamic Center 20-5341817 Page 6 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 X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 1 b 3 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? See Schedule 0 2 X 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7 a 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? 7 a X **b** Are any governance decisions of the organization reserved to or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule OX Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No X 10 a Did the organization have local chapters, branches, or affiliates? 10 a 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: 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х X b Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section_C._Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Reza M.

BAA

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

- 1 a 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'scurrent 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- eneak the box in relation the organization		1	(C)						moor, an octor, or tras	-
(A) Name and Title	(B) Average hours per	•	compensation from comp					Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensabon from the organizabon and related organizabons
(1) Reza M. Afshar	8									
President	0	X	_	Х				0.	0.	0.
(2) Muhammad Azim	2	١						_		
Secretary	0	X		Х				0.	0.	0.
(3) Munier Afshar	$-\frac{2}{0}$	X		X				_	0	
Treasurer (4)		^			_			0.	0.	0.
		<u> </u>								
(5)										
(6)										
					_					
(8)	-									
(9)										
(10)					-				-	
(11)										
(12)						-				
(13)					-	-				
(14)									- 111	

(A)	(B)	(da		Pos	sition	than		(D)	(E)	(F)
Name and title	Average hours per week	box, offic	unle er an	ss pe	erson	ıs botl or/trus	n an tee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)				_		-				
(16)										
(17)				-		-				
<u>(18)</u>					ļ					
(19)					-					
(20)										
(21)										
(22)										
(23)						_				
(24)										
(25)		-								
1 b Sub-total					<u> </u>	<u> </u>		0.	0	. 0.
c Total from continuation sheets to Part VII, Section	n A						>	0.	0	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limit	ed to the	ose li	stec	d ab	ove) who	o re	0. ceived more than	\$100,000 of repo	• ,
from the organization ► 0										Yes No
3 Did the organization list anyformer officer, director on line 1a ⁷ If 'Yes,' complete Schedule J for such	or trus Individu	tee, k <i>al</i>	кеу	emp	oloye	ee, o	r hi	ghest compensate	d employee	3 X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	eportab than \$1	le coi 50,00	mpe 30?/	nsa f'Y	tion es' d	and comp	oth <i>lete</i>	er compensation Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen complet	isatio	n fre hedi	om ule .	any J foi	unre r <i>suc</i> .	late h pe	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	atad ind	onon	doni		ntro	otoro	the	t rass and more t	non \$100,000 of	
compensation from the organization Report comp	ensation	for	the	cale	nda	r yea	ar e	nding with or with	in the organizatio	
(A) Name and business address (B) Description of services							of services	(C) Compensation		
					_					
	- L			1 .						
2 Total number of independent contractors (including \$100,000 in compensation from the organization	_	ı iimi	ited	io t	nose	e iist	ed a	above) who receiv	ed more than	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

	Check if Schedule O contains a resp	oonse to any question	n in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
高高	1 a Federated campaigns. 1 a					0.12, 0.0, 0.0, 1
종	b Membership dues 1 b					
중	c Fundraising events 1c					
2 2	d Related organizations 1 d					
용희	e Government grants (contributions) 1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	30,000.				
중	g Noncash contributions included in lns 1a-1f \$					
	h Total. Add lines 1a-1f	Business Code	30,000.			
PROGRAM SERVICE REVENUE	2 a	Dusiness Code				
뿐	b					
왕	· · · · · · · · · · · · · · · · · · ·					
SS	d					<u>-</u>
₹						
ජූ	f All other program service revenue		•			
<u>æ</u>	g Total. Add lines 2a-2f	>				
	Investment income (including dividend other similar amounts)	•	10,416.	10,416.		
	4 Income from investment of tax-exempt	bona proceeds				
	5 Royalties (i) Real	(II) Personal				
	6 a Gross rents	(1) 1 01001101				
	b Less rental expenses					
l	c Rental income or (loss)					
	d Net rental income or (loss)	<u> </u>				
ł	() Sassation	(ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses c Gain or (loss)			1		
	d Net gain or (loss)					
	* * *					
₿	8a Gross income from fundraising events (not including \$					
9	of contributions reported on line 1c).					
2	See Part IV, line 18	a				
OTHER REVENU	b Less: direct expenses	b				
0	c Net income or (loss) from fundraising	events •				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming active	vities •				
	10a Gross sales of inventory, less returns and allowances					
		а				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inve					
	Miscellaneous Revenue	Business Code				
	11a 					
	b				·	
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
	12 Total revenue. See instructions	<u>-</u>	40,416.	10,416.		0.
	,	*	40,410.	10.410.	0.	ı U.

Form 990 (2012) Crescent Islamic Center Part IX Statement of Functional Expenses

Sec	Check if Schedule O contains a re			must complete column (/	<u>A)</u>
Do i 7b,	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	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	500.	500.		<u> </u>
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			:	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
	Occupancy				
16 17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	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 O.)				
8 1	Licenses & Taxes	25.		25.	
	?+				
-	:+				
	+				
_	All other expenses		500		
25	Total functional expenses Add lines 1 through 24e	525.		25.	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)				

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Total liabilities and net assets/fund balances

Unrestricted net assets

Temporarily restricted net assets

Form 990 (2012) Crescent Islamic Center 20-5341817 Page 11 Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) End of year Beginning of year Cash - non-interest-bearing 1 Savings and temporary cash investments. 2 2 493,057 499,751. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 364,184 **b** Less accumulated depreciation 10 b 330,987 10 c 364,184. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 824,044 16 863,935 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22

29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 493,057 499,751. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 330,987 364,184. 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 824,044 863,935.

and complete

BAA

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R

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863,935. Form 990 (2012)

0

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24

25

27

28

34

0. 26

824,044.

	n 990 (2012) Crescent Islamic Center	20-5341817		Pa	age 12			
Pa	t 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		40,4	116.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		Ĺ	525.			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Net unrealized gains (losses) on investments	5)44.			
6	Donated services and use of facilities	6						
7	Investment expenses.	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))							
Pa	t XII Financial Statements and Reporting	, ,						
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:	viewed on a						
	Separate basis Consolidated basis Both consolidated and separate basis							
i	Were the organization's financial statements audited by an independent accountant?		2 b		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate			,			
	basis, consolidated basis, or both			•				
	Separate basis Consolidated basis Both consolidated and separate basis				ļJ			
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2 c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		,		4.			
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth i Audit Act and OMB Circular A-133?	n the Single	3 a		Х			
l	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3 b					
BAA			Form	990	(2012)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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



Employer identification number

		<u>ent Islamic Ce</u>									341817			
Pär	[취 <u>*</u>	Reason for Publi	c Charity Stat	us (A	All organizations m	ust cor	nplete	this p	art.) S	ee inst	ruction	IS.		
The	orga	nization is not a priva	ate foundation be	cause	e it is. (For lines 1 thro	ugh 11,	check o	nly one	box.)		•			
1		A church, convention	n of churches or	assoc	ation of churches des	cribed in	section	170(b)(1)(A)(i).					
2		A school described i	n section 170(b)	(1)(A)(ii). (Attach Schedule E	.)								
3	\vdash	A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii).												
4	\vdash	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's												
	L_	name, city, and state:												
5		•	rated for the ber	efit of	a college or university	y owned	or oper	ated by	a gover	nmental	unit des	scribed ise	ction	
6				or go	vernmental unit descri	bed inse	ction 17	0(b)(1)(AXv).					
7	X	A federal, state, or local government or governmental unit described insection 170(bX1XAXv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II.)												
8		A community trust d	escribed in secti	on 170	(b)(1)(A)(vi). (Complet	e Part II.)							
9		related to its exempt fu	inctions - subject	to certa	e than 33-1/3% of its sup ain exceptions, and (2) n 511 tax) from businesse	o more th	an 33-1/	3% of its	support	from aro	ss investi	ment income	and	
10		An organization orga	anized and opera	ated ex	clusively to test for pu	ublic safe	ety See	section	509(a)(4	1).				
11		An organization organi supported organization supporting organizat	s described in section and complet	tion 50	_	(2) See s	ection 5	ons of, o 09(a)(3).	or carry of Check t	out the pu he box th	rposes of at descri	one or mor bes the type	e public of	oly
		a ∐Type I b	Type II	С	Type III – Function	nally inte	grated	•	d ∐ _	Type III	– Non-fu	unctionally	ıntegra	ated
e	. [By checking this box other than foundation section 509(a)(2)	r, I certify that th n managers and	e orga other	nization is not control than one or more pub	led direction	tly or in ported o	directly organiza	by one tions de	or more escribed	dısqualı ın sectio	fied persor on 509(a)(1	ns) or	
f		` , ` ,	eceived a written	deter	mination from the IRS	that is a	Туре І	Type II	l or Typ	e III sup	porting (organizatio	٦,	
ç)	Since August 17, 20	06, has the orga	nızatıc	on accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	2		
													Yes	No
		(i) A person who below, the gov	directly or indire erning body of ti	ctly co ne sup	introls, either alone or ported organization?	together	with pe	ersons d	lescribe	d in (ii)	and (III)	11 g (i)		
		(ii) A family memb	er of a person o	lescrib	ed in (i) above?							11 g (ii)		
		(iii) A 35% controll	ed entity of a pe	rson c	described in (i) or (ii) a	above? 11 g (iii)								
ŀ	1	Provide the following	g information abo	out the	supported organization	on(s)								
		(i) Name of supported organization	(II) EIN		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)	organiz column (i your go	s the ation in) listed in verning nent?	(v) Did yo the organi column (supp	ization in	organiz	s the ation in nn (i) ed in the S ?	(vii) Amoun sup	t of mone	etary
						Yes	No	Yes	No	Yes	No			
(A)														
						 								
<u>(B)</u>						 								
(C)														
(D)														_
(E)				1										
· ·			w	4	**************************************				100	10.00				
Tota	١.					14. 15		31.					_	

Part II Support Schedule for Organizations 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.)

Sec	tion A. Public Support						 _		
Cald beg	endar year (or fiscal year inning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	membership fees received (Do not include any 'unusual grants')	61,010.		30,000.	40,000.	3,000.	134,010.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	61,010.	0.	30,000.	40,000.	3,000.	134,010.		
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)		, 1965 (N. 1965) 1965 (N. 1965)		William Control	and the second	0.		
6	Public support. Subtract line 5 from line 4				0	-	134,010.		
Sec	tion B. Total Support								
Cale beg	endar year (or fiscal year ınning ın) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4	61,010.	0.	30,000.	40,000.	3,000.	134,010.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,419.	20,588.	11,630.	11,668.	10,416.	65,721.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on				227 000.	20/120.	0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.		
11	Total support. Add lines 7 through 10	,			•		199,731.		
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.		
13	First five years. If the Form 990 organization, check this box and	s for the organiza stop here	ation's first, secon	d, third, fourth, or	r fifth tax year as	a section 501(c)(3)	▶ □		
Sec	tion C. Computation of Pul	blic Support P	ercentage						
	Public support percentage for 20		-	ne 11, column (f).)		14	67.10%		
15	Public support percentage from :	2011 Schedule A,	Part II, line 14			15	86.73%		
16	16a 33-1/3% support test— 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
	b 33-1/3% support test— 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17	17a 10%-facts-and-circumstances test— 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%—or-more, and-if-the-organization-meets the 'facts-and-circumstances' test, check-this-box-and-stop-here. Explain-in-Part-IV-how—the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop here a publicly support	.Explain in Part IV ed organization	how the		
			- a box on fine i		 		<u> </u>		
BAA	L				Sch	nedule A (Form 990	or 990-EZ) 2012		

Par	Till Support Schedule fo	r Organizatio	ns Described i	in Section 509	(a)(2)		
	(Complete only if you che to qualify under the tests	cked the box on	line 9 of Part I or i	if the organizatior	n failed to qualify i	under Part II. If the	organization fails
500		isted below, pie	ase complete Part	11.)			··
	tion A. Public Support	T (-) 2000	412 0000	(-) 2010	1 (1) 0011	T () 2010 T	
Calen	dar year (or fiscal yr beginning in)► Gifts, grants, contributions	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	and membership fees received (Do not include						
	any 'unusual grants.')						
2	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities]		
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
4	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						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1,				****		•
	2, and 3 received from disqualified persons						
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 Add lines 7a and 7b		<u> </u>				
8		-					
0	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				<u> </u>	·	
Calen	dar year (or fiscal yr beginning in)►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received			2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
	on securities loans, rents,						
	royalties and income from similar sources			1			
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part IV.)	[1	1		
12	Total support. (Add Ins 9, 10c, 11, and 12)	ļ.,	 				
	First five years. If the Form 990	is for the organia	vation's first secon	d third fourth o	r fifth tay waar as	2 continu 501(a)(3)	
	organization, check this box and	stop here	-	ia, iiii a, ioai ii, o	tax year as	a section 501(c)(5)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 20	•	•	ne 13, column (f).)	•	15	%
	-Public support-percentage from-					16	
	tion D. Computation of Inv						
	Investment income percentage f	· ·	. ,,	•	mn (f))	17	%
18	Investment income percentage f				–	18	~
	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	k this box and sto	p here. The organi	ization qualifies a	s a publicly suppo	rted organization	▶
b	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	the organization 6, check this box	did not check a be andstop here. The	ox on line 14 or li e organization qua	ne 19a, and line 1 difies as a publicly	6 is more than 33- supported organize	1/3%, and ration
				14 10 10-	check this box and		_ ⊢

Schedule A	(Form 990 or 990-EZ) 2012	Crescent Islamic	c Center	20-5341817	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; (See instructions).	n. Complete this part to and Part III, line 12.	provide the explanations Also complete this part f	required by Part II, line 10; or any additional information.	
	· 				- -
					
 -					
					

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

•		
Crescent Islamic Center		20-5341817
Part Organizations Maintaining Donor	Advised Funds or Other Similar Funds or	
the organization answered 'Yes	to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)	-0	
4 Aggregate value at end of year		
5 Did the organization inform all donors and do are the organization's property, subject to the	onor advisors in writing that the assets held in c e organization's exclusive legal control?	lonor advised funds Yes No
6 Did the organization inform all grantees, don for charitable purposes and not for the bene- impermissible private benefit?	nors, and donor advisors in writing that grant fur fit of the donor or donor advisor, or for any othe	nds can be used only or purpose conferring Yes No
Part II Conservation Easements. Com	plete if the organization answered 'Ye	s' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held	by the organization (check all that apply)	
Preservation of land for public use (e.g ,	, recreation or education)	of an historically important land area
Protection of natural habitat	Preservation	of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organizal last day of the tax year	ation held a qualified conservation contribution in	
		Held at the End of the Tax Year
a Total number of conservation easements.		2 a
b Total acreage restricted by conservation eas		2 b
c Number of conservation easements on a cer	rtified historic structure included in (a)	2 c
structure listed in the National Register	d in (c) acquired after 8/17/06, and not on a histo	2 d
Number of conservation easements modified tax year ▶	d, transferred, released, extinguished, or termina	ated by the organization during the
4 Number of states where property subject to	conservation easement is located►	<u>_</u>
and enforcement of the conservation easeme		Yes No
<u> </u>	ring, inspecting, and enforcing conservation eas	<i>.</i>
7 Amount of expenses incurred in monitoring,▶\$	inspecting, and enforcing conservation easeme	nts during the year
8 Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
9 In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	eports conservation easements in its revenue ar e to the organization's financial statements that	nd expense statement, and balance sheet, and describes the organization's accounting for
Part III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or Ot swered 'Yes' to Form 990, Part IV, line	
	der SFAS 116 (ASC 958), not to report in its reve ets held for public exhibition, education, or rese ancial statements that describes these items.	
	der SFAS 116 (ASC 958), to report in its revenue neld for public exhibition, education, or research	
(i) Revenues included in Form 990, Part VI		▶ \$
(ii) Assets included in Form 990, Part X		▶ \$
2 If the organization received or held works of amounts required to be reported under SFAS		for financial gain, provide the following
a Revenues included in Form 990, Part VIII, III	ne 1	► \$
b Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2012 Cres Part III Organizations Maintai	cent Islan	nic Center	ral Treasures or Ot	20-53	41817 (continued)	Page 2
			 -		<u> </u>	
3 Using the organization's acquisit items (check all that apply)	ion, accession,	and other records, cr	ieck any of the following	g that are a significant	use of its colle	ction
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gene	rations	_		,		
4 Provide a description of the organic Part XIII	nızatıon's colle	ctions and explain ho	w they further the organ	nization's exempt purp	ose in	
5 During the year, did the organiza to be sold to raise funds rather t	han to be main	tained as part of the	organization's collection	?	Yes	No
Part IV Escrow and Custodial Arra reported an amount o	ingements. Con n Form 990,	mplete if the organiza Part X, line 21.	ition answered 'Yes' to	Form 990, Part IV, lin	e 9, or	
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian	, or other intermediar	for contributions or ott	ner assets not included		
b If 'Yes,' explain the arrangemen	t in Part XIII an	d complete the follow	ing table:		Yes	∐ No
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
 Distributions during the year 				1 e		
f Ending balance				1 f		
2 a Did the organization include an a	amount on Forn	n 990, Part X, line 21	?		Yes	No
b If 'Yes,' explain the arrangement	: in Part XIII. Ci	neck here if the expla	ntion has been provided	i ın Part XIII		\exists
Part V Endowment Funds. Co		e organization ans	wered 'Yes' to Forn	n 990, Part IV, line	10.	
•	(a) Current	(b) Prior yea	ar (c) Two years	(d) Three years	(e) Four ye	ars
1 a 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		<u> </u>				
g End of year balance						
2 Provide the estimated percentage	o of the ourror	t year and halance (lu	an la polyman (a)) hold			
a Board designated or quasi-endo		year end barance (iii	ie rg, column (a)) neiu	as		
b Permanent endowment	Willerit					
·		9				
c Temporarily restricted endowmer		°				
The percentages in lines 2a, 2b,	and 2c should	equal 100%				
3 a Are there endowment funds not organization by:	in the possessi	on of the organization	that are held and adm	inistered for the	Yes	No
(i) unrelated organizations					3a(ı)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related	organizations li	sted as required on S	chedule R?		3b	
4 Describe in Part XIII the intende	d uses of the or	rganization's endowm	ent funds.			
Part VI Land, Buildings, and	Equipment.	See Form 990, F	art X. line 10.			
Description of property		(a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book v	alue
1 a Land			364,184.		364	,184.
b Buildings						
c Leasehold improvements		•				
d Equipment					 	
e Other		 				
Total. Add lines 1a through 1e (Colum	n (d) must eau	al Form 990. Part X	column (B), line 10(c))		364	,184.
BAA			(= //	Sche	dule D (Form 9	

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Schedule D (Form 990) 2012 Crescent Islamic Center	20	-5341817 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Return	N/A
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		连续
a Net unrealized gains on investments.	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	\$ 70 m
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line1:	1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Retu	rn N/A
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		SEL S W.
a Donated services and use of facilities	2a	
b Prior year adjustments	2 b	200 m
c Other losses	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line1:	1 1	主义
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	電子 まい
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b		4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also cor	Part III, lines 1a and 4, Part IV, nplete this part to provide any	lines 1b and 2b, Part V, additional information.
DAA		2-td-1- B /F- 2000 0010
BAA		Schedule D (Form 990) 2012

SCHEDULE'O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection
Employer Identification number

Crescent Islamic Center	20-5341817							
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.								
Two of the voting members are father and son.								
Form 990, Part VI, Line 11b - Form 990 Review Process								
Form 990 is reviewed line by line by an officer prior to its filing.								
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available								
Crescent Islamic Center makes its documents and financial state	ements available to							
those_who_request_them.	·							
	·							
	·							
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