

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

| | | | | | | 15 | | | |
|--|--|----------------------|---|--|--|--------------|---|---|--|
| _ | | | lıcable | C Name of organization MUSLIM ASSOCIATION OF PUGET SO | DUND | | D Emplo | yer ide | ntification number |
| ☐ Add | | | - | | | | 20-44 | 2366 | 1 |
| │ Na │ Ind | | _ | е | Doing business as | | | | | |
| , 11111 Fin | | tuiii | | | nail is not delivered to street address) Room/s | suite | E Telepho | one num | ber |
| ret ret | urn/tei | | | PO BOX 2976 | | | (425) | 861-9 | 9555 |
| ☐ Am | | | um ending | City or town, state or province, coul Redmond, WA 98073 | ntry, and ZIP or foreign postal code | | G Gross re | eceipts s | \$ 1,971,751 |
| | | | | F Name and address of prir | ncipal officer | H(a) | Is this a group | return | for |
| | | | | Abduselam Ibrahım 17550 NE 67th Ct | | | subordinates? | | ΓYes Γ Νο |
| | | | | Redmond, WA 98052 | | | Are all subordı ıncluded? | nates | □Yes □No |
| | | | | <u> </u> | | | | a lıst | (see instructions) |
| | | | status | | nsert no) 4947(a)(1) or 527 | H(c) | Group exempt | ion nur | mber ► |
| J W | ebsit | te: I | ► ww | w mapsredmond org | | <u>l</u> | | | |
| K For | n of o | orgar | nızatıon | Corporation Trust Association | on | L Yea | r of formation 20 | 06 M | State of legal domicile |
| Pa | rt I | | Sum | mary | | | | | |
| Governance | P | Prov | | | n or most significant activities ocal Muslims and provide charitable, e | educationa | al and social se | ervices | to the broader |
| eme | - | | | | | | | | |
| Š Č | 2 | Ch | eck th | is box দ if the organization dis | scontinued its operations or disposed | of more th | nan 25% of its | net as | sets |
| | 3 | Nu | mber | of voting members of the govern | ing body (Part VI, line 1a) | | | 3 | 9 |
| ĦĘ. | | | | | of the governing body (Part VI, line 1b | | | 4 | 9 |
| Activities & | | | | | calendar year 2015 (Part V, line 2a) | | | 5 | 3 |
| 4 | | | | · | ecessary) | | | 6 7a | 90 |
| | 1 | | | | om Form 990-T, line 34 | | | 7a 7b | 0 |
| | | | | | , | | Prior Year | | Current Year |
| | | | | | | | | | |
| | 8 | | Contri | butions and grants (Part VIII, li | ne 1h) | | 1,398,1 | 299 | 1,523,881 |
| anue | 8 9 | | Progra | am service revenue (Part VIII, l | ıne 2g) | . \square | 1,398,2 226,4 | | 1,523,881 260,627 |
| - Pavenue | 9 10 | : | Progra Inves | am service revenue (Part VIII, li tment income (Part VIII, columi | ne 2g) | . \square | 226,4 | 495 | 260,627 0 |
| Revenue | 9 10 11 | : | Progra Inves Other | am service revenue (Part VIII, li tment income (Part VIII, columi revenue (Part VIII, column (A), | ne 2g) | | 226,4 165,4 | 495 0 471 | 260,627 0 187,243 |
| Rayenue | 9 10 | : | Progra Inves Other | am service revenue (Part VIII, li tment income (Part VIII, columi revenue (Part VIII, column (A), | ne 2g) | | 226,4 | 495 0 471 | 260,627 0 |
| Revenue | 9 10 11 12 | | Progra Inves Other Total 12) Grants | am service revenue (Part VIII, li tment income (Part VIII, columi revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part | Ine 2g) | ne | 226,4 165,4 | 495 0 471 265 | 260,627 0 187,243 1,971,751 |
| Revenue | 9 10 11 12 13 14 | - | Progra Invest Other Total 12) Grants Benefi | am service revenue (Part VIII, li tment income (Part VIII, columi revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I | Ine 2g) | ne | 226,4 165,4 | 495 0 471 265 | 260,627 0 187,243 |
| | 9 10 11 12 | - | Progra Invest Other Total 12) Grants Benefi | am service revenue (Part VIII, li tment income (Part VIII, columi revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe | Ine 2g) | ne | 226,4 165,4 | 495 0 471 265 0 | 260,627 0 187,243 1,971,751 |
| | 9 10 11 12 13 14 | - | Progra Invest Other Total 12) Grants Benefi Salari 5-10) | am service revenue (Part VIII, li tment income (Part VIII, columi revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe | ine 2g) | ne | 226,4 165,4 1,790,; | 495 0 471 265 0 | 260,627 0 187,243 1,971,751 0 |
| Expenses Revenue | 9 10 11 12 13 14 15 | | Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes | am service revenue (Part VIII, li tment income (Part VIII, columi revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employed) sisional fundraising fees (Part IX andraising expenses (Part IX, column (D | Ine 2g) | ne | 226,4 165,4 1,790,2 | 495 0 471 265 0 0 0 030 | 260,627 0 187,243 1,971,751 0 0 213,032 |
| | 9 10 11 12 13 14 15 16a b | | Progra Inves Other Total 12) Grants Benefi Salari 5-10) Profes Total fu | am service revenue (Part VIII, litment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part its, other compensation, employed) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), | Ine 2g) | ne | 226,4 165,4 1,790,3 194,4 | 495 0 471 265 0 0 0 0 238 | 260,627 0 187,243 1,971,751 0 0 213,032 0 1,267,534 |
| | 9 10 11 12 13 14 15 16a b 17 | | Progra Inves: Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, other compensation, employed) assional fundraising fees (Part IX) indraising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (mu | Ine 2g) | ne | 226,4 165,4 1,790,2 194,0 855,2 | 495 0 471 265 0 0 0 0 238 268 | 260,627 0 187,243 1,971,751 0 0 213,032 0 1,267,534 1,480,566 |
| Expenses | 9 10 11 12 13 14 15 16a b | | Progra Inves: Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, other compensation, employed) assional fundraising fees (Part IX) indraising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (mu | Ine 2g) | | 226,4 165,4 1,790,3 194,4 | 495 0 471 265 0 0 0 0 0 238 268 997 | 260,627 0 187,243 1,971,751 0 0 213,032 0 1,267,534 1,480,566 |
| Expenses | 9 10 11 12 13 14 15 16a b 17 | | Progra Inves: Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, other compensation, employed) assional fundraising fees (Part IX) indraising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (mu | Ine 2g) | | 226,4 165,4 1,790,3 194,0 855,3 1,049,3 | 495 0 471 265 0 0 0 0 30 0 238 268 997 Year | 260,627 0 187,243 1,971,751 0 213,032 0 1,267,534 1,480,566 491,185 End of Year |
| Expenses | 9 10 11 12 13 14 15 16a b 17 18 19 | | Progra Inves Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part | Ine 2g) | | 226,4 165,4 1,790,3 194,0 855,3 1,049,3 740,5 | 495 0 471 265 0 0 0 0 30 0 238 268 997 Year 139 | 0 187,243 1,971,751 0 0 213,032 0 1,267,534 1,480,566 491,185 |
| Net Assets or Expenses Fund Balances | 9 10 11 12 13 14 15 16a b 17 18 19 | | Progra Inves: Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven | am service revenue (Part VIII, latment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part its | Ine 2g) | | 226,4 165,4 1,790,5 194,0 855,1 1,049,5 740,5 ning of Current | 495 0 471 265 0 0 0 0 30 0 238 268 997 Year 139 480 | 260,627 0 187,243 1,971,751 0 0 213,032 0 1,267,534 1,480,566 491,185 End of Year 4,999,416 |
| Signal Met Assets of Asset | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 III | i . | Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven Total Net as Sign ies of e and any ki | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part Its paid to or for members (Part Its paid to or for for for for for for members (Part Its paid to or for for for for for for for for for | Ine 2g) | ne Begini | 226,4 165,4 1,790,3 194,0 855,3 1,049,3 740,5 hing of Current \$1,780,3 637,4 4,142,6 | 495 0 471 265 0 0 0 0 30 0 238 268 997 Year 139 480 659 | 260,627 0 187,243 1,971,751 0 0 213,032 0 1,267,534 1,480,566 491,185 End of Year 4,999,416 365,572 4,633,844 ts, and to the best of |
| A by A same of A by Bances A b | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 III | i . | Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven Total Net as Sign ies of e and any ki Signa | the service revenue (Part VIII, list the timent income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part its column (Diexpenses (Part its, column (A), expenses (Part its, column (A), expenses Add lines 13–17 (mulue less expenses Subtract line assets (Part X, line 16) | Ine 2g) | ne Begini | 226,4 165,4 1,790,7 1,790,7 194,0 855,1 1,049,7 740,9 ning of Current v 4,780,7 4,142,6 dedules and stater) is based on | 495 0 471 265 0 0 0 0 30 0 238 268 997 Year 139 480 659 | 260,627 0 187,243 1,971,751 0 0 213,032 0 1,267,534 1,480,566 491,185 End of Year 4,999,416 365,572 4,633,844 ts, and to the best of |
| By September 1 Strenger 1 Strenger 1 Strenger 1 Strenger 2 Strenge | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 III r pen nowlearer h | i . | Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven Total Net as Sign es of e and any ki Riad Type | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part its paid to or for for for its paid to or for for for for for for for for for | Ine 2g) | ne Begini | 226,4 165,4 1,790,7 1,790,7 194,0 855,1 1,049,7 740,9 ning of Current v 4,780,7 4,142,6 dedules and stater) is based on | 495 0 471 265 0 0 0 0 30 0 238 268 997 Year 139 480 659 | 260,627 0 187,243 1,971,751 0 0 213,032 0 1,267,534 1,480,566 491,185 End of Year 4,999,416 365,572 4,633,844 ts, and to the best of |
| Salva Met Assets of Assets | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 7 11 11 r pen nowlearer h | naltı edge nas | Progra Invest Other Total Salari 5-10) Profes Total fu Other Total Reven Total Net as Sign ies of e and any ki Riad Type | temm service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part its paid to or for its paid (Part its paid to or for its paid to or for members (Part its paid to or for paid t | Ine 2g) | ne Begini . | 226,4 165,4 1,790,3 1,790,3 194,0 855,1 1,049,3 740,5 1,049,3 4,780,3 4,142,6 | 495 0 471 265 0 0 0 0 30 0 238 268 997 Year 139 480 659 | 260,627 0 187,243 1,971,751 0 0 213,032 0 1,267,534 1,480,566 491,185 End of Year 4,999,416 365,572 4,633,844 ts, and to the best of |

May the IRS discuss this return with the preparer shown above? (see instructions)

| Form | າ 990 (2015) | | | | | Page 2 |
|------------------|---|--|----------------------------------|-------------------------|---|-------------|
| Par | | of Program Servi | | | III | |
| 1 Prov | Briefly describe the | organization's mission | | | the region and to promote the | |
| ınqu | ırıng non-Muslim | | | | | |
| 2 | | | | | r which were not listed on | ⊤Yes ▼No |
| 3 | Did the organization | ese new services on So cease conducting, or n | nake sıgnıfıcar | | onducts, any program | 「Yes √No |
| 4 | Describe the organiz expenses Section 5 | | e accomplishn) organization: | s are required to repor | nree largest program services, t the amount of grants and allo | |
| 4a | (Code Provide services on wee |) (Expenses \$ ekly, monthly and yearly ev | 1,371,332 ent expenses | including grants of \$ |) (Revenue \$ | 1,523,881) |
| 4b | (Code |) (Expenses \$ | | ıncludıng grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4c | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| | | | | | | |
| 4d | · - | rices (Describe in Sche | | | | |
| | (Expenses \$ | | luding grants o | • | 0)(Revenue\$ | 0) |
| 4e | Total program servi | ce expenses 🟲 | 1,371,332 | | | |

| | Checkinst of Required Schedules | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆 | 1 | Yes | NO |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐉 | 2 | Yes | |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| | 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? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | | No |
| | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | | No |
| | 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 | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | No |
| f | 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 | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| 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 and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 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 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 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 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| 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 | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | | |
| | | 28a | | No |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 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 | | No |
| 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 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| | 990 (2015) | | | Page |
|----------------|--|----------|-----|------|
| Pai | Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | .୮ |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | | No |
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4 a | 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 | | No |
| b | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | 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 organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | 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 | | | |
| e | 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 | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time | | | |
| _ | during the year? | 8 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | | |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter | 90 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| | facilities Soldier F01(a)(12) agraphytians Enter | | | |
| | Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them) | - | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 2 | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for | | | |
| u | additional information the organization must report on Schedule O | 13a | | |
| 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 | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| L- | If "Voc " has it filed a Form 720 to report these payments 2 If "No " provide an explanation in Schedule O | 1 1/16 | 1 | 1 |

Part VI Governance, Management, and Disclosure

| Se | ction A. Governing Body and Management | | | |
|-----|--|-------|--------|-----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 9 | | | |
| 2 | 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | 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 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | No |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | No |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Νo |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Νo |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No |
| b | Other officers or key employees of the organization | 15b | | Νo |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | 16a | | No | |
| b | | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ ———————————————————————————————————— | | | |
| | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of | | | |

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶Abduselam Ibrahim 17550 NE 67th Ct Redmond, WA 98052 (425)861-9555

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

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

1a Complete this table for all persons required to be listed 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, or 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 organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) A verage hours per week (list any hours for related | more pers and | than on is | one bot | not box h ar or/tr | checl c, unle n office ustee | ess er) | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
|--|---|-----------------------------------|-----------------------|------------|-----------------------------|---------------------------------------|----------------|---|--|---|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| (1) Mahmood Khadeer President | 5 | х | | | | | | 0 | 0 | 0 |
| (2) Riad Chummun Treasurer | 6 | х | | | | | | 0 | 0 | 0 |
| (3) Mohammad Nasır Vise President | 5 | х | | | | | | 0 | 0 | 0 |
| (4) Masud Hasan Secretary | 5 | х | | | | | | 0 | 0 | 0 |
| (5) Hazım Macky Social | 5 | х | | | | | | 0 | 0 | 0 |
| (6) Khalid Arisha Facility | 5 | х | | | | | | 0 | 0 | 0 |
| (7) Samıa Seghir Women's Afair | 5 | x | | | | | | 0 | 0 | C |
| (8) Elias Elyacoubi Relegious Afair | 5 | х | | | | | | 0 | 0 | 0 |
| (9) Ahmed Awadallah Education | 5 | х | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| t VII | Section A. Officers | Directors, | Trustees, | Kev Emr | olovees | , and Highest | Compensated I | mplovees | (continued |
|-------|---------------------|------------|-----------|---------|---------|---------------|---------------|----------|------------|
|-------|---------------------|------------|-----------|---------|---------|---------------|---------------|----------|------------|

| (A) Name and Title | (B) Average hours per week (list any hours | more t perso | tion (han d n is l | one l both | oox, an d | heck unless officer stee) | 3 | Repo compe from organiza | , | (E) Reportable compensation from related organizations (W- | | (F) Estima mount o compens | ated fother sation the |
|---|---|-----------------------------------|---------------------------|---------------|--------------------|------------------------------------|-----------|-----------------------------------|------------|--|---------------------|------------------------------|---------------------------------|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC) | | ganizat relat organiza | ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | - | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 4. 0.17.1 | | | | | | <u> </u> | | | | | | | |
| 1b Sub-Total | · · · · · s to Part VII, S | ection A | ٠. | | | | | | | | | | |
| d Total (add lines 1b and 1c) . | | | | | | ► | | | 0 | 0 | | | 0 |
| Total number of individuals (inc \$100,000 of reportable compe | - | | | | | d abov | e) w | ho receive | ed more th | an | | | |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any for on line 1a? If "Yes," complete S | | | | | key • | emplo | yee, • | or highes | t compen | sated employee | 3 | | No |
| For any individual listed on line organization and related organization and related organization. | e 1a, is the sum zations greater | of repo than \$: | rtable 150,0 | e co | mpe ? <i>If</i> | nsatio "Yes," d | n and | d other co lete Sched | mpensatio | on from the uch | 4 | | No |
| 5 Did any person listed on line 1 services rendered to the organ | | | | | | | | | | or individual for | 5 | | No |
| Section B. Independent Co | ntractors | | | | | | | | | | | | |
| Complete this table for your five compensation from the organizer. | e highest comp | | | | | | | | | | | ax vear | |
| | (A) ame and business | <u> </u> | | | | | | | | (B) cription of services | (C) Compensation | | |
| | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

| Part V | 100 | Statement o | | | | | | _ |
|---------------------------------------|-----|-----------------------------------|-----------------------------------|-----------------------|----------------------|---------------------|-----------|-----------------------|
| | | Check if Schedu | ıle O contains a respon | se or note to any lin | (A) | (B) | (C) | (D) |
| | | | | | (A) Total revenue | (B) Related or | Unrelated | Revenue |
| | | | | | | exempt | business | excluded from |
| | | | | | | function revenue | revenue | tax under sections |
| | | | | | | | | 512-514 |
| 00 SS | 1a | Federated camp | paigns 1a | 0 | | | | |
| ons, Gifts, Grants Similar Amounts | ь | Membership du | es 1b | 0 | | | | |
| 3ra not | _ | | | 0 | | | | |
| s, (| С | rundraising eve | ents 1c | | | | | |
| Giffs, nilar An | d | Related organiz | ations 1d | | | | | |
| "E | е | Government grants | (contributions) 1e | 0 | | | | |
| Contributions, and Other Sim | f | All other contribution | ons, gifts, grants, and 1f | 1,523,881 | | | | |
| Contributio and Other | | sımılar amounts no | t included above | | | | | |
| 윤흥 | g | | ons included in lines | 0 | | | | |
| E E | | 1a-1f \$ | . 4 - 44 | | 1,523,881 | | | |
| <u>ة ت</u> | h | Total. Add lines | Sla-II | | 1,525,661 | | | |
| <u> </u> | | | | Business Code | | | | |
| nue | 2a | | | | | | | |
| <u>چ</u> چ | b | | _ | | | | | |
| Program Serwce Revenue | С | | | | | | | |
| | d | | | | | | | |
| B | e | | | | | | | |
| Ē | | Λ II α+b σ ·· ·· | | | | | | |
| ₽ Do | f | An other progra | m service revenue | | 260,627 | 260,627 | 0 | 0 |
| 查 | g | Total. Add lines | s 2a – 2f | 🕨 | 260,627 | | | |
| | 3 | Investment inc | ome (including dividenc | ds, interest, | | | | |
| | | | aramounts) | - | | | | |
| | 4 | Income from inves | tment of tax-exempt bond p | proceeds | | | | |
| | 5 | Royalties | | • | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less rental | | | | | | |
| | | expenses | | 0 | | | | |
| | С | Rental income or (loss) | 0 | 0 | | | | |
| | d | Net rental incor | me or (loss) | | | | | |
| | | | (ı) Securities | (II) Other | | | | |
| | 7a | Gross amount from sales of | | | | | | |
| | | assets other | | | | | | |
| | | than inventory | | | | | | |
| | ь | Less cost or | | | | | | |
| | | other basis and sales expenses | | | | | | |
| | С | Gain or (loss) | 0 | 0 | | | | |
| | d | Net gain or (los | s) | | | | | |
| ψ | 8a | Gross income fi | rom fundraising | | | | | |
| 듄 | | events (not incl | | | | | | |
| À | | \$ | 0 reported on line 1c) | | | | | |
| Œ. | | See Part IV, lin | | | | | | |
| je. | | | a | | | | | |
| Other Revenue | ь | Less direct exp | penses b [| | | | | |
| _ | С | Net income or (| loss) from fundraising e | events 🛌 | | | | |
| | 9a | | rom gaming activities | | | | | |
| | | See Part IV, lin | | | | | | |
| | L | 1 1 | a | | | | | |
| | | | penses b | utios | | | | |
| | | | loss) from gaming activ | /ILIES | | | | |
| | TOG | Gross sales of returns and allo | | | | | | |
| | | | a | | | | | |
| | ь | Less cost of go | oods sold b | | | | | |
| | | _ | loss) from sales of inve | entory 🛌 | | | | |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | | | | | | | |
| | ь | | | | | | | |
| | С | | | + | | | | |
| | _ | Λ II α+h ε ·· ·· | | | 187,243 | 187,243 | 0 | 0 |
| | d | All other revenu | L | <u>.</u> | 107,243 | 107,243 | | |
| | е | iotal. Add lines | 3 11a-11d | · · · • [| 187,243 | | | |
| | 12 | Total revenue | See Instructions | ا _ | I | | | |

| Part | IX Statement of Functional Expenses | | | | . age <u>10</u> |
|------|--|-----------------------|---|---|---|
| | on 501(c)(3) and 501(c)(4) organizations must complete all columns | All other organiza | ations must com | nplete column (A) | |
| | Check if Schedule O contains a response or note to any line in t | hıs Part IX | | | |
| | ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | 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 | Other salaries and wages | 188,595 | 169,736 | 18,859 | 0 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | | | | |
| 9 | Other employee benefits | 12,600 | 11,340 | 1,260 | 0 |
| 10 | Payroll taxes | 11,837 | 10,653 | 1,184 | 0 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| C | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 39,720 | 35,748 | 3,972 | 0 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 159,962 | 143,966 | 15,996 | 0 |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 238,411 | 202,649 | 10,354 | 25,408 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 38,864 | 34,978 | 3,886 | 0 |
| 23 | Insurance | 11,984 | 10,786 | 1,198 | 0 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Educational & Program S Exps | 310,669 | 310,669 | 0 | 0 |
| b | Property Tax | 5,314 | 4,783 | 531 | 0 |
| c | Lease, Maintenance & Other Exps | 393,490 | 373,816 | 19,674 | 0 |
| d | Supplies & Other Non Personal Exps | 69,120 | 62,208 | 6,912 | 0 |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,480,566 | 1,371,332 | 83,826 | 25,408 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X $\,\cdot\,\,$. $\,\cdot\,\,$. $\,\cdot\,\,$. $\,\cdot\,\,$. (A) (B) Beginning of year End of year Cash-non-interest-bearing 405,163 370,585 1 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 10.307 4 4 13.075 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part Assets II of Schedule L 6 0 7 9,885 7 Notes and loans receivable, net 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 4,662,734 10a Complete Part VI of Schedule D b Less accumulated depreciation 10b 56,863 4,364,669 10c 4,605,871 11 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 . 13 14 14 15 15 Total assets.Add lines 1 through 15 (must equal line 34) 16 4,780,139 16 4,999,416

| 17 | Accounts payable and accrued expenses | 7,480 | 17 | 35,572 |
|----|---|-----------|----|------------------------|
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| | persons Complete Part II of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 630,000 | 24 | 330,000 |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | |
| | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 637,480 | 26 | 365,572 |
| | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete | | | |
| | lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 4,068,417 | 27 | 4,510,364 |
| 28 | Temporarily restricted net assets | 74,242 | 28 | 123,480 |
| 29 | Permanently restricted net assets | 0 | 29 | 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | | 30 | |
| 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 4,142,659 | 33 | 4,633,844 |
| 34 | Total liabilities and net assets/fund balances | 4,780,139 | 34 | 4,999,416 |
| | | | | Form 990 (2015) |

Net Assets or Fund Balances

| Par | t XI Reconcilliation | n of Net Assets | | | | | |
|-----|--|-------------------------------|---|---------|----|-------------|----------|
| | Check if Schedule | O contains a response or | note to any line in this Part XI | | • | | ୮ |
| | | | | | | | |
| 1 | Total revenue (must equa | al Part VIII, column (A), lii | ne 12) | 1 | | 1,9 | 971,751 |
| 2 | Total expenses (must eq | ual Part IX, column (A), lır | ne 25) | 2 | | 1,4 | 480,566 |
| 3 | Revenue less expenses | Subtract line 2 from line 1 | | 3 | | | 491,185 |
| 4 | Net assets or fund balanc | es at beginning of year (m | nust equal Part X, line 33, column (A)) | 4 | | 4 | 142,659 |
| 5 | Net unrealized gains (los | ses) on investments . | | 5 | | | C 12,000 |
| 6 | Donated services and use | e of facilities | | 6 | | | C |
| 7 | Investment expenses . | | | 7 | | | (|
| 8 | Prior period adjustments | | | 8 | | | C |
| 9 | Other changes in net ass | ets or fund balances (expl | aın ın Schedule O) | 9 | | | C |
| 10 | Net assets or fund balance column (B)) | ces at end of year Combin | e lines 3 through 9 (must equal Part X, line 33, | 10 | | 4 ,6 | 533,844 |
| Par | t XIII Financial Stat | tements and Reporti | ng | | | | |
| | Check If Schedule | e O contains a response or | r note to any line in this Part XII | | | | |
| | | | | | | Yes | No |
| 1 | | | Cash Accrual Other Hybrid g from a prior year or checked "Other," explain in | | | | |
| 2a | Were the organization's fi | nancial statements compi | led or reviewed by an independent accountant? | | 2a | Yes | |
| | If 'Yes,' check a box below a separate basis, consoli | | inancial statements for the year were compiled or revie | ewed on | | | |
| | | Consolidated basis | Both consolidated and separate basis | | | | |
| ь | Were the organization's fi | nancial statements audite | d by an independent accountant? | | 2b | | No |
| | If 'Yes,' check a box below basis, consolidated basis | | inancial statements for the year were audited on a sep | arate | | | |
| | Separate basis | Consolidated basis | Both consolidated and separate basis | | | | |
| c | | | re a committee that assumes responsibility for oversig tatements and selection of an independent accountant | | 2c | | No |
| | | | cess or selection process during the tax year, explain | | | | |
| 3a | As a result of a federal av Single Audit Act and OM | | required to undergo an audit or audits as set forth in th | ne | 3a | | No |
| b | | | audit or audits? If the organization did not undergo the and describe any steps taken to undergo such audits | | 3b | | |

TY 2015 Reasonable Cause Explanation

Name: MUSLIM ASSOCIATION OF PUGET SOUND

EIN: 20-4423661

Software ID: 15000352

Software Version: v1.00

Explanation: Due to accounting and incomplete information.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228054556

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

| | | he organization OCIATION OF PUGET SOUND | | | | | Employer identifica | ation number | | | | |
|------|------------|---|--|---|--|---|--|--|--|--|--|--|
| MUSL | TIM Y220 | OCIATION OF POGET SOUND | | | | | 20-4423661 | | | | | |
| Pa | rt I | Reason for Publi | c Charity S | Status (All organiza | itions must co | mplete this p | | ons. | | | | |
| | | zation is not a private fo | | | | | · | | | | | |
| 1 | Ĕ | A church, convention | | | | | | | | | | |
| 2 | Ē | A school described in | | | | = | | | | | | |
| 3 | Ė | | | | | | | | | | | |
| 4 | Ë | 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 | | | | | | | | | | |
| 5 | _ | An organization opera 170(b)(1)(A)(iv). (Co | ated for the be omplete Part I | | · | | - | described in section | | | | |
| 6 | | A federal, state, or loc | al governmen | t or governmental unit | described in se | ection 170(b)(1 | L)(A)(v). | | | | | |
| 7 | 굣 | An organization that n | | | | om a governme | ental unit or from the g | jeneral public | | | | |
| 8 | _ | described in section 1 A community trust des | | | | + | | | | | | |
| 9 | <u>'</u> _ | | | ves (1) more than 33 | | | ihiitions mamharshin | fees and gross | | | | |
| 3 | <u>'</u> | receipts from activition from gross investment organization after Jun | es related to it nt income and ne 30, 1975 S | s exempt functions—s unrelated business ta ee section 509(a)(2). | subject to certa xable income (lo (Complete Part | in exceptions, ess section 51 III) | and (2) no more than 1 tax) from businesse | 331/3% of its support | | | | |
| 10 | Г | An organization organ | ized and opera | ited exclusively to tes | t for public safe | ty See sectio | n 509(a)(4). | | | | | |
| 11 | Γ | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. | | | | | | | | | | |
| а | Γ | Type I. A supporting of supported organization | organization op n(s) the power | perated, supervised, or to regularly appoint o | r controlled by 1 r elect a majori | ts supported o | rganization(s), typical | lly by giving the | | | | |
| b | Γ | organization You mus Type II. A supporting management of the su | organization s pporting organ | upervised or controllenization vested in the | d in connection | | | | | | | |
| _ | _ | must complete Part IN Type III functionally i | • | | n anaratad in a | onnostion with | and functionally into | aratad wath uta | | | | |
| С | ' | supported organization | | | | | | grated with, its | | | | |
| d | Γ | Type III non-function | | | | | | anızatıon(s) that ıs | | | | |
| | | not functionally integr | | | | | ement and an attentiv | eness requirement | | | | |
| _ | _ | (see instructions) Yo Check this box if the o | | | | | ca Type I Type II T | vna III functionally | | | | |
| е | ' | integrated, or Type III | | | | | s a rype i, rype ii, r | ype III lunctionally | | | | |
| f | Ente | r the number of support | | | | | | | | | | |
| g | | Provide the following i | nformation ab | out the supported orga | anızatıon(s) | | | | | | | |
| Nar | ne of s | (i) supported organization | (ii)EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organ Insted in your docume | nızatıon governıng | (v) A mount of monetary support (see instructions) | (vi) A mount of other support (see instructions) | | | | |
| | | | | | Yes | No | | | | | | |
| | | | | | | | | | | | | |

| Pa | (Complete only if you | | | | | | |
|-----|---|---------------------|--------------------|---------------------|---------------------|----------------------|------------------|
| | Part III. If the organiz | | | | | | |
| S | ection A. Public Support | _ | , | | | | |
| (or | Calendar year fiscal year beginning in) | (a)2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) ⊤otal |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do | 881,187 | 1,321,975 | 1,237,396 | 1,398,299 | 1,523,881 | 6,362,738 |
| _ | not include any unusual grants) | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit | | | | | | |
| | to the organization without | | | | | | |
| | charge | 881,187 | 1,321,975 | 1,237,396 | 1,398,299 | 1,523,881 | 6,362,738 |
| 4 | Total. Add lines 1 through 3 The portion of total contributions | 881,187 | 1,321,973 | 1,237,390 | 1,390,299 | 1,323,881 | 0,302,738 |
| 5 | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | 566,023 |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| 6 | (f) Public support. Subtract line 5 | | | | | | |
| U | from line 4 | | | | | | 5,796,715 |
| S | ection B. Total Support | | | | | | |
| | Calendar year | (a)2011 | (b) 2012 | (c) 2013 | (d)2014 | (e) 2015 | (f) Total |
| (or | fiscal year beginning in) 🟲 | | , , | | | | |
| 7 | A mounts from line 4 | 881,187 | 1,321,975 | 1,237,396 | 1,398,299 | 1,523,881 | 6,362,738 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | 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 | | | | | | |
| | VI) | | | | | | |
| 11 | Total support. Add lines 7 | | | | | | 6,362,738 |
| | through 10 | | | | | | |
| 12 | Gross receipts from related activi | ties, etc (see ins | tructions) | | | 12 | |
| 13 | First five years. If the Form 990 is | | | | | | organization, |
| | check this box and stop here | | | | | <u>-</u> - | |
| | Public support percentage for 201 | | | 11 (+) | | T T | |
| 14 | | , , | • • | : 11, column (I)) | | 14 | 91 104 % |
| 15 | Public support percentage for 201 | • | • | | | 15 | 84 384 % |
| 16a | 33 1/3% support test—2015.If the | | | | ine 14 is 33 1/3% | or more, check th | nis box ▶□ |
| h | and stop here. The organization quality 33 1/3% support test—2014. If the | | | | and line 15 is 33 | 1/3% or more ch | |
| | box and stop here. The organization | | | | and fine 15 is 55 | 1/5/0 01 111010, 011 | •F✓ |
| 17a | 10%-facts-and-circumstances tes | | | | e 13, 16a, or 16b | , and line 14 | . , |
| | ıs 10% or more, and ıf the organız | | | | | | |
| | in Part VI how the organization me | eets the "facts-ar | d-cırcumstances | " test The organi | zatıon qualıfıes as | a publicly suppor | |
| L | organization | + 201475±L | | shoot o beer en tor | - 12 16- 16b - | , 17a and l | ▶□ |
| D | 10%-facts-and-circumstances tes 15 is 10% or more, and if the orga | | | | | | |
| | Explain in Part VI how the organiz | | | | | | y |
| | supported organization | | | | 3 | | ' ▶ □ |
| 18 | Private foundation. If the organiza | ation did not checl | k a box on line 13 | , 16a, 16b, 17a, o | r 17b, check this | box and see | . — |
| | ınstructions | | | | | | ▶ ┌ |

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the 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 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

| Section A. All Supporting Organizations | | | |
|--|-----------------------------------|------------------------------------|-----------------------|
| I, complete Sections A and D, and complete | te Part V) | | |
| 11b of Part I, complete Sections A and C | If you checked 11c of Part I, com | iplete Sections A , D , and E If y | ou checked 11d of Par |

| | | | Yes | No |
|------------|--|------------|-----|---------------|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | За | | ı |
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4 a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | ı |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised | 4b | | |
| c | by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. | 4 c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | ı |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| C | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| 0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | | l |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | <u> </u> |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | _ |

| Pai | Supporting Organizations (continued) | | | |
|-------------|--|----|-----|----|
| Se | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| Se | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Se | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Se | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 a b | The organization is the parent of each of its supported organizations Complete line 3 below | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| Ŀ | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| Ŀ | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

| | Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S | | | uct ions. All other |
|----------|--|----------|-------------------------|--------------------------------|
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| ! | Recoveries of prior-year distributions | 2 | | |
| | Other gross income (see instructions) | 3 | | |
| | Add lines 1 through 3 | 4 | | |
| | Depreciation and depletion | 5 | | |
| ı | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| , | Other expenses (see instructions) | 7 | | |
| 1 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| | Subtract line 2 from line 1d | 3 | | |
| | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Multiply line 5 by 035 | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |
| | Section C - Distributable Amount | | | Current Year |
| | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| | Enter 85% of line 1 | 2 | | |
| | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | Enter greater of line 2 or line 3 | 4 | | |
| | Income tax imposed in prior year | 5 | | |
| i | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrate | d Type III supporting o | rganızatıon (see |

| Type III Non-Functionally Integr | ated 509(a)(3) Suppo | rting Organizations (c | |
|---|--------------------------------|--|---|
| Section D - Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 A mounts paid to perform activity that directly furth excess of income from activity | ers exempt purposes of supp | oorted organizations, in | |
| 3 Administrative expenses paid to accomplish exemp | pt purposes of supported org | anızatıons | |
| 4 A mounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval re | quired) | | |
| 6 Other distributions (describe in Part VI) See instru | uctions | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| Distributions to attentive supported organizations to details in Part VI) See instructions | to which the organization is r | esponsive (provide | |
| 9 Distributable amount for 2015 from Section C, line | 6 | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 31 and 4c | | | |
| 8 Breakdown of line 7 | | | |
| | | | |
| c Excess from 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| Facts | And | Circum | stances | Test |
|-------|-----|--------|---------|------|
|-------|-----|--------|---------|------|

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493228054556

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** MUSLIM ASSOCIATION OF PUGET SOUND 20-4423661 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) 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? 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 conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)($_{\rm I}$) and section 170(h)(4)(B)($_{\rm II}$)? In Part XIII, 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. Complete if the organization answered "Yes" on 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 XIII, the text of the footnote to its financial statements that describes these items 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Part I | · · | Organizations Maintaining (continued) | Collections of A | rt, His | storical | Trea | sures, c | r Ot | ther Similar A | ssets | |
|--------------|----------------|--|------------------------|------------|---------------------------|----------|-------------|-------------|---------------------------|---------------|-----------------|
| | | the organization's acquisition, acce tion items (check all that apply) | ession, and other reco | ords, cl | | | _ | | _ | e of its | |
| аГ | _ P | ublic exhibition | | d | l Lo | anore | exchange p | rogra | ams | | |
| ьΓ | - s | cholarly research | | e | ┌ ot | her | | | | | |
| с Г | - Р | reservation for future generations | | | | | | | | | |
| | rovid art X | de a description of the organization's (III | s collections and exp | laın hov | w they fur | ther th | ne organiza | ition' | s exempt purpose | ın ın | |
| a | sset | g the year, did the organization solic s to be sold to raise funds rather tha | an to be maintained a | | | | | | | ; | • |
| Part | IV | Escrow and Custodial Arrai Complete if the organization a Part X, line 21. | | Form | 990, Pai | rt IV, | lıne 9, or | rep | orted an amour | nt on Fo | rm 990, |
| | | organization an agent, trustee, cus led on Form 990, Part X? | todian or other interr | nediary | for contr | ributior | ns or other | asse | ets not Yes | s ┌ No | • |
| b | If" | Yes," explain the arrangement in Pa | rt XIII and complete | the fol | llowing ta | ble | | | Am | ount | |
| c | | inning balance | · | | 3 | | - 1 | 1c | | | |
| d | | ditions during the year | | | | | F | 1d | | | |
| e | | tributions during the year | | | | | F | 1e | | | |
| f | | ling balance | | | | | F | 1f | | | |
| 2a D | | ie organization include an amount or | n Form 990 Part X li | ne 21 | for escro | worci | istodial ac | COUD | t liability? F Ves | | , |
| | | organization merade an amount of | | , | 101 00010 | ., ., ., | | coun | | , , , | |
| b т | f"Ye | s," explain the arrangement in Part | XIII Check here if th | ne exnl | anation h | as bee | n provided | l ın P | art XIII | | Γ |
| Part | _ | Endowment Funds. Complet | | | | | | | | | |
| | | · | (a)Current year | | nor year | | | - | (d)Three years back | | years back |
| 1a E | 3egın | ning of year balance | | | | | | | | | |
| b (| Contr • | nbutions | | | | | | | | | |
| | Vet ir osse | nvestment earnings, gains, and s | | | | | | | | | |
| d (| Grant | s or scholarships | | | | - | | | | | |
| | | r expenditures for facilities rograms | | | | | | | | | |
| f A | • Admi | nistrative expenses | | | | | | | | | |
| | | fyear balance | | | | | | | | | |
| _ | | ا de the estimated percentage of the c | current vear end bala | nce (lır | ne 1 a col | umn (a | a)) held as | | | | |
| | | designated or quasi-endowment 🕨 | currence year ena bara | | 10 19, 001 | u (c | 1)) Held d5 | | | | |
| | | | | | | | | | | | |
| | | anent endowment 🕨 | | | | | | | | | |
| | | orarily restricted endowment Feercentages on lines 2a, 2b, and 2c s | should equal 100% | | | | | | | | |
| 0 | rgan | nere endowment funds not in the pos ization by | _ | | | neld an | ıd admınıst | ered | | Yes | s No |
| | | related organizations | | | | | • | | | a(i) n(ii) | + |
| b I | f "Y e | s" on 3a(II), are the related organizations The In Part XIII the Intended uses o | ations listed as requi | red on : | Schedule | R?. | | | | 3b | |
| Part | | Land, Buildings, and Equip | | :TIGO WITI | ient funds | ' | | | | | |
| rait | А.Т. | Complete if the organization a Description of property | | | (a) | | Cost or | other | Accumulated | | 0. ook value |
| 1a ∣a | nd | | | _ C | ost or other (investme | | (b)basis (c | other) 0 | (c) depreciation | | |
| | | | | · - | 4 2 | 76,054 | | 0 | | 0 | 4,276,054 |
| | | old improvements | | . '— | 7,2 | 0 | | 0 | | 0 | 4,270,034 |
| | | nent | | | | 0 | | 0 | | 0 | |
| - | - | | | | | 386,680 | | 0 | | - | 329,817 |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

4,605,871

| Part VII | Investments—Other Securities. Co See Form 990, Part X, line 12. | omplete if the or | ganization answere | d 'Yes' on For | m 990, Part IV, line 11b. |
|---------------|---|-------------------|----------------------|------------------|---|
| | (a) Description of security or categor (including name of security) | у | (b)Book value | | (c)Method of valuation or end-of-year market value |
| (1)Financia | al derivatives | | | 0000 | or end or year market value |
| | -held equity interests | | | | |
| (3)0 ther | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total (Colum | nn (b) must equal Form 990, Part X, col (B) line 12) | | | | |
| | Investments—Program Related | | | | |
| | Complete if the organization answere | d 'Yes' on Form ' | 990, Part IV, line 1 | 1c.See Form 9 | 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | | c) Method of valuation or end-of-year market value |
| | | | | | , |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total (Colum | nn (b) must equal Form 990, Part X, col (B) line 13) | | | | |
| | Other Assets. Complete if the organization | | | , line 11d See F | orm 990, Part X, line 15 |
| | (a) Desc | cription | | | (b) Book value |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | mn (b) must equal Form 990, Part X, col.(B) line | | | | |
| Part X | Other Liabilities. Complete if the org See Form 990, Part X, line 25. | ganization answe | red 'Yes' on Form | 990, Part IV, l | ine 11e or 11f. |
| 1. | (a) Description of liability | (b) Book va | lue | | |
| | | | | | |
| Federal inc | ome taxes | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u> </u> | | | |
| rotal. (Colum | nn (b) must equal Form 990, Part X, col (B) line 25) | <u> </u> | | | |

| Par | | evenue per Audited Financial Sta lization answered 'Yes' on Form 990, l | | | per R | eturn |
|-------|--|---|---------|-----------------------|--------|-------------------|
| 1 | · | r 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 (losses) (| on investments | 2a | | | |
| b | Donated services and use of fa | acılıtıes | 2b | | | |
| c | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines $2a$ through $2d$ | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue Add lines 3 and | l 4c. (This must equal Form 990, Part I, line | 12) | | 5 | |
| Part | | kpenses per Audited Financial Sta lization answered 'Yes' on Form 990, | | | es per | Return. |
| 1 | | raudited financial statements | | | 1 | |
| 2 | Amounts included on line 1 bu | t not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of fa | acilities | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| c | Otherlosses | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 99 | 0, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total expenses Add lines 3 ar | nd 4c. (This must equal Form 990, Part I, li | ne 18] |) | 5 | |
| Pari | XIII Supplemental Info | ormation | | | | |
| | | Part II, lines 3, 5, and 9, Part III, lines 1a | and 4 | Part IV Junes 1 h and | 2 h | |
| Part | V, line 4, Part X, line 2, Part XI, | lines 2d and 4b, and Part XII, lines 2d and | | | | de any addıtıonal |
| Intor | mation | 1 | | | | |
| | Return Reference | Explanation | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Part XIII Supplemental Information (continued) | | | | | |
|--|-------------|--|--|--|--|
| Return Reference | Explanation | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228054556

OMB No 1545-0047

2015

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
MUSLIM ASSOCIATION OF PUGET SOUND

Employer identification number
20-4423661

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, Line 11b | Form 990 is reviewed for accuracy by accountant and treasurer |
| Form 990, Part VI, Section C, Line 19 | Documents and financial records are available up on request |