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SCANNED APR 1 5 2017

Form **990**

Department of the Treasury Internal Revenue Service

For the 2010 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

2010, and ending

20**10** Open to Public

Inspection

20

D Employer identification number Name of organization Check if applicable Center Sarannah Inc 58-2611127 Doing Business As Mehammad Musicon Address change Telephone number Number and street (or PO box if mail is not delivered to street address) Room/suite Name change 912-920-004 1030 Dutchtown Road Initial return City or town, state or country and ZIP + 4 Terminated Savannak G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for affiliates? Yes No Application pending H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 501(c) (Tax-exempt status H(c) Group exemption number ▶ Website: ▶ L Year of formation 2.0 \ M State of legal domicile Association Other Form of organization X Corporation Trust Summary Part I Briefly describe the organization's mission or most significant Activities & Governance O Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 250% of 2 Number of voting members of the governing body (Part QGD N. 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Ø Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 857 Revenue 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Partill	Signature Block
---------	-----------------

Total assets (Part X, line 16)

Total liabilities (Part X, line 26)

19

20

21

22

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer TRA	Super Zainul A. M	एष्ट्रीयेथ.	Date 3.30.2011
	Type or print name and title			
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed
Use Only	Firm's name ▶			Firm's EIN ▶
	Firm's address ▶			Phone no
May the IRS	discuss this return with the pr	eparer shown above? (see instructi	ons)	☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Revenue less expenses Subtract line 18 from line 12

Net assets or fund balances Subtract line 21 from line 20

Cat No 11282Y

121,585 Beginning of Current Year

805

091

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Form **990** (2010)



orm 99	• 0 (2010)	Islami	c Center of Savanno	nh, Inc. 58-261	1127 Page 2
Part	II Statem Check	nent of Program Service			
1	To Suppo	ibe the organization's mission to broade form	on: Im to brocke the for slim community	ill + cultural + Tr	adi si anov
2	prior Form 9	90 or 990-EZ?	ificant program services during the year.	ear which were not listed on th	e □Yes □No
3		cribe these new services on anization cease conducting	g, or make significant changes in l	how it conducts, any program	n □ Yes □ No
4	Describe the 501(c)(3) and	d 501(c)(4) organizations and	nedule O ents for each of the organization's thr d section 4947(a)(1) trusts are required in if any, for each program service repo	d to report the amount of grants	
, Y I	Johane Toedac and brown nembe	a facility to independent the walnes	841 including grants of \$ And services + To make of The Islamic for the community. To detect the special of the special special those with special sp	ef The needs of with to be here of support of support of the dairy of the tenton of the support	an active. Communit as counsedi
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
		·			

) (Revenue \$

	Jslamic Center of Savannah, Inc. 58-2611		
Part	Checklist of Required Schedules		Y
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	>
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	ړ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Γ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable		Ī
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	+
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional .	12b	_
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule F	13	

	candidates for public office? If "Yes," complete Schedule C, Part I .	3	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	×
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14a	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Islamic Confor of Sovannah, Inc. 58-2611127

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Part l	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," complete Schedule L, Part I	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26-	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 .	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	×	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check it defication of contains a response to any question in this fact v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and]		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		X
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 (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	-		
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_		١.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
b	organization solicit any contributions that were not tax deductible?	Va		<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Ĭ.	,	å.
	and services provided to the payor?	7a		7.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	244		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		4	
_	organization, have excess business holdings at any time during the year?	8	_	1
9	Sponsoring organizations maintaining donor advised funds.		1	
a	Did the organization make any taxable distributions under section 4966?	9a 9b		-
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90		├
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter	1	ļ	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		-		
с 14а		14a	<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		+-
	THE TWO IS NOT A FOUR LEG TO LODGE THOSE DAY HOLDS IF TWO, DIVING AN EXPIRITABLISH IN SCHEDUIC OF			1

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Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? . . Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Nο 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization . 15b If "Yes" to line 15a or 15b, 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 taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 for public inspection. Indicate how you make these available. Check all that apply ☐ Another's website **W** Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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. > Dr. Mohammad Masydor 912 - 598 - 0088

Islamic Center of Sarannah, Inc.

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	,
	and Independent Contractors	
	Chock if Schodulo O contains a response to any question in this Part VII	

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor	any related	d orga	anız	atıo	n co	ompe	nsa	ted any curren	t officer, director	, or trustee
(A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
	organizations in Schedule O)	ustee	trustee		ee	npensated				and related organizations
(1) Mohammad A. Masroor, MD Chairman				X				a	0	σ
Chairman (2) Masaod Ahmad, MD vice - Chairman (3) Zainul Kidhan				×				0	0	0
(3) Zainul KillHam Treasurer				X				O	0	٥.
(4)										
(5)									-	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)					-					
(14)										
(15)										
(16)		,								

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Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	уеє	es, a	and	Highe	est	Compensated	Employees (contin	ued)	
	(A)	(B) (C) Average Position (check all that app							(D)	(E)		(F)	
	Name and title	Average hours per		ion (c		k all 1	<u>_</u>		Reportable compensation	Reportable compensation		Estima amoui	
		week	or d	Inst	Officer	Key	High	Former	from	related		oth	er
		(describe hours for	Individual trustee or director	Institutional trustee	cer	Key employee	nest	mer	the organization	organization (W-2/1099-Mi		compen	
		related	학합	onal		ρlοy	e con		(W-2/1099-MISC)	(44-271033-141)	130)	organiz	
		organizations	us e	ţ		99	pen		ļ			and re	
		in Schedule O)	iš	stee			Highest compensated employee		1		İ	organiz	ations
	<u></u>		<u> </u>				ã	<u> </u>					
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(28)		-											
		L	_	<u> </u>	<u></u>	l		Ļ					
	Sub-total			•									
۲ C	Total from continuation sheets to Part	-		٠				•		a			
d2		<u> </u>			. 1	•			0	·	20,000	<u> </u>	
2	Total number of individuals (including bu reportable compensation from the organ				e IIS	tea	abov	e) w	no receivea m	ore than \$10	00,000	חוע	
	reportable compensation from the organ	Zation										1	res No
3	Did the organization list any former o	fficer, direc	ctor c	or tr	บรา	ee.	kev e	emr	olovee, or high	nest comper	nsated		103 110
	employee on line 1a? If "Yes," complete											3	X
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other com	pensation fro	om the		
	organization and related organizations												
	ındıvıdual	-							•			4	X
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m any	y ur	related organi	zation or ind	ıvıdua		
	for services rendered to the organization	? If "Yes," (comp	lete	Scl	hedi	ule J i	for s	such person			5	X
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ted in	dep	end	ent	contr	act	ors that receive	ed more that	n \$100	0,000 of	
	compensation from the organization.							,					
	(A)								(B)			(C)	
	Name and business add	iress						<u> </u>	Description of s	services		Compensat	ion
								1_					
	•							↓_					
								1					
			_					↓					
	Total number of independent 1					h **		1					
2	Total number of independent contractor received more than \$100,000 in compensations.							ז נו	iose listed ab	ovej wno			
	received infore than \$100,000 in compens	sation from	me o	ıyal	ııza	แบท							

Islamic center of savannah, Inc. 58-2611127

Form 990 (2010)

Page 9

Part '	VIII	Statement of Reve	enue			<u>-</u>		
,	_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cont All other contributions, gif and similar amounts not incl	tributions) 1e fts, grants, luded above 1f	194,852				
Contr	_	Noncash contributions include			106 050			
	<u>h</u>	Total. Add lines 1a-1f	·	Business Code	194,852			
Program Service Revenue	2a b c d							
grar		All other program serv						
<u>R</u>	g	Total. Add lines 2a-2f	f	>				
	3	Investment income (and other similar amount Income from investment	unts) .	•				
	5	Royalties	(ı) Real	(ii) Personal				
	6a	Gross Rents	_					
	b	Less rental expenses Rental income or (loss)						
	c d 7a	Net rental income or (I Gross amount from sales of assets other than inventory	loss) (i) Securities	. (ii) Other		~ <u> </u>	<u> </u>	
	b	Less cost or other basis and sales expenses						W W
	c d	Gain or (loss) Net gain or (loss)		. •			<u> </u>	1
er Revenue	8a	Gross income from full events (not including \$ of contributions reporte See Part IV, line 18	_					
Other	С	Less direct expenses Net income or (loss) fr Gross income from ga	b rom fundraising					
:	b	See Part IV, line 19 Less: direct expenses	. a					
		Net income or (loss) fr Gross sales of in- returns and allowance	ventory, less					1
		Less: cost of goods so Net income or (loss) fr	rom sales of inv	entory ►				
}	11a	Miscellaneous Re	evenue	Business Code				
	b c							
	d	All other revenue .						
	e 12	Total. Add lines 11a-1 Total revenue. See in		•	194.852			

. Islamic Center of Sovannah, Inc. 58-2611127

Form 990 (2010)

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)

	All other organizations must complete co				
	not include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		!		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 10 11	Other employee benefits				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying		***************************************		
е	Professional fundraising services See Part IV, line 17		1434	, W. confide	
f	Investment management fees				
g	Other	175,841	175,841		
12	Advertising and promotion		-		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
_	(A) amount, list line 241 expenses on Schedule O)				
a		-	-		
b		-			
c d					
e					
f	All other expenses				·· ··
25	Total functional expenses. Add lines 1 through 24f	175,841	175,841	O	0
26	Joint costs. Check here ▶☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	
	<u> </u>				

Page **11**

Islamic Center of Sovannah, The. 58-2611127

Form 990 (2010)

Part)	Balance Sheet	T		
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing .	6,343	1	19,011
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net .		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
Ì	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			,
တ္	employees' beneficiary organizations (see instructions)		6	
Assets	Notes and loans receivable, net		7	
8 §	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
	other basis. Complete Part VI of Schedule D 10a	* :		* * *
l t	Less: accumulated depreciation . 10b	1	10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	1 439.091	15	1432748
16	Total assets. Add lines 1 through 15 (must equal line 34)	14'439 091	16	1,451,759
17	Accounts payable and accrued expenses		17	,
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key		4.4	\$ ⁷
<u>ā</u>	employees, highest compensated employees, and disqualified persons		W.J.	Miles Service
≟	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	380,000	24	300,000
25	Other liabilities Complete Part X of Schedule D		25	
,26	Total liabilities. Add lines 17 through 25		26	300,000
s l	Organizations that follow SFAS 117, check here ▶ ☐ and complete			
ĕ	lines 27 through 29, and lines 33 and 34.	, ***,		* * *
<u>E</u> 27	Unrestricted net assets		27	
g 28	Temporarily restricted net assets		28	
열 29	Permanently restricted net assets		29	
₫	Organizations that do not follow SFAS 117, check here ▶ □ and			
9	complete lines 30 through 34.			
र्छ 30	Capital stock or trust principal, or current funds	1,439,091	30	1,451,759
ш	Paid-in or capital surplus, or land, building, or equipment fund .		31	
ဖ္တို 31			32	1
31 32	Retained earnings, endowment, accumulated income, or other funds .			
un I	Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances Total liabilities and net assets/fund balances	1,039,091	33 34	1,151,759

	•	Islamic	conter	of	Soramah	Inc
n 990 (2010)				J)

Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) . . . 1 2 2 Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Other changes in net assets or fund balances (explain in Schedule O)... 5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII **Financial Statements and Reporting** Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990 🛣 Cash 🗌 Accrual 🔲 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . 2a 2b Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

Form **990** (2010)

the Single Audit Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number Islamic Center of Savannah, Inc. 58-2611127 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (vii) Amount of (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (described on lines 1-9) in col (i) listed in your the organization in organization in col organization support governing document? col (i) of your (i) organized in the above or IRC section support? US 7 (see instructions)) Yes No Yes Yes (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 **(b)** 2007 (d) 2009 Calendar year (or fiscal year beginning in) ▶ (c) 2008 (e) 2010 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 Calendar year (or fiscal year beginning in) (d) 2009 (e) 2010 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 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 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2009 Schedule A, Part II, line 14 15 % 15 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Islamic Center of Sowannal	, Inc.	58 - 26111 27
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Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	1 the organization falls to quality	under the te	SIS IISIEU DEI	ow, piease co	inplete Fait	<u></u>	
_	on A. Public Support	(a) 2006	(b) 0007	(c) 2008	(4) 2000	(a) 0010	(6) Total
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2006	(b) 2007	 ``-'	(d) 2009	(e) 2010	(f) Total
-	received. (Do not include any "unusual grants.")	569,896	468,435	339,922	149,732	194,852	1,722,83
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	5 69,896	468,435	339,922	149,732	194,852	1,722,83
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						83 722را
Secti	on B. Total Support	.				<u> Karania ana ana ana ana ana ana ana ana ana</u>	
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	569.896	468,435	339 922	149.732	194.852	1722,83
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			,	•		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			•	ear as a section	1 1 1 -
Secti	on C. Computation of Public Support	rt Percentag	е		·		
15	Public support percentage for 2010 (line					15	\v0 %
<u> 16</u>	Public support percentage from 2009 Sci					16	%
	on D. Computation of Investment In				(0)	T !	
17	Investment income percentage for 2010 (2	• •	-		17	0 %
18 19a	Investment income percentage from 2009 331/3/8 support tests—2010. If the organ 17 is not more than 331/3/8, check this box	ization did not	check the bo	x on line 14, a	nd line 15 ıs m		
b	33½% support tests – 2009. If the organization 18 is not more than 33½%, check this	box and stop h	nere. The organ	ization qualifies	as a publicly s	upported organ	nization 🕨 🔲
20	Private foundation. If the organization d	id not check a	box on line 14	. 19a. or 19b. o	check this box	and see instru	ictions

Pag	e	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
	·							
	·							

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. · Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** Islamic Center of Savannah Inc 58 26111 2 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Volunteer hours . . Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) FIN (d) Amount paid from (e) Amount of political contributions received and filing organization's funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1)(2)(3)(4)(5)

(6)

	•	-
224	_	•

				•
Sched	ule C (Form 990 or 990-EZ) 2010			Page 2
Part	II-A. Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under
	heck ▶ ☐ If the filing organization belo			
<u>B</u> C	heck 🕨 🗌 if the filing organization che	cked box A and "limited control" provisions a	apply.	
	Limits on Lobby	ring Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence p	oublic opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a	a legislative body (direct lobbying)		•
C	Total lobbying expenditures (add lines 1a	and 1b)		
d	Other exempt purpose expenditures			
е		lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the	he amount from the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	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.		
g	Grassroots nontaxable amount (enter 259	% of line 1f)		
h	Subtract line 1g from line 1a. If zero or les	ss, enter -0		
i	Subtract line 1f from line 1c, If zero or les	s. enter -0-		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2010

Yes No

	(election under section 501(h)).	1 4	2)		(b)	
	Islamic Center of Savannah Inc.	Yes	no	A	(b) moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					A
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	[
i	Other activities? If "Yes," describe in Part IV					
j	Total. Add lines 1c through 1i	356				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				9,055	
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				200,623	200
Part)(5),	or se	ction		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1.63	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	+-	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	+	\vdash
Part					<u> </u>	ļ.
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I "Yes."		is a		ed	
1	Dues, assessments and similar amounts from members		1	-		
2	political expenses for which the section 527(f) tax was paid).	. UI				
a	Current year	•	2a	 		
b	Carryover from last year	•	2b	 		
C	Total	•	2c	 		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	ļ		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying				
5	and political expenditure next year?		4	 		
		•	5			
Part	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	and E	Part II.	B line	1i Al	
	ete this part for any additional information.	anu r	all III	·b, illie	II. Ai	50,
				•		

Schedule C (For	m 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information (continued)	
		•
		•••••
		~

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2010

Open to Public Inspection

Employer identification number

58 - 26 111 27

Islamic Center of Sowamah, Inc.

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Bit Bit	Part	Organizations Maintaining									
b	3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther reco	rds,	check any of t	the follow	ving that are a	significa	nt use	of its
C	а	Public exhibition		d		Loan or exch	ange pro	grams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b			е		Other				·	
SIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? □ Yes □ No □ Yes □ No □ Yes□ Yes□ Yes□ Yes□ Yes□ Yes□ Yes□ Ye	4		tion's collections	and expl	ain h	ow they furthe	r the org	ganization's exe	empt pur	ose ii	n Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	_										
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5										
line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves □ No b If "Yes," explain the arrangement in Part XIV and complete the following table: □ Beginning balance □ Amount □ to □ Additions during the year □ Distributions during the year □ 1e □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □											
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table: Beginning balance. It C Amount It C Additions during the year Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Ending balance. Distributions during the year Distributions during the year Ending balance. Distributions during the year Distributions during the search of the organization answered "Yes" to Form 990, Part V, line 10. Describe in Part XVI the intended uses of the organization's endowment funds. Distributions during the rela	Part	line 9, or reported an amour	t on Form 990,	Part X, I	ine 2	21.), Par	t IV,
b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount Amount C Beginning balance	1a	Is the organization an agent, trustee,	, custodian or ot	her interr	nedia	ary for contribu	utions o	other assets			
C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2D id the organization include an amount on Form 990, Part X, line 217 Die fr "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Contributions Net investment earnings, gains, and losses Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment ▶ Permanent endowment ▶ Permanent endowment ► Se are there endowment ► Se in of year balance I are not or scholarships Free mander endowment Funds not in the possession of the organization that are held and administered for the organization by: I are not organizations I remendowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(ii) related organizations I f "Yes" to 3a(ii), are the related organizations isted as required on Schedule R? Describe in Part XIV the Intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value									· 🗆 '	es [□ No
d Additions during the year e Distributions during the year 1	D	ir "res," explain the arrangement in P	art xiv and comp	lete the t	ollow	ing table:	_	Т.	Amarint		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment Permanent endowment % c Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (ivestment) Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. (a) Cost or other basis (other) Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XI	_	Paginning balance					-		Amount		
e Distributions during the year f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21? 20 Did the organization include an amount on Form 990, Part X, line 21? 21 Did the organization include an amount on Form 990, Part X, line 21? 22 Did the organization include an amount on Form 990, Part X, line 21? 23 Did the organization include an amount on Form 990, Part X, line 21? 24 Discription of investment learnings, gains, and losses 25 Discription of line stimated percentage of the year end balance held as: 26 a Board designated or quasi-endowment 36 Are there endowment 36 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: 26 (i) in related organizations 27 (ii) unrelated organizations 28 (iii) related organizations 38 (iii) related organizations 39 Describe in Part XIV the intended uses of the organization's endowment funds. 29 Description of investment 20 Description of investment 20 Description of investment 20 Description of investment 20 Description of investment 21 Land 22 Bold the organizations 30 Description of investment 30 Description of investment 31 Description of investment 32 Description of investment 33 Description of investment 34 Description of investment 35 Description of investment 36 Description of investment 37 Description of investment 38 Description of investment 39 Description of investment 30 Description of investment 30 Description of investment 30 Description of investment 31 Description of investment 32 Description of investment 33 Description 34 Description of investment 35 Description 40 Description of investment 41 Description of investment 42 Description of investment 43 Description of investment 44 Description of investment 45 Description of investment 46 Description of investment 47 Description of investment 48 Description of investment 49 Description of investment 40 Description of investment 40 Description of investme	_										
f Ending balance Did the organization include an amount on Form 990, Part X, line 21?		Distributions during the year			• •		10				
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds and programs Part V Part		Ending halance									
b If "Yes." explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (o) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Two years back (e) Four years back (e) Four years back (e) Two										/aa F	- No.
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Table Contributions Contributio				מונא, וווונ	3211				· 📖	es L	_ NO
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four yea				zation a	nsw <i>e</i>	ered "Yes" to	Form 9	90 Part IV lin	10		
Beginning of year balance										ur vears	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other	1a	Beginning of year balance		1					1	-	
c Net investment earnings, gains, and losses	b	-								11 11 12 11 11	20 / //
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment	С	Net investment earnings, gains, and							74 03 8	- ed 8i.	3, 3
d Grants or scholarships e Other expenditures for facilities and programs		losses									erill och
f Administrative expenses	d	Grants or scholarships					-		N 2003	Marie II	7.63
f Administrative expenses	е	The state of the s						3.7	0.7/2		
g End of year balance		-								The same	: <u> </u>
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f									. 370j	
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(i) (ii) related organizations . 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation 1a Land . (d) Book value depreciation 5 Buildings . (d) Book value depreciation dequipment . (d) Equipment . (d) Equipment . (e) Cost or other basis depreciation depreciatio		-							Y: 1' ' ' ' ' '	32£.	
b Permanent endowment				nce held a	as:						
c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	_	Board designated or quasi-endowmer		%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	-		%								
organization by: (i) unrelated organizations			a passassian of t	ho organ		n that are hale	4 004 04	miniatored for	uh a		
(i) unrelated organizations	Ja		e possession or t	ne organi	Zaik	ni inal are neit	and ad	ministered for	ine		
(ii) related organizations		,							0.5		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (other) (c) Accumulated depreciation (d) Book value (investment) (other							• •			_	-
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (newestment) (b) Cost or other basis (other) (other) (d) Book value depreciation 1a Land	b	• •				hadula R2				4	
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (d) Book value depreciation 1a Land							• •		. [35	Ь	
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Equipment (f) Equipment (other) (f) Cost or other basis (other) (other) (other) (h) Cost or other basis (other) (other) (other)	Part										-
b Buildings			(a) Cost or o	ther basis	т	Cost or other basis	, , ,		(d) Bo	ok valu	e
b Buildings	1a	Land	.		\vdash		3,700	To the state of th			
c Leasehold improvements d Equipment					<u> </u>		1333.5	/ // // // /// // // // // // // // //			
d Equipment		•					1				
e Other									-		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c),	е	Other			T						
	Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	990, Part .	Х, со	lumn (B), line 1	10(c).)				

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	(c) Method of va Cost or end-of-year r	
(1) Financia	al derivatives			
(2) Closely-	-held equity interests			
(3) Other				
(A)				<u> </u>
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
` (I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		. See Form 990. Pa		
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		***************************************
) Description		(b) Book value
(1)	31dg, cost + Land.			1,415,748
(2)	Jemetry los.			16,984
(3)				
_(4)				
(5)	<u> </u>			
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
	umn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		1432,748
Part X	Other Liabilities. See Form 990,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.	(a) Description of liability	(b) Amount		
(1) Federa	al income taxes			
(2) _ c	oan	300000		
(3)		, , , , , , , , , , , , , , , , , , , ,		
(4)				
(5) (6)				
(6)				
(7)				
(8)				
(9)				
(10)		_		
(11)	n (h) must aqual Form 000 Dard V and /Di line 05 i	700 010		
	n (b) must equal Form 990, Part X, col. (B) line 25.)		a to the organization's financial state	monto that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part	XI Reconciliation of Change in Net Assets from Form 990 to Au	udited Financial Statem	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine		10
Part	XII Reconciliation of Revenue per Audited Financial Stateme		
1	Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		*, , *\$
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		30 de
а		4a	
b	Other (Describe in Part XIV.)	4b	
C	Add lines 4a and 4b		1 4c 1
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statem		
- 1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		<i>*</i> * * * * * * * * * * * * * * * * * *
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	`\$
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Part	XIV Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,		
	Iditional information.	, 111100 20 0110 1017 1100 001	inplote time part to provide
,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public

Department of the Treasury ▶ Attach to Form 990 or 990-EZ Internal Revenue Service Inspection **Employer identification number** Name of the organization Islamic Center of ol. Members of Stockholder classes and Highis (Part VI, Line Every regular member shall have one vote o 2 Gaverning Lody decisions (Port VI, line 71=) Decisions of the board shall be made by a simple majoril of the board members. 03 Form 990 Governing body tenten founding members for reniew Form 990 NAS given the documents available to public (Pan VI line 19) 04 Graverning Available whom request

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
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	Federal Supporting Statements	2010 PG01
Name as shown on return ISLAMIC CENTER	OF SAVANNAH INC	FEIN 58-2611127

Form 99, Schedule D, Part VI, Line 1E

Investments – Other

Description of Investment	Cost/Basis (Investment)	Cost/Basis (Other)	DEPR	Book Value
Building for ISHAM Services	0	0	0	0
Cemetary	0	0	0	0
Total	0	0	0	0

990	Overflow Statement	2010 PG01
Name as shown on re	tum TER OF SAVANNAH INC	FEIN 58-2611127

Other

Description	Amount \$
Functions	3163
Professional Services	2040
Bldg. Maintenance, construction	30,270
Charitable Contributions	40,467
Insurance & Loans	84,168
License and Fees	30
Contracts	4,200
Supplies	1,798
Utilities	9,705
Total	175,841

990	Tax Exempt Diagnostic Summary	2010
Name as shown on return ISLAMIC CENTER	OF SAVANNAH INC	FEIN 58-2611127

Demographics

Mailing Address:

1030 Dutchtown Rd Savannah, GA 31419-1704

Resident State: GA

Diagnostics:

Preparer: Zainul A. Kidwai

Date:03-30-2011

Return Information

Item on Return	2010 Federal	2009 Federal
Total Revenue	194,852	149,732
Total Expenses	175,841	28,147
Net Excess (Defecit)	19,011	121,858
Net Assets or Fund Balances	1,151,759	1,059,091