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Form **990**

Department of the Treasury

Internal Revenue Service

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

Inspection

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

Open to Public

	A F	or the 2	2008 calendar year, or tax year beginning and ending	_									
	B	theck If	Please C Name of organization use IRS THE FOUNDATION OF THE ISLAMIC CENTER OF	D Employer identific	ation number								
	Г	Address	label or CD EAMED MOLEDO TNC										
		Name change	type Doing Business As	31_1	549667								
	〒	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite										
	\vdash	Termin-	Specific Instruct 1109 ADAMS STREET 202	· ·	243-7500								
	\vdash	⊒ation]Amended return		G Gross receipts \$	1,872,818.								
		Applica-	TOLEDO, OH 43604	H(a) Is this a group re									
		pending	F Name and address of principal officer:ABDULLATIF NIMR	for affiliates?	Yes X No								
			SAME AS C ABOVE	H(b) Are all affiliates incl									
	11	ax-exen	npt status. X 501(c) (3) ◀ (insert no)	-1 ' '	list (see instructions)								
			► N/A	H(c) Group exemption									
	K Type of organization: X Corporation												
6			Summary										
2010	<i>a</i>	1 B	riefly describe the organization's mission or most significant activities: OPERATE FO	OR THE ADVANC	CEMENT OF								
	ğ	I	SLAM AND ISLAMIC EDUCATION, THE PERPETUAL MAI	INTENANCE OF	THE MOSQUE								
20	rna	2 C	heck this box if the organization discontinued its operations or disposed of more	e than 25% of its assets	;								
	ove	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	8								
APR	& Governance	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4	8								
	es	5 To	otal number of employees (Part V, line 2a)	5	0								
	ΞĚ	6 To	otal number of volunteers (estimate if necessary)	. 6	30								
9	Activities	7a To	otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.								
氢	_	b Ne	et unrelated business taxable income from Form 990-T, ine 34	7b	<u>0.</u>								
SCANNED			 	Prior Year	Current Year								
	ne '	F	ontributions and grants (Part VIII line 1h)	8,000.	863,816.								
ω <i>σ</i> ,	Revenue	1	ogram service revenue (Part VIII, line 2g)	17 405	26 551								
	Re	ł .	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	17,495.	36,551.								
		1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25 405	000 367								
	_	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,495.	900,367.								
	:		rants and similar amounts pain (Par 12 rollum (A), lines 1-3) enefits paid to or for members (Part 12 rollumn (A), line 4)	4,075.	10,380.								
	"	1	alaries, other compersation, employee benefits (Par 🐒 column (A), lines 5-10)										
	Expenses	16 a Pr	ofessional fundraising tees (Rari IX, column (A), line 10e										
	per	b To	otal fundraising expenses (Part IX, column (D), line 2542										
	Ĕ		ther expenses (Part IX, column; (A), lines 11a 11d, 14724)	3,420.	7,540.								
			otal expenses. Add lines 13 1 (Trust Edual Part IX, column (A), line 25)	7,495.	17,920.								
		19 Re	evenue less expenses. Subtract line 18 from line 12	18,000.	882,447.								
	Assets or d Balances			Beginning of Year	End of Year								
	sets	20 To	otal assets (Part X, line 16)	457,056.	1,060,005.								
	(ABS)	21 To	otal liabilities (Part X, line 26)										
	Fund		et assets or fund balances. Subtract line 21 from line 20	457,056.	1,060,005.								
	Pa	rt II	Signature Block										
		U au	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, nd complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my knowledg	e and belief, it is true, correct,								
		- 1.		_									
	Sigr	י	muga (18)	3-24-1	0								
	Her	e !	Signature of officer	Date									
			CHERREFE KADRI, LEGAL ADVISER										
			Type or print name and title	eck if Prepare	's identifying number								
	Paid		repairs 1/2 / Se	f (see inst	rs identifying number tructions)								
	Prep	arar's -		iployed 🕨 🐰									
	Use	Only y	Duraif MILLER, GARDNER & COMPANI, LLC	EIN ►									
		a	olf-employed), ddress, and P+4 TOLEDO, OH 43604-1210	Dhono no 🕨 4 1	L9-255- <u>6500</u>								
	May		discuss this return with the preparer shown above? (see instructions)	i none no 4	X Yes No								

1	q	۲	۴	7	Page	2

Pai	rt III Statement of Program Service Accomplishments (see instructions)	1907 1902
1	Briefly describe the organization's mission:	
-	TO SERVE AS A CHARITABLE TRUST FOR THE BENEFIT OF THE ISLAMIC	CENTER
	OF GREATER TOLEDO, INCLUDING THE MOSQUE, THE SCHOOL, AND OTHER	RELATED
	COMMUNITY PROGRAMS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes", describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes", describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4-	(Code) (Expenses \$ 4,000 • including grants of \$ 4,000 •) (Revenue \$	
4a	(Code) (Expenses \$ 4,000. including grants of \$ 4,000.) (Revenue \$ GRANT TO THE ISLAMIC CENTER OF GREATER TOLEDO FOR MAINTENANCE	, אור
	REPAIRS TO THE MOSQUE, BUILDING AND GROUNDS	AND
	REPAIRS TO THE MOSQUE, BUILDING AND GROUNDS	
		·
		.
4b	(Code:) (Expenses \$ 6,005. including grants of \$ 6,005.) (Revenue \$)
	CONTRIBUTIONS TO LOCAL FOOD BANKS	
		
	(Code:) (Expenses \$ 375 • including grants of \$ 375 •) (Revenue \$	
4c	77 1)
	GRANTS TO ISLAMIC CENTER OF GREATER TOLEDO FOR YOUTH PROGRAMS	<u> </u>
		·
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶\$ 10,380. (Must qual lart X, line B, olumn B))	
832002		Form 990 (2008)

 Form 990 (2008) GREATER TOLEDO INC 31-1549667 Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Ye," omplete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Ye," omplete Schedule C, aPt I Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Ye," omplete Shedule C, at II Х 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Ye," omplete Schedule C, aPt II 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Ye," omplete &hedule D, art I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Ye," omplete Schedule D, aft II Х 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Ye," omplete Schedule D, aPt II 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Ye," omplete Schedule D, art V Х Х Did the organization hold assets in term, permanent, or quasi-endowments? If "Ye," omplete &hedule D, Art V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Ye," omplete Schedule D, afts VI VI, VI, X, or X asplaquable ... 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was 12 X prepared in accordance with GAAP? If "Ye," omplete Schedule D, aPts XI XI, and XII 12 Х Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Ye," omplete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the US? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S? If "Ye," omplete Schedule F, aPt 1 Х 14b 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 "Ye," cmplete Schedule F, aPt II X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X located outside the United States? If "Ye," omplete Schedule F, aPt II 16 X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Ye," omplete &hedule G, art I 17 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Ye," omplete Schedule G, Art II 18 18 Х Did the organization report more than \$15,000 on Part VIII, line 9a? If "Ye," omplete Schedule G, APt II 19 19 Did the organization operate one or more hospitals? If "Ye," omplete &hedule H 20 Х 20 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Ye," omplete Schedule , land II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Ye," omplete Schedule ,I Parts I and II X 22 22 Х Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Ye," omplete Shedule J 23 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Ye," aswer grestions 2b-24d and omplete &hedule K. X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Ye," omplete &hedule L Art I Х 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a X 25b

26

Х

Х

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

person outstanding as of the end of the organization's tax year? If "Ye," omplete &hedule L Part II

contributor, or to a person related to such an individual? If "Ye," omplete Schedule L Part II

			Yes	No
· 28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	1		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			1
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	1		
	person(s) listed in Part VII, Section A)? If "Ye," omplete Schedule L. Part V	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?	-		
	If "Ye," omplete Schedule L. Mart V	28b	X	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Ye," omplete Schedule L. Art V	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Ye," omplete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 .		
	contributions? If "Ye," omplete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Ye," omplete Schedule N, aRt I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Ye," omplete	1		
	Schedule N, aRt II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			i
	sections 301.7701-2 and 301.7701-3? If "Ye," omplete Schedule R Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Ye," omplete Schedule R farts II, II, V, and V, inter 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			1
	If "Ye," omplete Schedule R Rart V,inte 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Ye," omplete Schedule R Part V, into 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 "Ye," omplete Schedule R Part VI	37		X
	-	Form	990 (2008

Page 5

Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter 0- if not applicable be find: the number of Forms Work 20 included in the 1a. Enter 0- if not applicable 1b 0 0 be find: the number of Forms Work 20 included in the 1a. Enter 0- if not applicable 1b 0 0 0 be find: the number of orms year or the average of the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize without 10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- Catalonia regarding and magazina are compilated			
U.S. Information Returns. Enter -0 - in ot applicable be fine the number of Forms W2G included in the 1s. Enter -0 - if not applicable 15. 0 or Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) withings to prize winnes? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 Note. If the sum of line 3 a and 2a is greater than 250, you may be required to e-rife this return (see instructions). 5 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5 Did the organization and a form 980-T for this year? If *No.* provide an aplication in 8 shedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country 5 with as a bank account, securities account, or other financial account in a foreign country 5 with a set a bank account, securities account, or other financial account)? 5 Bit *Yes,* there the name of the foreign country. 5 with the organization and party to a prohibited tax shelter transaction and any time during the tax year? 5 Did any taxable party rocity the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party rocity the organization file Form 8886-T, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 Did the organization solicit any contributions that it was or is a party to a prohibited tax shelter transaction? 5 Did the organization shell party seek educibile contributions under section 170(c). 6 Did the organization shell party seek educibil		Cates the number reported in Boy 2 of Form 1006. Amusi Summers and Transmittal of		Yes	No
b Effer the number of Forms W2G included in the 1a. Enter 0- if not applicable	ıa	·	n		
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 5 If at least one is reported on ine 2a, did the organization field required feedred employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-fife this return (see instructions). 8 Dut the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 8 If "Yes," has it filled a Form 990-T for this year? If "No," privide an aplanation in & & decided to 1. 8 If "Yes," the sum of lines 1s and 2s is greater than 250, you may be required to e-fife this return (see instructions). 9 If "Yes," the sum of lines 1s and 2s is greater than 250, you may be required to e-fife this return (see instructions). 1 If "Yes," the sum of lines 1s and 2s is greater than 250, you may be required to e-fife this return (see instructions). 1 If "Yes," the sum of lines 1s and 2s is greater than 250, you may be required to e-fife this return (see instructions). 2 If "Yes," the sum of lines 1s and 2s is greater than 250, you may be required to e-fife this return (see instructions). 3 If "Yes," the sum of lines 1s and 2s is greater than 250, you may be required to e-fife this return (see instructions). 3 If "Yes," the sum of lines 1s and 2s is greater than 250, you may be required to e-fife this return (see instructions). 4 If "Yes," the custom of the foreign country (see instruction) of the sum of this return (see instruction). 5 If "Yes," to question 5s or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to question 5s or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to question 5s or 5b, do the	h	•			
gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes's has filled a Form 990-1 for this year? If *No*, "private an eplanation a *Shedule** O b if Yes's has filled a Form 990-1 for this year? If *No*, "private an eplanation a *Shedule** O b if Yes's, enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts b if Yes's, enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable perty nicity the organization that it was or is a party to a prohibited tax shelter transaction? 6a Did the organization solicit any contributions that were not tax deductible? 6b If Yes, *I due the organization include with every solicitation an express statement that such contributions or gfts were not tax deductible? 6c Did the organization sthat may receive deductible contributions under section 170(c). 9c Did the organization shall may receive deductible contributions under section 170(c). 9c Did the organization shall may receive deductible contributions under section 170(c). 9c Did the organization shall property of the value of the goods or services provided? 9c Di		· · · · · · · · · · · · · · · · · · ·	4		
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if 1'Yes, * has if filed a Form 990-T for this year? If * 1\0,0^* rpwde an aplianation in \$\frac{2}{3}\text{bedule O}\$ 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; leach as a bank account, securities account, or other financial account? b if *Yes,* enter the name of the foreign country; leach as a bank account, securities account, or other financial account? b If *Yes,* there the name of the foreign country; leach as a bank account, securities account, or other financial account? b Was the organization a party to a prohibited tax shelter transaction? b If a least transaction? b If a least transaction or secure the organization that it was or is a party to a prohibited tax shelter transaction? c If *Yes,* to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If *Yes,* to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If *Yes,* to question 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? c If *Yes,* to question 5a or 5b, did the organization included the very solicitation an express statement that such contributions or gifts were not tax deductible? b If *Yes,* to dit the organization prohibited tax shelter transaction? c If *Yes,* to dit the organization prohibited tax shelter transaction? c If *Y	·		10		x
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b If at least one is reported on line 2a, idd the organization file all required federal employment tax returns? Note. If the sum of leas 1a and 2a is greater than 280, you may be required to e-fine this return (see instructions) 3a I/ Tyes, has if filed a Form 990-T for this year? If "No," rynde an ephanation in 3 headule 0 3b I/ Tyes, has if filed a Form 990-T for this year? If "No," rynde an ephanation in 3 headule 0 3b I/ Tyes, has if filed a Form 990-T for this year? If "No," rynde an ephanation in 3 headule 0 3b I/ Tyes, has if filed a Form 990-T for this year? If "No," rynde an ephanation in 3 headule 0 3c I/ Tyes, this in the during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; because in the first of the foreign country feuch as a bank account, securities account, or other financial account? 3c If "Yes," enter the name of the foreign country; because in instructions for exceptions and fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 3c I/ Tyes, the question 5a or 5b, did the organization file Form 8886-T, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shetter Transaction? 3c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shetter Transaction in chude with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c If "Yes," did the organization robust with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c If "Yes," did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 3c If "Yes," did the organization notity the donor of the value of the goods or services provided? 3c If If "Yes," did the organization notity the donor of the value of the goods or services provided? 4c If If If I I I I I I I I I I I I I I I			ol		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 If Yes, has if fled a Form 990-T for the year? If *No, *pivide an aplination in *Shedule O* 3 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If *Yes,* enter the name of the foreign country: ▶ See the instructions for exceptions and fling requirements for Form TD F 90.22.1, Peport of Foreign Bank and Financial Accounts Saw 3 Shelter Transaction a party to a prohibited tax shelter transaction at any time during the tax year? Say 3 Shelter Transaction? If *Yes,* to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If *Yes,* do the organization solicit any contributions that were not tax deductible? Organizations solicit any contributions that were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If *Yes,* do the organization provide goods or services in exchange for any quid pro quid contribution of more than \$75? If Yes, indicate the number of Forms 8282 filed during the year Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282? If *Yes,* indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? The Contributions of qualified intellectual property, did the organization file a Form 1098 C as required? The For contributions of qualified intellectual property, did the organization file a Form 1098 C as required? The For contributions of cars, boats, arplaines, and other vehicles,	b		7		
3a	_				
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11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders	а		_		
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_\^		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11	Section 501(c)(12) organizations. Enter: N/A		.	
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		, , , , , , , , , , , , , , , , , , , ,	4		
			12a		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	ㅗ		0000

Form 990 (2008) GREATER TOLEDO INC 31-1549667 Part VI Governance, Management, and Disclosure (Sections A, Bad C quest information abut pilicies not required by the Internal Revenue Cod.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Ye" reponse & lines 27b below, and for a "No spoonse & lines 8 or 19 below, discribe the drawstances,			
	processes, or hanges it Schedule O. & ristructions.		Ì	
1a	Enter the number of voting members of the governing body		1	-
b	Enter the number of voting members that are independent 1b 7	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		j	
-	officer, director, trustee, or key employee?	2	1	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			41
3	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization make any significant changes to its organizational documents since the prior 10th 955 was inter-	5		X
		6	X	
6	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the	-0		
/a	· ·	_ _ '	x	
	governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	_	3,7	
	The governing body?	8a_	X	
р		8b	X	 -
	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
þ	if "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	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 "Ye," povide the tames and addresses if Schedule O	11		<u> X</u>
Sec	tion B. Policies			
			Yes	No
12a	• • • • • • • • • • • • • • • • • • • •	12a	X_	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		(ļ
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye," escribe	ĺ		İ
	in Schedule O dw his s one	12c	L	X
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14		Х
15	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:	1	1	ĺ
а	The organization's CEO, Executive Director, or top management official?	15a	1	X
	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	Ì		1
	taxable entity during the year?	16a	ì	x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	۱.		
	exempt status with respect to such arrangements?	166]	
Sac	tion C. Disclosure	16b		——
	List the states with which a copy of this Form 990 is required to be filed ▶OH			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	101		
	public inspection, indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	•	_	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fin	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who person of the person who person of the	tion:]	▶	
	AMIR KAHN - 419-874-3008			
00000	300 COVENTRY CT., PERRYSBURG, OH 43551			
83200	O	Forn	n 990	(2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
- 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 W2 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.

(A) Name and Title	(B) Average			(C Posi	-			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours	(check all the					ly)	compensation	compensation	amount of
	per week	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ABDULLATIF NIMR	2.00	v		l,				0.	0.	0
PRESIDENT	2.00	A	┢	X	-	├		V • 1	0.	0
NASIR ALI /ICE-PRESIDENT	2.00	x		х		L		0.	0.	0
CHERREFE A. KADRI SECRETARY	2.00	x		x				0.	0.	0
AMIR KHAN										
TREASURER	2.00	X	ļ	X	<u> </u>	 	<u> </u>	0.	0.	0
NASR MANSOUR PRUSTEE	1.00	x						0.	0.	0
RAZI RAFEEQ PRUSTEE	1.00							0.	0.	0
HUSSEIN SHOUSHER		Γ		Γ		<u> </u>				
PRUSTEE	1.00	X						0.	0,	0
					-	_	-			
		+	-	+	-	+	\vdash			

Form 990 (2008)

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Ye," omplete Shedule J for ctu ndividual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Ye," omplete Shedule J for ctu ndividual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to	(A)	(B)	mpx	oyee		ina i C)	nigi	est	(D)	(E)		(F)	
Per Week Per Pe	Name and title		(cl					ılv)	•	, ,	n		
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No	•	per	H				Γ		from the organization	from related organization:	s c	other ompensa from th organizat and relat	ation ie tion ted
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No													
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2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No										,			
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No										:	_		
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No	1b Total		L	l	L	L	<u> </u>		0.		0.		0.
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Ye," omplete Shedule J for ctu ndividual		ın 1a) who red	ceive	ed m	nore	tha	n \$1	00,0	000 in reportable		>		0
and related organizations greater than \$150,000? If "Ye," omplete Schedule J for cdu individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Ye," omplete Schedule J for cdu in interest in the organization? If "Ye," omplete Schedule J for cdu in interest in its dependent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) Name and business address Description of services Compensation Compensation 1 Otal number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0	· · · · · · · · · · · · · · · · · · ·			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on	3		
the organization? If "Ye," omplete Schedule J for the prison	and related organizations greater than \$150	,000? If "Ye,	" 0	mple	ete	Sche	edule	e J	for chu ndıvıdual	-	4		х
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Compensation Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0	the organization? If "Ye," omplete &hedu				rom	any	unr	elate	ed organization for serv	ces rendered to	5	}	х
Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0	1 Complete this table for your five highest cor	npensated inc	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of com	pensatio	n from	
from the organization 0		address								ervices	Com		n
from the organization 0					-			_					
from the organization 0											 		
from the organization 0													
from the organization 0	2. Total number of independent contractors for	noludina these	. In 1	1) 144			(ed :	mar	a than \$100 000 in som	nensation			
			- 11 1	., vvi		JU 011				-5.10411011		m 990 /	200º/

d All other revenue

11 a

Miscellaneous Revenue

31-1549667 Page 10

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 10,380 10,380 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) R and section 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management . Legal b 1.500 1,500 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 4,743 4,743 Investment management fees f q Advertising and promotion 12 108 108 13 Office expenses Information technology 14 Royalties 15 Occupancy 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates . .. 21 Depreciation, depletion, and amortization 22 1,189 1,189 23 Other expenses, Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) . . . а All other expenses 7,540 17,920. 10,380 Total functional expenses. Add lines 1 through 24f 25 Joint Costs. Check here

if following SOP 98-2. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

		Balance Sheet GREATER TOLEDO INC			<u>549667</u>		
-		•	(A) Beginning of year		(B End of) year	
	1	Cash - non-interest-bearing	31,021.	1	. 3	2,0	28
	Ż	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section	-		,		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L		6			
Ø	7	Notes and loans receivable, net	10,000.	7			
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges		9			
		Land, buildings, and equipment: cost basis 10a					
		Less: accumulated depreciation. Complete					
	_	Part VI of Schedule D 10b		10c			
	11	Investments - publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11			
	12	Investments - other securities. See Part IV, line 11	416,035.	12	1,02	7.9	77
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	457,056.	16	1,06	0.0	0.5
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20	-		
' ^	21	Escrow account liability. Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	4				
iii	22.	highest compensated employees, and disqualified persons. Complete Part II					
Lia		of Schedule L	• •	22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	0.	26			0
	20	Organizations that follow SFAS 117, check here and complete					
S		lines 27 through 29, and lines 33 and 34.	•				
ice	27	Unrestricted net assets	emb with min a single state of the single stat	27			
alar	28	Temporarily restricted net assets		28			
Ä	29	Permanently restricted net assets		29			
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117, check here				,	
r F		complete lines 30 through 34.	, ,				
ts	30	Capital stock or trust principal, or current funds	0.	30			0
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31			0
ţ	32	Retained earnings, endowment, accumulated income, or other funds	457,056.	32	1,06	0.0	
Š	33	Total net assets or fund balances	457,056.	33	1,06		
	34	Total liabilities and net assets/fund balances	457,056.	34	1,06		
Par		Financial Statements and Reporting	20,,,000,			- , -	
						Yes	No
1	Acco	ounting method used to prepare the Form 990: X Cash Accrual	Other				
2a		e the organization's financial statements compiled or reviewed by an independent	accountant?		2a		X
b		the organization's financial statements audited by an independent accountant?			2b		X
С		es" to lines 2a or 2b, does the organization have a committee that assumes respor	nsibility for oversight of the	audıt,			
		w, or compilation of its financial statements and selection of an independent according			2c		$oxed{oxed}$
За		result of a federal award, was the organization required to undergo an audit or aud		le Audit			1

Form **990** (2008)

832011 12-18-08

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

·: SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE FOUNDATION OF THE ISLAMIC CENTER OF

Employer identification number

			TOLEDO INC						3	<u>1-1549667</u>
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) (see ins	tructions)		
The organ	nization is not	a private foundation	because it is: (Please ch	neck only o	ne organi	zation.)				
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).		
2 🔲	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	chedule E)						
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	edule H.)	
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter t	the hospital's name,
	city, and stat	te:								
5	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a governi	mental un	it describ	ed in
	_)(b)(1)(A)(iv). (Comple	_			•	_			
6			ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).			
7	-		eives a substantial part					or from the	e general i	public described in
	•	(b)(1)(A)(vi). (Comple	•			3			- 3	F
8 🗍			ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 X	-		eives: (1) more than 33			rom contri	butions, n	nembersh	in fees, ar	nd aross receipts from
	_		nctions - subject to certa							-
			axable income (less sec							
		509(a)(2). (Complete			-,			,	•	and, canc co,
10 🔲			perated exclusively to te	st for publ	ıc safetv. S	See sectio	n 509(a)(4	4). (see ins	structions)
11	•		perated exclusively for the		-			•		•
	_		itions described in secti							
			organization and compl				,		,,-,-	
	а П Туре		¬ '			tionally int	tegrated		d 🗀	Type III - Other
е 🔲			t the organization is not	• •		-	-	r more dis	qualified	• •
	-		han one or more publicly							
f		=	ten determination from							
	-	rganization, check th								
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?	
Ū			rectly controls, either al							Yes No
			upported organization?							11g(i)
	(ii) A family	member of a persor	described in (i) above?)						11g(ii)
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)
h			about the organizations			oports				·
		J	·	•	·	·				
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) l:	s the	(vii) Amount of
	anization	(11) = 111	organization (described on lines 1-9		sted in your			organizáti (i) organiz	on in col.	support
			above or IRC section	governing	document?	(i) of your	r support?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5.7	, ,
			(see instructions))	Yes	No	Yes	No	Yes	No	
				<u> </u>						
							ĺ		1	
				ļ						
					<u> </u>					
								}		
·		1.	, , , , , , , , , , , , , , , , , , , ,							
[ntal			;							

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

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support	T		τ			,
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Fotal. Add lines 1 - 3		· 				
The portion of total contributions		· / * ,				
by each person (other than a	The second	· .		· ·		
governmental unit or publicly	· • • •		- ,	•		
supported organization) included	,	*				
on line 1 that exceeds 2% of the		40	1 3			
amount shown on line 11,	*	· · ·	٠,	* * *	,	
column (f)	;		, ,			
Public Support. Subtract line 5 from line 4	•					
ection B. Total Support						
ilendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 4						
Gross income from interest,		:				
dividends, payments received on					1	
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
Total support. Add lines 7 through 10	,		٠	•		
Gross receipts from related activities	, etc. (see instruction	ons)			12	
B First five years. If the Form 990 is fo			rd, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	•
organization, check this box and sto			· · · · · ·			. ▶□
ection C. Computation of Pub	lic Support Pe	rcentage				
Public support percentage for 2008 ((line 6, column (f) d	vided by line 11,	column (f))		14	
5 Public support percentage from 200					15	
Sa 33 1/3% support test - 2008. If the			n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
stop here. The organization qualifies						►□
b 33 1/3% support test - 2007. If the				line 15 is 33 1/3%	or more, check th	nis box
and stop here. The organization qua						►□
'a 10% -facts-and-circumstances tes				13, 16a, or 16b.	and line 14 is 10%	or more,
and if the organization meets the "fac						
meets the "facts-and-circumstances"						▶ [
b 10% -facts-and-circumstances tes					 17a_and line 15 is	10% or
more, and if the organization meets t						
						, - ∟∟
organization meets the "facts-and-cire						_ _
Private foundation. If the organization	on did not shoot -		a 16h 17a ar 17t			

THE FOUNDATION OF THE ISLAMIC CENTER OF -- Schedule A (Form 990 or 990-EZ) 2008 GREATER TOLEDO INC

Part III Support Schedule for Section A. Public Support	or Organizations	Described in	Section 509(a)	(2) (Complete only	ıf you checked the b	ox on line 9 of Part I.)
Calendar year (or fiscal year beginning ii	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not be seen to be s	ot	(5) 2000				(i) Total
include any "unusual grants.")	3,000.		154,217.	8,000.	23,215.	188,432.
2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpos	e					
3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513						
•						
4 Tax revenues levied for the organ ization's benefit and either paid to or expended on its behalf	i .					
5 The value of services or facilities furnished by a governmental unit the organization without charge	to					
6 Total. Add lines 1 · 5	3,000.		154,217.	8,000.	23,215.	188,432.
7a Amounts included on lines 1, 2, a 3 received from disqualified personal from the second frow from the second from the second from the second from the secon	nd					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 10c, 11, and 12 for the year or \$5,000	9,					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6	1 , , , ,	, , , , -	,			188,432.
Section B. Total Support						· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in		(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,165.	3,300.	154,217.	8,000. 17,495.	23,215. 30,924.	188,432. 53,884.
b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975		3,300.		17,433.	30,324.	33,004.
c Add lines 10a and 10b	2,165.	3,300.		17,495.	30,924.	53,884.
11 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on	· ———	3 / 3 3 3 3			50,75210	33,301
12 Other income. Do not include gair or loss from the sale of capital assets (Explain in Part IV.)	1			:		
13 Total support (Add lines 9, 10c, 11, and 12	•		~	, ,		242,316.
14 First five years. If the Form 990 k	s for the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organız	
check this box and stop here			· · · · · ·			►X
Section C. Computation of Pr						
15 Public support percentage for 200		=	column (t)) .		15	% %
16 Public support percentage from 2 Section D. Computation of In				<u>-</u> :	16	
17 Investment income percentage fo			e 13 column (f))		17	%
18 Investment income percentage from			ic 10, coldinii (i))		18	<u>%</u>
19a 33 1/3% support tests - 2008. If			on line 14, and line			
more than 33 1/3%, check this bo						▶ □
b 33 1/3% support tests - 2007. If	the organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	and
line 18 is not more than 33 1/3%, 20 Private foundation. If the organize		•			=	▶ □ ▶ □
· 				Sch	edule A (Form 99	0 or 990-EZ) 2008

:Schedule D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

THE FOUNDATION OF THE ISLAMIC CENTER OF GREATER TOLEDO INC

Employer identification number 31-1549667

Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be	e used only
	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	Preservation of certification	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
a	Total number of conservation easements	· · · · · · · · · · · · · · · · · · ·	2a
b	Total acreage restricted by conservation easements		. 2b
c	Number of conservation easements on a certified historic str		. 2c
d	Number of conservation easements included in (c) acquired		. 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the taxable
	year >	coment is located	
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	nd
5	Does the organization have a written policy regarding the per enforcement of the conservation easements it holds?	nodic monitoring, inspection, violations, a	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?	re causiy are requirements or coolier are	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements		o. .g
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.	Schedule D (Form 990) 2008

basis (investment)

Total. Add lines 1a-1e. (Column of) slould qual Form 990, Part X, adumn P), the O(c).)

0. Schedule D (Form 990) 2008

1a Landb Buildings

Other

basis (other)

c Leasehold improvementsd Equipment

· Schedule D (Form 990) 2008 GREATER TOLEDO INC

Schedule D (Form 990) 2008 GREATER TOL			31	<u>-1549667</u>	Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, line 12				
(a) Description of security or category ` (including name of security)	(b) Book value		lethod of valua nd-of-year mar		
Financial derivatives and other financial products					
Closely-held equity interests					
Other					
THOMAS MCDONALD INVESTMENTS	1,007,443.	END-OF-YEAR	MARKET	VALUE	
MET LIFE POLICY HOLDER TRUST	573.	END-OF-YEAR			
MACCABEES INSURANCE POLICY	19,961.	END-OF-YEAR	MARKET	VALUE	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	1,027,977.	,			
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 13	3			
(a) Description of investment type	(b) Book value		lethod of valua nd-of-year mar		
				<u> </u>	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		· · · · · · · · · · · · · · · · · · ·			
Part IX Other Assets. See Form 990, Part X, line				(1) Dealess	6.7-
(a) I	Description			(b) Book va	<u>-</u>
<u> </u>			·		
					
					···
Total. (Column 16) should equal Form 990, Part X, od 18) if	10 K)				
Part X Other Liabilities. See Form 990, Part X,		· · · · · · · · · · · · · · · · · · ·			
(a) Description of liability		(b) Amount	·		
Federal income taxes					
		, .			•
		,			
Total, (Column 16) should equal Form 990, Part X, od 18) In	ne 25.)	-			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

SCHEDULE I				:	•			OMB No 1545-0047	5-0047
(rorm 990)			Governm Governm	ants and Other Assistance to Organization Governments, and Individuals in the U.S.	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.			2008	
Department of the Treasury Internal Revenue Service		▼ Compl	▼ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▼ Attach to Form 990.	n answered "Yes," on F ► Attach to Form 990.	," on Form 990, Pa m 990,	art IV, lines 21 or 22.		Open to Public	ublic
Name of the organization	THE FOUR	OF	THE ISLAMIC	CENTER OF	F-		ū	Employer identification number	number 9667
Part General Inf		nd Assistance						101	
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selectio	{ 	
	criteria used to award the grants or assistance?	stance?			: :	:	:	Yes	% ×
낅	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant i	funds in the United	d States				
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any received more than \$5,000. Check this box if no one received more than \$5,000. Check this box if no one received more than \$5,000. Check this box if no one received more than \$5,000.	Governments and	Organizations in the	• United States. C	Somplete if the organian \$5 000 11se Pa	anization answered "Y	ons in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any preciously received more than \$5,000. Hes Part IV and Schedule 1.1 form 000, if additional space is peeded.	V, line 21, for any	>
1 (a) Name and add	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	t i
ĺ	Enter total number of section 501(c)(3) and government organizations	nd government orc	janizations					 	
۳I	Enter total number of other organizations	2						•	
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions 1	for Form 990.				Schedule I (Form 990) 2008	90) 2008

THE FOUNDATION OF THE ISLAMIC CENTER OF

Page 2

31-1549667

GREATER TOLEDO INC

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2008

Part III

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) 2008

. SCHEDULE L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

at answered
27, 28a, 28b, or 28c,
or 40b.

2UUS
Open To Public
Inspection

OMB No 1545-0047

 ∴ Department of the Treasury Internal Revenue Service ► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

	EATER I	OLEDO	INC	_						54966		numbe
Part I Excess Benefi		-		•		_	• • •					
To be completed b	y organization	s that answ	vered *Yes	s" on Form 99	00, Part IV,	line 25a or	25b, or f	orm 99	0-EZ, Pa	art V, line		
1 (a) Name of di	(a) Name of disqualified person (b) Description of transaction									(c) Corr	No	
											res	NO
						-						
												·
												
2 Enter the amount of tax imposection 49583 Enter the amount of tax, if a				•	•	s during the	year un	der	▶ \$ ▶ \$			
Part II Loans to and/o	or From Int	erested	Persons	s.								
To be completed by	y organization	s that answ	ered "Yes	on Form 99	0, Part IV,	line 26, or f	orm 990	-EZ, Pa				
(a) Name of interested person and purpose		to or from	(c) Origi	nal principal	(d) Balance due	ance due		In ult?		proved pard or	(g) W agreei	
person and purpose	the organization		- "	nount `						cómmittee?		
	10	From	 				Yes	No	Yes	No	Yes	No
			 						 	 		
	 		 									
	<u> </u>					.,						
Total	-tana Da	£!4! I		\$	_		L				L	
Part III Grants or Assi		•										
To be completed by		s that answ					and	T	(a) Amo	unt of ar	ant or ty	
(a) Name of interested	person		(b) Helati	onship betwe the or	en interes ganization	tea person	ano			of assista		pe
								-				
								<u> </u>				
Part IV Business Trans	sactions In	volvina l	nterest	ed Person	S			Щ				
		•				lines 28a 2	8h or 2	lc.				
	To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c. Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction		(d)	(d) Description of transaction		(e) Sharing of organization's						
			person an	a trio organiz	allori	i a i o a	Otion		irai isasi		reven	ues?_ No
NASR MANSOUR		זקית	JSTEE			4	,743	NAS	R MA	NSOII	Yes	X
TILL IDDIDOON			<u> </u>				7.,20	1				
												
_												

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M (Form 990)

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

2008 Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

THE FOUNDATION OF THE ISLAMIC CENTER OF

31-1549667 GREATER TOLEDO INC Types of Property (b) (d) (a) (c) Check if Number of Revenues reported on Method of determining contributions Form 990, Part VIII, line 1g applicable revenues Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests Books and publications . . . Clothing and household goods ... 5 Cars and other vehicles 6 7 Boats and planes Intellectual property ... 8 840,601.FAIR MARKET VALUE 9 Securities - Publicly traded X Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution 13 (historic structures) 14 Qualified conservation contribution (other) Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies _ , . . 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other -Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgment Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х contributions? b If "Yes," describe in Part II.

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

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2008

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describe in Part II

. SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

THE FOUNDATION OF THE ISLAMIC CENTER OF GREATER TOLEDO INC

Employer identification number 31-1549667

GREATER TOUBDO THE 51-1349007
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF THE ISLAMIC CENTER OF GREATER TOLEDO AND ITS GROUNDS, AND FOR OTHER
CHARITABLE ACTIVITIES
FORM 990, PART VI, SECTION A, LINE 6: THE TRUSTEES OF THE ORGANIZATION
ARE ALSO THE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: THE TRUSTEES, WHO ARE ALSO THE
MEMBERS, ELECT NEW TRUSTEES.
FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS PROVIDED TO EACH
TRUSTEE BY MAIL OR E-MAIL AND IS APPROVED AT A MEETING OF THE TRUSTEES.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, FINANCIAL
INFORMATION, POLICIES, AND 990 FORMS ARE AVAILABLE TO THE PUBLIC, UPON
REQUEST, DURING NORMAL BUSINESS HOURS AT THE OFFICES OF THE ATTORNEY FOR
THE FOUNDATION.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: NASR MANSOUR
(D) DESCRIPTION OF TRANSACTION: NASR MANSOUR'S DAUGHTER IS THE PRIMARY
FINANCIAL ADVISOR TO THE FOUNDATION AND IS AN EMPLOYEE OF THOMAS MCDONALD
PARTNERS.