

Date: **MAR 30 2007**

HILLSIDE ISLAMIC CENTER  
300 HILLSIDE AVE  
NEW HYDE PARK, NY 11040

Employer Identification Number:  
43-1979474  
DLN:  
17053076746097  
Contact Person:  
APRIL D WILLIAMS ID# 31493  
Contact Telephone Number:  
(877) 829-5500  
Public Charity Status:  
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated June 3003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

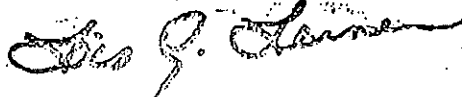
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)

**Support Schedule for Advance Ruling Period**

Please refer to the separate instructions for assistance in completing this schedule. For additional help, call IRS Exempt Organizations Customer Services toll free at 1-877-829-5500.

OMB No. 1545-1836

For tax years beginning \_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

Print or type. See Specific Instructions.	Name of organization <b>HILLSIDE ISLAMIC CENTER INC.</b>		Employer identification number <b>43 1979474</b>
	Number and street (or P.O. box number if mail is not delivered to street address)	Room/Suite	Telephone number <b>( 516 ) 488-6440</b>
	City or town, state, and ZIP + 4 <b>NEW HYDE PARK, NY 11040</b>		E-mail address _____
			Fax number ( ) _____

- Note:**
- Get Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), and its separate instructions before you complete this form.
  - If you did not receive any support for a given year, show financial data for the year by indicating -0- or none.
  - Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.
  - Organizations that filed Form 990 or 990-EZ will be able to use information reported on Schedule A, Part IV-A, to complete this form.

Calendar year (or fiscal year beginning in) ▶	(a) Year 5	(b) Year 4	(c) Year 3	(d) Year 2	(e) Year 1 (See Note above.)	(f) Total of Years 1 through 5
1 Gifts, grants, and contributions received. (Do not include unusual grants. See line 14.) . . . . .	485,961	253,653	87,525	305,403	112,418	1,244,960
2 Membership fees received . . . . .	0	0	0	0	0	0
3 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	0	0	0	0	0	0
4 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	0	0	0	0	0	0
5 Net income from unrelated business activities not included in line 4 . . . . .	0	0	0	0	0	0
6 Tax revenues levied for your benefit and either paid to you or expended on your behalf . . . . .	0	0	0	0	0	0
7 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .	0	0	0	0	0	0
8 Other income. Attach a schedule. Do not include gain (or loss) from sale of capital assets . . . . .	0	0	0	0	0	0
9 Total of lines 1 through 8 . . . . .	485,961	253,653	87,525	305,403	112,418	1,244,960
10 Line 9 minus line 3 . . . . .	485,961	253,653	87,525	305,403	112,418	1,244,960
11 Enter 1% of line 9 . . . . .	4,860	2,537	875	3,054	1124	

12 If you are an organization that normally receives a substantial part of your support from a governmental unit or from the general public, complete lines 12a through 12f. (Sections 509(a)(1) and 170(b)(1)(A)(vi)). If you want the IRS to compute your public support test as a section 509(a)(1) and 170(b)(1)(A)(vi) organization, complete only lines 12a and 12b.

a Enter 2% of amount in column (f), line 10	12a	24,899
b Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for Year 5 through Year 1 exceeded the amount shown in line 12a. Enter the total of all these excess amounts	12b	29,525
c Total support for section 509(a)(1) test: Enter line 10, column (f)	12c	1,244,960
d Add: Amounts from column (f) for lines: 4 0 5 0	12d	29,525
8 0 12b 29,525	12e	1,215,435
e Public support (line 12c minus line 12d total)	12f	97.63 %
f Public support percentage (line 12e (numerator) divided by line 12c (denominator))		

13 If you are an organization that normally receives: (1) more than 33 1/3% of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, and (2) no more than 33 1/3% of your support from gross investment income and net unrelated business taxable income from businesses acquired by the organization after June 30, 1975, complete lines 13a through 13h. (Section 509(a)(2)). If you want the IRS to compute your public support test as a section 509(a)(2) organization, complete only lines 13a and 13b.

a For amounts included in lines 1, 2, and 3 that were received from a "disqualified person," attach a list showing the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:  
 (Year 5) ..... (Year 4) ..... (Year 3) ..... (Year 2) ..... (Year 1) .....

b For any amount included in line 3 that was received from each person (other than "disqualified persons"), attach a list showing the name of, and amount received for each year, that was more than the larger of (1) the amount on line 11 for the year or (2) \$5,000. (Include in the list organizations as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  
 (Year 5) ..... (Year 4) ..... (Year 3) ..... (Year 2) ..... (Year 1) .....

c Add: Amounts from column (f) for lines: 1 2	13c	
3 6 7	13d	
d Add: Line 13a total and line 13b total	13e	
e Public support (line 13c total minus line 13d total)	13f	
f Total support for section 509(a)(2) test: Enter amount from line 9, column (f)	13g	%
g Public support percentage (line 13e (numerator) divided by line 13f (denominator))	13h	%
h Investment income percentage (line 4, column (f) (numerator) divided by line 13f (denominator))		

14 Unusual Grants: For an organization described in line 12 or 13 that received any unusual grants during Year 5 through Year 1, attach a list showing for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 1.

List the amount of unusual grants excluded for each year below.

(Year 5) 0 (Year 4) 0 (Year 3) 0 (Year 2) 0 (Year 1) 0

15 Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director, or trustee will represent the organization, attach a properly completed Form 2848, Power of Attorney.

Name: ABDUL BASIR KAZI - TRUSTEE

Type or print name and title.

Phone: ( 516 ) 6222-6198

Fax Number (if available): ( )

Please Sign Here

I declare under the penalties of perjury that I am authorized to sign this form on behalf of the above organization and that I have examined this form, including the accompanying attachments, and to the best of my knowledge it is true, correct, and complete.

Signature of officer, director, or trustee

Date

ABDUL BASIR KAZI - TRUSTEE

Type or print name and title or authority of signer

