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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)

OMB No 1545-0047

Open to Public

Inte	mal Re	zent	e Service The organization may have to use a copy of this return to satisf	y state report	ing require	ments.	Inspection
Α	For th	e 2	007 calendar year, or tax year beginning and en	nding			
В	Check	if	Riesze C Name of organization			D Employer ide	ntification number
_	applica	ple.	Use IRS THE FOUNDATION OF THE ISLAMIC CENTER	OF	ľ	- L	
Г	Add	iress	label or GREATER TOLEDO INC	. 01		31-154	10667
늗	lchai Nan	ne	·	la:			
늗	chaر Initia ح		See Number and Street (of F.O. DOX if main is not delivered to street address)			E Telephone nu	
	retu	m	Specific 1109 ADAMS STREET	20			<u>43-7500 </u>
느	Terr	n	tions City or town, state or country, and ZIP + 4		l.	F Accounting method	
Ļ	Ame	m	TOLEDO, OH 43604		[[Other (specify)	<u> </u>
	App pen	licat ding	- Ocodon oo i(o)(o) organizations and 4547 (a)(1) nonexempt enantable trasts	H and lare	not applica	cable o setio	n 527 organzations
			must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this	a group re	turn for affiliates	s? Yes X N
G	Websi	ite:	N/A			nber of affiliates	
			ion type (check anly one) ► X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	H(c) Are all			
_			re I if the organization is not a 509(a)(3) supporting organization and its gross	i (If "No,	," attach a i	ist.)	
			* * * * * * * * * * * * * * * * * * * *	H(d) Is this	a separate	return filed by a	in or-
			re normally not more than \$25,000. A return is not required, but if the organization of file a return, be sure to file a complete return.			d by a group ru	
	CHOOS	C3	o like a return, be sure to like a complete return.			Number >	N/A
	_						n is not required to attac
_			eipts: Add lines 6b, 8b, 9b, and 10b to line 12 25, 495.		(Form 990), 990-EZ, or 99	0-PF).
<u>P</u>	<u>art I</u>	١. ا	Revenue, Expenses, and Changes in Net Assets or Fund Bala	nces			
11 N 7	1		Contributions, gifts, grants, and similar amounts received:				
7		a	Contributions to donor advised funds 1a				
€		b	Direct public support (not included on line 1a) 1b		8,00	00.	
≕		c	Indirect public support (not included on line 1a)			/ 	
_		-	· · · · · · · · · · · · · · · · · · ·			─ ┤^	
Ī		d	, ,	!		-	0 000
		е	Total (add lines 1a through 1d) (cash \$ 8,000. noncash \$) <u>1e</u>	8,000.
2	2		Program service revenue including government fees and contracts (from Part VII, line 93)	•		2	
2	3	3 Membership dues and assessments				3	
	4		Interest on savings and temporary cash investments			4	1,846.
	5		Dividends and interest from securities			5	15,649.
) n	6	a	Gross rents			-	
o		b	Less; rental expenses			.*.	
			Net rental income or (loss). Subtract line 6b from line 6a			6c	
Ë	7	Ť	Other investment income (describe		•) 7	•
Revenue	,	_	Gross amount from sales of assets other (A) Securities	(B)	Other	-/-/- -	
æ	"	_		(B)	Otilei		
			than inventory			 ;	
			Less; cost or other basis and sales expenses 8b			— [
			Gain or (loss) (attach schedule)				
		d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
	9		Special events and activities (attach schedule). If any amount is from gaming, check here	<u>-</u>			
		а	Gross revenue (not including \$ of contributions reported on line 1b) . 9a	_			
		b	Less: direct expenses other than fundraising expenses 9b				
		C	Net income or (loss) from special events. Subtract line 9b from line 9a	_		9c	
	10		Gross sales of inventory, less returns and allowances		• ••••	<u> </u>	
	'	b	Less: cost of goods sold 10b				
	1	_	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line	102		100	
	۱.,			104		10c	
	11		Other revenue (from Part VII, line 103)			. 11	05 405
	12		Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10, and 10, CC	_		12	25,495.
s	13		Program services (from line 44, column (B))	6		13	4,075.
Expenses	14		Management and general (from line 44, column (C)) Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule))SO-\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		14	3,420.
Je C	15		Fundraising (from line 44, column (D)) G MAR 3 0 2010	<u>, </u>		15	
ΕX	16		Payments to affiliates (attach schedule)	E		16	
	17		Total expenses. Add lines 16 and 44, column (A)	'		17	7,495.
	18		Excess or (deficit) for the year. Subtract line 17 from line 12			18	18,000.
Net Assets	19		Net assets or fund balances at beginning of year (from line 73, column (A))			19	418,261.
S S	20			STATEM	ENT 1	20	20,795.
_¥			Not appear or fried belonger at and of year Combine lines 19, 10, and 20	h'iter ritit	11.11 T		457.056

Form 990 (2007)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

THE FOUNDATION OF THE ISLAMIC CENTER OF GREATER TOLEDO INC

Do sot riclude amounts reported on the 6b, 8, 9, 0b, or 6l of art .l		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds			· · · · · · · · · · · · · · · · · · ·	-	
(attach schedule)				<i>2</i>	, , , , , , , , , , , , , , , , , , ,
(cash \$ 0 • noncash \$ 0	-			, , , , , , , , , , , , , , , , , , ,	
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule	1				
(cash \$ 0 • noncash \$ 0				* * *	
If this amount includes foreign grants, check here	22b			à '	
23 Specific assistance to individuals (attach					
schedule)	23				,
24 Benefits paid to or for members (attach					
schedule)	24		-	<u> </u>	, %
25a Compensation of current officers, directors, key	_	0	0	_	
employees, etc. listed in Part V-A	25a	0.	0.	0.	0
b Compensation of former officers, directors, key		0	0		
employees, etc. listed in Part V-B	25b	0.	0.	0.	0
c Compensation and other distributions, not included	'				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in	05-				
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not	00				
included on lines 25a, b, and c	26				
27 Pension plan contributions not included on	27				
lines 25a, b, and c	27				
28 Employee benefits not included on lines	20				
25a · 27	28				
29 Payroll taxes	30				
31 Accounting fees	31	2,650.		2,650.	
32 Legal fees	32	2,030.		2,030.	
33 Supplies	33				
04 T-1	34				
35 Postage and shipping	35				
26 Occupancy	36			-	
37 Equipment rental and maintenance	37				· -
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41		-		
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a OHIO FILING FEE	43a	750.		750.	
b BANK CHARGES	43b	20.		20.	
c GRANTS FOR ISLAMIC	43c				
d EDUCATION	43d	4,075.	4,075.		
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	7,495.	4,075.	3,420.	0 .
Joint Costs. Check 🕨 🔲 ıf you are following				_	
Are any joint costs from a combined educational campa	-	•			Yes X No
If "Yes," enter (i) the aggregate amount of these joint co	_		•	Program services \$	<u>N/A</u> ;
(iii) the amount allocated to Management and general \$		N/A ; and (in	v) the amount allocated to	Fundraising \$	N/A
723011 12-27-07					Form 990 (2007

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Wh	at is the organization's primary exempt purpose? ► <u>SEE STATEMENT 2</u>	Program Service Expenses						
clie	All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)							
а	DIRECT GRANTS TO ISLAMIC CENTER OF GREATER TOLEDO FOR ISLAMIC EDUCATION AND SUPPORT OF THE MOSQUE							
b	(Grants and allocations \$ 3,075.) If this amount includes foreign grants, check here ▶ □ DIRECT GRANT TO AREA FOOD BANKS	3,075.						
С	Grants and allocations \$ 400 ⋅) If this amount includes foreign grants, check here DIRECT GRANT FOR RAMADAN EDUCATION	400.						
d	(Grants and allocations \$ 600.) If this amount includes foreign grants, check here	600.						
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □							
е	Other program services (attach schedule)							
f	(Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,075.						
<u> </u>	Total of Flogram Services (Should equal line 44, Column (D), Flogram Services)	Form 990 (2007)						

Form 990 (2007)

GREATER TOLEDO INC

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	: Whe	ere rejuired, afached shedules and amonts whould be for net-of-year amonts only.	hin the description olumn	(A) Beginning of year		(B) End of year
	45	Cash · non-interest-bearing			45	
	46	Savings and temporary cash investments	40,670.		31,021.	
	47.	Asserta massinable	470			
		Accounts receivable Less: allowance for doubtful accounts	47a 47b		47c	
	, ,	Less. allowance for doubtful accounts			7/0	
	48 a	Pledges receivable	48a			
			48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, di				
		key employees			50a	
	Ь	Receivables from other disqualified persons (as				
ets		4958(f)(1)) and persons described in section 495			50b	
Assets		Other notes and loans receivable				10 000
			51b		51c	10,000.
	52	Inventories for sale or use	• • -		52	
	53	Prepaid expenses and deferred charges Investments - publicly-traded securities STMT	Coet TEMA	357,630.	53 54a	396,074.
		Investments - other securities		337,030.	54b	330,014.
		Investments - land, buildings, and	· · · · · · · · · · · · · · · · · · ·	,,,	340	
	""	equipment: basis	55a		• .	
					ر الله الله الله الله الله الله الله الل	
	Ь	Less: accumulated depreciation	55b		55c	
	56	Investments - other	E STATEMENT 3	19,961.	56	19,961.
	57 a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation	57b	<u>-</u>	57c	
	58	Other assets, including program-related investments				
		(describe ►		410 261	58	457.056
	59	Total assets (must equal line 74) Add lines 45 t		418,261.	59	457,056.
	60	Accounts payable and accrued expenses			60	
	61 62	Grants payable			- 62	
es	63	Deferred revenue	employees		63	
bilities		a Tax-exempt bond liabilities		· ·-·-	64a	
Liab) . b	Mortgages and other notes payable			64b	
_	65	Other liabilities (describe			65	
	66	Total liabilities. Add lines 60 through 65		0.	66	0.
	Orga	anizations that follow SFAS 117, check here	and complete lines			
S		67 through 69 and lines 73 and 74.				
ဦ	67	Unrestricted			67	
ala	68	Temporarily restricted			68 69	
Fund Balances	69	Permanently restricted anizations that do not follow SFAS 117, check h	ore X and		09	
Ē	Orga	complete lines 70 through 74.	iere 🖊 🔼 and			
ğ	70	Capital stock, trust principal, or current funds		0.	70	0.
Net Assets or	71	Paid in or capital surplus, or land, building, and		0.	71	0.
Ass	72	Retained earnings, endowment, accumulated in		418,261.	72	457,056.
Vet	73	Total net assets or fund balances. Add lines 67 throu			_	
_		(Column (A) must equal line 19 and column (B) must e	equal line 21)	418,261.	73	457,056.
	74	Total liabilities and net assets/fund balances.	Add lines 66 and 73	418,261.	74	457,056.
						Form 990 (2007)

Forn	n 990 (2007) GREATER TOLEDO INC rt IV-A Reconciliation of Revenue per Audited Fina	noial Statements W	ith Dayanya na	31-15	4966	7 Page 5
Pa	instructions.)	nciai Statements w	itti nevenue pe	r Hetu	m (See	JD G
а	Total revenue, gains, and other support per audited financial stateme	ents		а		N/A
b	Amounts included on line a but not on Part I, line 12:			-		
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2		i	
3	Recoverles of prior year grants		b3		1	
4	Other (specify):		b4]	
	Add lines b1 through b4			b		
C	Subtract line b from line a				<u> </u>	
đ	Amounts included on Part I, line 12, but not on line a:	•	•	-	1	
1	Investment expenses not included on Part I, line 6b Other (specify):	. ,	d1		i	
2	Other (specify):		d2		.]	
	Add lines d1 and d2	******************************	***********************	d		
e	Total revenue (Part I, line 12). Add lines c and d			▶ e		
Pε	rt IV-B Reconciliation of Expenses per Audited Fin	ancial Statements V	Vith Expenses	per Re	turn	
a	Total expenses and losses per audited financial statements	*************************************	•••••••••	a	<u> </u>	N/A
b	Amounts included on line a but not on Part I, line 17:	•	ē	-		
1	Donated services and use of facilities		b1]		1	
2	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20		b3		1	
4	Other (specify):		b4	,		
	Add lines b1 through b4			b	1	
C	Subtract line b from line a				T	
d	Amounts included on Part I, line 17, but not on line a:			····		
1	Investment expenses not included on Part I, line 6b		d1		1	
2	Other (specify):		d2		ì	
	Add lines d1 and d2			ď		
e	Total expenses (Part I, line 17). Add lines c and d			▶ e		
Pa	art V-A Current Officers, Directors, Trustees, and K	ey Employees (List ea	ach person who was	an office	er, direc	tor, trustee,
	or key employee at any time during the year even if they w			· · · · · · · · · · · · · · · · · · ·		
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contrib employee plans & c	of enoity benefit deferred ton plane	(E) Expense account and other allowances
AF	DULLATIF NIMR	DDDGTDDM				
	24 DIVED DOND	1		ļ		
	UMEE, OH 43537	2.00	l o.		0.	0.
	10 constructs	1		1		
	LEDO, OH 43623	2.00	0.		0.	0.
	ERREFE A. KADRI	SECRETARY	<u> </u>			
	09 ADAMS ST. #202			1		1
	LEDO, OH 43604	2.00	0.	1	0.	0.
	IIR KHAN	TREASURER		 		
	0 COVENTRY CT.	INEMBOREK	ļ			
50	RRYSBURG, OH 43551	2.00	0.		0.	0.
	SR MANSOUR	TRUSTEE				<u> </u>
		TRUSTEE		1		
	20 GINGER HILL LEDO, OH 43623	1 00		ł	0	
_		1.00	0.	 	0.	0.
	RAZI RAFEEQ	TRUSTEE		İ	;	į
	TREMORE WAY	1 00			^	
	LLAND, OH 43528	1.00	0.	-	0.	0,
	SSEIN H. SHOUSHER	TRUSTEE		ļ		[
	24 NORTH REACH		_	1	_	_
<u>OF</u>	EGON, OH 43616	1.00	0.	1	0.	0.
		.	1	1		
		_l		<u>. </u>		<u> </u>
					ļ	Form 990 (2007)

orm 990 (2007)	GREATER TO	DLEDO INC	v Completence ()		31-15496			age 6
Part V-A Current O							Yes	No
5 a Enter the total number meetings	•	<u>-</u> '	o vote on organization bus		7	" :	.	
Part II-A or II-B, related	Part I, or highest compet to each other through	nsated professional and family or business relat	990, Part V-A, or highest of other independent contrionships? If "Yes," attach	actors listed in So a statement that	hedule A, Identifies	₹		x
c Do any officers, direct listed in Schedule A, F Part II-A or II-B, receive	ors, trustees, or key em Part I, or highest compe e compensation from a	ployees listed in Form s nsated professional and	990, Part V-A, or highest c d other independent contr whether tax exempt or tax	ompensated emp	loyees chedule A, ted to the	75c	· ·	X
•		information described				`	- '	
	f any former officer, dire	ector, trustee, or key en	aployee received compens	sation or other bei	nefits (described	d belo	ow) du	
	A) Name and address	NONE	mpensation or other benef (B) Loans and Advances	(C) Compensation (if not paid, enter -0-)		to (E) Expe	ense
						<u> </u>		
							··	
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					+	+		
Part VI Other Infor	mation (See the rist	nuctions)		<u></u>			Yes	s N
			onducting activities? If "Ye	es." attach a deta	iled		1 63	, 14
statement of each ch	*					76		X
		r governing documents	but not reported to the IR			77	1	2
			00 or more during the year	r covered by this r	return?	78a		2
b If "Yes," has it filed a	tax return on Form 990	O-T for this year?	******************	••••• • • • • • • • • • • • • • • • • •	N/A	78b		
			raction during the year? If			79	4_	12
			de or nationwide organiza exempt or nonexempt org			80a	,	,
b If "Yes," enter the nar			and check whether it is				1	1
Enter direct and indire			 lons.)	81a	nonexempt 0	4		
D DIG the diganization t	112U-POL 101	uns year/				81b	m 99 0	0 (20)
						. 01	•••	- (20
23181/12-27-07								,

	990 (2007) GREATER TOLEDO INC 31-154	9667	' P	age 7
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	_82a		X_
b	If "Yes," you may indicate the value of these items here. Do not include this	- "		
	amount as revenue in Part I or as an expense in Part II.	. :	,	1
	(See instructions in Part III)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid po qo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			Ī.
	tax deductible? N/A	84b		Ĺ
85 a	501(c)(4), \$), or 6). Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	· ,	:	,
	waiver for proxy tax owed for the pnor year.			
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures	7		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A] , '		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A];_		
q	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			1
	following tax year? N/A	85h		<u> </u>
86	501(c)(7) organzations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A			,
ь	Gross receipts, included on line 12, for public use of club facilities			٠,
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	*		
	against amounts due or received from them.)	_ ՝	Ĭ .	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		~ ^	١,
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			\$ -
	If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	► <u>88b</u>	<u> </u>	X
89 a	501(c)(3) organzations. Enter: Amount of tax imposed on the organization during the year under:			_
	section 4911 ▶ 0 . ; section 4912 ▶ 0 .	*		
b	501(c)(3) and 51(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		·	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			4-
	If "Yes," attach a statement explaining each transaction	89b	 	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	-		-
	sections 4912, 4955, and 4958		l ´	1
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and supporting organizations mantaining whom adjised funds. Did the supporting organization,	00-		1
00	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	899	<u> </u>	<u> </u>
	List the states with which a copy of this return is filed DH Number of employees employed in the pay period that includes March 12, 2007 90b			0
	440.0	71-2	008	
91 a				
L	Located at ► 300 COVENTRY CT., PERRYSBURG, OH At any time during the calendar year, did the organization have an interest in or a signature or other authority over	4	Yes	No
D		91b	†	x
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes." enter the name of the foreign country N/A	2.13	• -	**
	If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts			1
	and i manda Accounts	Form	aan	(2007)

THE FOUNDATION OF THE ISLAMIC CENTER OF Form 990 (2007) GREATER TOLEDO INC 31-1549667 Page 8 Part VI Other Information continued) Yes No c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c If "Yes," enter the name of the foreign country ▶ ______N/A Section 947(a)(1) pnexempt charitable stusts fing Form 990 n ieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year Part VII | Analysis of Income-Producing Activities See the instructions) Unrelated business income Excluded by section 512, 513, or 514 Note: Elter gross amouts valess observise (E) (C) Exclu sion (A) ındıcated. (D) Related or exempt Business Amount Amount function income 93 Program service revenue. f Medicare/Medicaid payments g Fees and contracts from government agencies 94 Membership dues and assessments 1,846. 95 Interest on savings and temporary cash investments 14 15,649 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events . 102 Gross profit or (loss) from sales of inventory 103 Other revenue: h e 17,495 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 17 Note: Line 105 plus the 16, Mart J should equal the amount on the 12, Mart J Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions) Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's Line No. exempt purposes (other than by providing funds for such purposes).

Part IX Information Regard	ling Taxable Sul	osidiaries and Disregarded	Entities (See libe instructio	ns.)
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
·	%	-		
Part X Information Regard	ing Transfers A	ssociated with Personal Be	nefit Contracts (See the	nstructions)

		1	00 100 11011001101107
(a)	Did the	e organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes

X No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X No

Note: # "Ye" & (b), fe Form 8870 and Form 7420 see instructions).

Form 990 (2007)

Preparer's

Use Only

COMPANY,

Firm's name (or

self-employed), address, and

yours if

MILLER,

TOLEDO.

GARDNER &

500 MADISON AVE, SÜITE 400

OH 43604-1210

EIN ▶

Phone no. $\triangleright 419-255-6500$

Form **990** (2007)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the of	ganization THE FOUNDATION OF THE ISI	AMIC CENTER (OF	Employer identif	
Part I	GREATER TOLEDO INC Compensation of the Five Highest Paid Emp	alaysaa Othan Than	Officers Diss	31 1549	567
rait i	(See page 1 of the instructions. List each one. If there are none, e		Officers, Direc	ctors, and I	rustees
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred	account and other
NONE		position		compensation	allowances
7.25.5		•			
					<u> </u>
-					ŀ
					
Total number of	f other employees paid				\ ,
over \$50,000	• Other employees paid	l o	-115	in the second se	
Part II-A	Compensation of the Five Highest Paid Inde	pendent Contracto	rs for Professi	onal Service	es
	(See page 2 of the instructions. List each one (whether individuals				
	(a) Name and address of each independent contractor paid more th	an \$50 000	(b) Type of s	ervice	(c) Compensation
	(-)				
					
NONE					
					
		·			
	f others receiving over			, , ,	
Part II-B	ofessional services Compensation of the Five Highest Paid Inde	0 /	•	<u> </u>	
Part II-D	(List each contractor who performed services other than profession			ervices	
	firms. If there are none, enter "None." See page 2 of the instruction		uais oi		
	• • • • • • • • • • • • • • • • • • • •		(h) Tong of a		
	(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type of s	ervice	(c) Compensation
			-		
NONE					
					
				•	
					· · · ·
	f other contractors receiving over		,	(()	``
\$50,000 for oth	er services >	0		·	<u> </u>

30	neutile A (Form 990 of 990-E2) 2007 GREATER TOLEDO INC 31-1549	<u>66</u>	<u>7 Р</u>	age 2
F	Part III. Statements About Activities (See page 2 of the instructions.)	,	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the aswer of any question s "Ye," attach a edailed satement explaining the transactions.)	,		~
i	a Sale, exchange, or leasing of property?	2a		х
ı	Lending of money or other extension of credit?	2b		X
(2c		Х
(2d		Х
(e Transfer of any part of its income or assets?	2e		Х
3 8	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			1
	the organization determines that recipients qualify to receive payments.)	3a		Х
ı	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
(Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			ĺ
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
(I Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 8	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
ì	Did the organization make any taxable distributions under section 4966?	4b		
(: Did the organization make a distribution to a donor, donor advisor, or related person? $\dots \dots	4c		L
(I Enter the total number of donor advised funds owned at the end of the tax year		N/2	A
6	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
,	Finder the angrenate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Sched	ule A (F	orm 990 or 990-EZ) 2007	GREATER TOLEI	OO INC	DANTE CHITE		31-1	549667 Page 3				
Par	t IV	Reason for Non-F	Private Foundation	Status (See pages 4 t	hrough 8 of the instructio	ns.)						
l certify	y that t		ate foundation because it is: (
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)										
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(ii).											
_	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).											
9	9											
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). (Also complete the Support Schedule in Part IV-A.)											
11a			mally receives a substantial p		overnmental unit or from	the general (public.					
446			(Also complete the Support on 170(b)(1)(A)(vi). (Also co		dule in Dort IV A)							
11b 12	$\overline{\mathbf{x}}$		nally receives: (1) more than			ershin fees, a	nd aross					
		receipts from activities re its support from gross in	lated to its charitable, etc., fu vestment income and unrelat June 30, 1975. See section 5	nctions - subject to certai ed business taxable incon	n exceptions, and <mark>(2) no</mark> in exceptions, and (2) no in exception 511 tax)	m <mark>ore than 3</mark> 3 from busines	3 1/3% of					
13			t controlled by any disqualific	•	undation managers) and	otherwise me	ets the requir	rements of section				
		509(a)(3). Check the box Type I	that describes the type of su Type II	_	nctionally Integrated		Type III	-Other				
		type t	Туреп	Type III-I u	ictionally integrated	l	туретп	-Otilei				
		Provide	the following information a	bout the supported organ	izations. (See page 8 of	the instruction	ns.)					
		(a)		(b)	(c)	(d)		(e)				
		Name(s) of supported or	ganization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	organization the sup	ipported on listed in porting zation's documents?	Amount of support				
						Yes	No					
				-								
												
Total						1	•					
4.4		An organization organiza	d and operated to test for pub	die estaty Section FOO(s).	(A) (See name 8 of the in-	etructione \						

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. NONE 723131 12-27-07

Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

.9799%

4.0201%

27g

27h

	rt V Private School Questionnaire (See page 9 of the instructions.)	N/	Α	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
9	. Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
10	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,		_	
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	'		
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	,		
		_ .		s .
		_ .::	٠	1,570
		_	•	
_		_		
12	Does the organization maintain the following:	,	* 、	٠٠,
a		32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		<u> </u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
	if you answered two to any of the above, please explain. (If you need more space, attach a separate statement.)		l ′	
		l l		
		- ,	x	
12	Does the organization discriminate by race in any way with respect to:	- - .^	٠,	* ,
	Does the organization discriminate by race in any way with respect to: Students' rights or provinges?	- - 33a	· ,	``,
a	Students' rights or privileges?	- 33a	. , .	,
a b	Students' rights or privileges? Admissions policies?	33b	, , , , , , , , , , , , , , , , , , ,	
a	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	33b 33c		
a b c	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	33b	` ,	
a b c	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	33b 33c 33d		
a b c	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	33b 33c 33d 33e 33f		
a b c	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	33b 33c 33d 33e		
a b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	33b 33c 33d 33e 33f 33g		
a b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	33b 33c 33d 33e 33f 33g		
a b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	33b 33c 33d 33e 33f 33g		
a b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	33b 33c 33d 33e 33f 33g		
b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33b 33c 33d 33e 33f 33g		

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2007

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See part VI-A To be completed ONLY by an eligible organization that filed Form 5768) Check ▶ a		ecked "a" and "limited control	N/A provisions apply.
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37)	36 37 38	N/A	
39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 20% of the amount on line 40	<u>39</u> 40		.`
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	42 43 44	3	
Caution: If there is an amount on other the in orms in the form 740. 4-Year Averaging Period Under Sec (Some organizations that made a section 501(h) election do not have to below. See the instructions for lines 45 through 50 on page	comp	lete all of the five columns	
Lobbying Expenditures Durin	ng 4-Ye	ear Averaging Period	N/A

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	N/A (e) Total	
45 Lobbying nontaxable amount					0	
46 Lobbying ceiling amount (150% of line 45(e))			The second second	·, · · · · .	0	
47 Total lobbying expenditures					0	
48 Grassroots nontaxable amount					0	
49 Grassroots ceiling amount (150% of line 48(e))					0	
50 Grassroots lobbying expenditures			-		0	
		cting Public Charit d not complete Part VI-A) (S	i es See page 14 of the instructio	ins.)	N/A	
During the year, did the organizatio	n attempt to influence nation		n, including any attempt to	Yes No	Amount	

influence public opinion on a legislative matter or referendum, through the use of: b Paid staff or management (Include compensation in expenses reported on lines c through h.). Media advertisements Mailings to members, legislators, or the public $\ \dots \ \dots$ Publications, or published or broadcast statements . . Grants to other organizations for lobbying purposes . . . Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h.). If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

723151 12-27-07

FORM 990 · OTHER CHANGES	IN NET ASSE	TS OR FUND E	BALANCES	STATEMENT	1
DESCRIPTION				TMUOMA	
UNREALIZED GAIN ON INVESTMENTS	20,795.				
TOTAL TO FORM 990, PART I, LINE 20				20,79	95.
FORM 990 STATEMENT OF ORGAN	IZATION'S PI PART III	RIMARY EXEMP	T PURPOSE	STATEMENT	2
EXPLANATION					
OPERATE FOR THE ADVANCEMENT OF PERPETUAL MAINTENACE AND SUSTA EXPANSION FOR OTHER CHARITABLE	INING OF TH				
FORM 990	OTHER INVES	TMENTS		STATEMENT	3
DESCRIPTION			ATION THOD	AMOUNT	
MACCABEES INSURANCE POLICY		MARK	ET VALUE	19,961	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B				19,961.	
FORM 990 NON-G	OVERNMENT SI	ECURITIES		STATEMENT	4
	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI	
SECURITY DESCRIPTION COST/FMV	SIOCKS				20
THOMSON MCDONALD FMV INVESTMENTS			395,501	. 395,50	
SECURITY DESCRIPTION COST/FMV THOMSON MCDONALD FMV INVESTMENTS MET LIFE POLICY FMV HOLDER TRUST	STOCKS		395,501	·	