,	Form	990
	Departme	ent of the Treasury Revenue Service

Return of Organization Exempt From Income Tax

Inder 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 www irs.gov/form990.

' OMB No 1545-0047 Open to Public Inspection

A	For the	2016 calendar year, or tax year beginning , and ending			
В	Check if app	olicable C Name of organization		D Employe	ridentification number
П	Address cha	angeTri-State Islamic Center			
Ħ	Name chan	Doing business as		20-4	426126
片		Number and street (or P O box it mail is not delivered to street address)	Room/suite	E Telephon	
Ц	Initial return			708-	945-8663
	Final return terminated				
$\bar{\Box}$	Amended re	Dubuque IA 52004		G Gross reco	eipts\$ 308,958
님		F Name and address of principal officer	H(a) Is this a gr	our rature for a	ubordinates? Yes X No
Ш	Application		ri(a) is uns a gir	oup return tor Si	
		8310 Old Highway Road	H(b) Are all sut	ordinates incli	uded? Yes No
	_	Peosta IA 52068	If "No.	" attach a list	(see instructions)
τ_	Tax-exem	pt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	7		
J	Website	▶ www.thetic.org	H(c) Group exe	emption numbe	ır 🕨
ĸ	Form of or	ganization Corporation Trust Association X Other ▶ Religious Ce	Year of formation 2	005	M State of legal domicile IA
F	art I	Summary			
		riefly describe the organization's mission or most significant activities			<del> </del>
a		To espouse the oneness of Allah and to serve its member	r civic.	social	, and
Š	1	spiritual needs to realize Islam as a way of life.	•		,
Ë		• • • • • • • • • • • • • • • • • • • •			
Š	2.0	theck this box I if the organization discontinued its operations or disposed of more than 2	5% of its net as	eate	
Ğ	3 N	lumber of voting members of the governing body (Part VI, line 1a)	570 OF ILS FICE US	3	0
∞ v	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	0
itie	F T			5	0
Activities & Governance	5 T	otal number of individuals employed in calendar year 2010 (Fart V, line 2a)		6	0
Ă	0   7- T	otal number of volunteers (estimate in necessary)		7a	
	/aı	otal unrelated business revenue from Part VIII, column (C), line w		<u> </u>	
	D IV	otal number of individuals employed in calendar year 2016 (Part V, line 2a) otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 let unrelated business taxable income from Form 990-7, line 34 contributions and grants (Part VIII, line 1h)	Prior Ye	7b	Current Year
	8.0	contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Envestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 402 and 11e)		<u>-</u>	306,620
- ne	9 P	Program service revenue (Part VIII, line 2g)			0
Revenue	10 1	nvestment income (Part VIII, column (A), lines-3, 4, and 70)			0
9 %	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c and 1(e)			2,338
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column, A) (1/627)			308,958
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	1	0			
u	45 6	Benefits paid to or for members (Part IX, column (A), line 4)  Balaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0
ě	ьт	otal fundraising expenses (Part IX, column (D), line 25) ▶ 1,750			
Щ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			34,425
	l l	otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			34,425
	1	Revenue less expenses Subtract line 18 from line 12			274,533
ō	Se		Beginning of Cu		End of Year
sets	[ 20 T	otal assets (Part X, line 16)	55	9,401	833,934
AS	ස් 21 T	otal liabilities (Part X, line 26)		0	0
Net Assets or	<b>튒 22 N</b>	let assets or fund balances Subtract line 21 from line 20	55	9,401	833,934
	Part II	Signature Block			
_	Under per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the b	est of my kn	lowledge and belief, it is
_	true, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowled	ge	
		lami fitte			
S	ign	Signature of officer		Date	
Н	ere	Rami Eltibi Presi	.dent		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	T PTIN
Pa	aid	Heather R Fonseca, CPA Heather R Fonseca, CPA	08/30	/18 self-em	
	eparer	Firm's name > Bauer & Fonseca, P.C.		Firm's EIN	41-2114473
U	se Only	115 West Front Avenue	]		
		Firm's address > Stockton, IL 61085		Phone no	<u>815-947-4594</u>
_		S discuss this return with the preparer shown above? (see instructions)	<u> </u>		X Yes No
FO		ork Reduction Act Notice, see the separate instructions			Form <b>990</b> (2016)
U/	- •				

		<u>ri-State Islamic</u>		426126	Page <b>2</b>
Pa	· ·	ement of Program Servi	-	art III	
1		the organization's mission	a response or note to any line in this P	ait iii	
			f Allah and to serve its	member civic,	social, and
S	piritual	needs to reali	ze Islam as a way of lii	ē.	
	Did the organiz	ation undertake any significant	program services during the year which were not	listed on the	
	prior Form 990				Yes X No
_		be these new services on Scheo			
3	Did the organize services?	ation cease conducting, or mak	e significant changes in how it conducts, any pro	gram	Yes X No
		be these changes on Schedule	0		
4		=	complishments for each of its three largest prog	ram services, as measured by	
			anizations are required to report the amount of g	ants and allocations to others,	
	the total expens	ses, and revenue, if any, for eac	ch program service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(	, ( r		, ,	ŕ
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
40		services (Describe in Schedule		2	
	(Expenses \$	service expenses ▶	luding grants of \$ ) (I	Revenue \$	)
DAA	rotal plogram	SOLVICE CAPCILISES P			Form <b>990</b> (2016)

Part IV . Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? X 2 2 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 X 3 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 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, X 5 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 X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III X 8 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 X debt negotiation services? If "Yes." complete Schedule D. Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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," X complete Schedule D. Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X. line 16? If "Yes." complete Schedule D. Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

X

If "Yes," complete Schedule G, Part III

# Form 990 (2016) Tri-State Islamic Center Part IV · Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		<u>X</u>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	l		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
240	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	<b>!</b>		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
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	270		
-	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	,	ļ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
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)			X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
b	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		-
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	_31 _		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	<u>'</u>		
	or IV, and Part V, line 1	34		<u> </u>
35a		35a		X
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		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		
-	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
_				(2016)

Pa	rt 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			
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a	_		i i
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_		1 1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			h <u>-</u> .
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			i
	Statements, filed for the calendar year ending with or within the year covered by this return  2a	<b>-</b>		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	\		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	<u>x</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			77
	account)?	4a		X
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		X
р	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا		
_	gifts were not tax deductible?	6b		
7	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	7		
_	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
С		7c		
	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	-/-		
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		'
e	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>		<del></del>
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of qualified intellection property, and the organization file a Form 1098-C?	7 <u>9</u> 7h		
h R	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>'''</del>		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	"		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	100		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	$\neg$		
11	Section 501(c)(12) organizations. Enter:	$\neg$	'	1
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		For	<sub>m</sub> 990	(2016)

20-4426126 Form 990 (2016) Tri-State Islamic Center Part VI · Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 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 Driss Chergi 4967 Red Violet Dr

708-945-8663

IA 52001

Dubuque

	) Tri-State				4426126	Pa	
Part VII	Compensation of	of Officers, D	irectors, Trustees	, Key Employees	, Highest Compe	nsated Employees, and	
,	Independent Co	ntractors					
	Check if Schedule	e O contains a	a response or note	to any line in this f	Part VII		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an e)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 2 7333 1,1103)	organization and related organizations
(1)Rami Eltibi	20.00								-	
President	0.00			X				0	0	0
(2)Erin Ogborn	20.00									
General Secretary	0.00	<u> </u>	<u> </u>	X				0	0	0
(3) Mohamed Mustafa	5.00									
Vice President	0.00			X				0	0	0
(4) Driss Cherqi		1								
-	10.00									
Treasurer	0.00			X				0	0	0
(5) Noor Ulain	0.00									
Social Secretary	0.00			X				0	0	o
(6)										
(7)			-							
(8)		<u> </u>								
(5)										
(9)										
(10)										
(11)			-							
DAA										Form <b>990</b> (2016)

	(A) Name and title	(B) Average hours per week (list any	(do	not c	Posi heck i	tion more	than o	ne an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimat amount other	of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	ε (	from the regardization of the	ition ited	
								-						
						-								
														<del></del>
1b	Sub-total  Total from continuation she	ets to Part VII.	Sect	ion A	L		<u></u>	<b>&gt;</b>						
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (if reportable compensation from	ncluding but not	ımıte	d to		e lıs	ted a	bov	e) who received more than	\$100,000 of				
3	Did the organization list any f employee on line 1a? If "Yes, For any individual listed on lir	ormer officer, di "complete Sche ie 1a, is the sum	ecto dule of re	r, or <i>J for</i>	suc.	h ind com	dividi ipens	<i>ial</i> satio	on and other compensation	from the		3	Yes	No X
5	organization and related organization and related organization and related on line for services rendered to the organization.	1a receive or accordance of "Y	crue	com	oens	atıor	n fror	n ar	y unrelated organization o			5		X
Sect 1	tion B. Independent Contract Complete this table for your fi compensation from the organ	ive highest comp ization_Report c							dar year ending with or with	nin the organization's tax ye	ear			
	Name and	(A) d business address	_		_	-			Descrip	(B) otion of services		_ Cor	(Ĉ) npensat	ion
			_		• • • •			_						
	Total number of independent								se listed above) who					
DAA	received more than \$100,000	of compensatio	n fro	m the	e org	anız	ation	<u> </u>		00		For	990	(2016)

		Check if Schedule	O contains	a response o			, <u>,</u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ह ह	1a	Federated campaigns	1a			10101120		012-014
E 및		Membership dues	1b					
A, G		Fundraising events	1c		[			
ar E		Related organizations	1d					
ž.Ë	е	Government grants (contributions)	1e					
er S	f	All other contributions, gifts, grants,	1	ł	}			
듗욁		and similar amounts not included above	1f	306,620				
盲	-	Noncash contributions included in lines 1a	-1f \$					
<u>a</u> C	<u>h</u>	Total. Add lines 1a-1f	<del> </del>	<u> </u>	306,620	<u> </u>		<del></del>
ng	0-			Busn Code				
Š	2a b					<del></del> .		
8	C					<del>-</del>	<del></del>	
ē	d			<del></del>		<del></del> -		
E	e							
Program Service Revenue Contributions, Giffs, Grants	_	All other program service revi	enue					·
P.		Total. Add lines 2a-2f		>				
	3	Investment income (including	dıvıdends, ın	iterest,				
		and other similar amounts)		▶				
	4	Income from investment of ta	x-exempt bo	nd proceeds 🕨 📗	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	5	Royalties	<del></del>					
	_	(i) Real		(II) Personal				
	6a	Gross rents						
	Ь	Less rental exps						
	0	Rental inc or (loss)  Net rental income or (loss)		<b>•</b>				
	7a Gross amount from (i) Securities (ii) Ott							
		sales of assets other than inventory	-	(,,, 0 ,,,,,,				
	ь	Less cost or other				•	!	
	~	basis & sales exps						•
	c	Gain or (loss)						
	ı	Net gain or (loss)		<b>•</b>				
Φ	8a	Gross income from fundraising ev	ents					
'n		(not including \$						
eve	İ	of contributions reported on line 1	c)					
Other Revenue		See Part IV, line 18	a					
Ě		Less direct expenses	b[		-			
Ū		Net income or (loss) from fur		nts 🕨				
	9a	Gross income from gaming activit	l					
	١.	See Part IV, line 19	a					
	1	Less direct expenses  Net income or (loss) from gain	bb	s <b>b</b>			ļ -	
		Gross sales of inventory, less	- —	S				
	IVA	returns and allowances	a					
	Ь	Less cost of goods sold	ъ <u> —</u>					
	•	Net income or (loss) from sal	les of invento	ry 🕨				
		Miscellaneous Revenue		Busn. Code				
	11a	Miscellaneous			2,338			2,338
	b						ļ	
	С							
	d	All other revenue		L				<u> </u>
	e	Total. Add lines 11a-11d			2,338		ļ <u>-</u>	0.330
_	12_	Total revenue. See instruction	ons	<b>&gt;</b>	308,958	0	0	2,338

<u> </u>	Check if Schedule O contains a resp	(A)	(B)	1 (0)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	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			[	i
	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		<del></del>		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			<u> </u>	
11	Fees for services (non-employees)				
а	Management				<u> </u>
þ	Legal		<u></u>		<u></u>
C	Accounting				
đ	Lobbying				<u></u>
e	Professional fundraising services See Part IV, line 17			<u></u>	
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)	10,131		10,131	
12	Advertising and promotion			<u> </u>	
13	Office expenses	4,750		4,750	
14	Information technology				
15	Royalties			ļ	
16	Occupancy	13,816		13,816	<del></del>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,750			1,750
19	Conferences, conventions, and meetings				<del></del>
20	Interest				
21	Payments to affiliates	966		966	
22	Depreciation, depletion, and amortization	1 740		4 540	
23	Insurance ,	1,713		1,713	
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)			1 222	
а	Miscelleneous	1,299		1,299	
b					<u> </u>
C				<u> </u>	
d					<del></del>
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	34,425		32,675	1,750
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)	i l		i l	

Part X 🕟 **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 357,616 28,450 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 804,534 10a other basis Complete Part VI of Schedule D 200,835 804,534 10b 10c b Less accumulated depreciation Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 950 15 Other assets See Part IV, line 11 15 559,401 833,934 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Assets or Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 311,143 832,964 Capital stock or trust principal, or current funds 248,258 970 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Net Retained earnings, endowment, accumulated income, or other funds 32 32 559,401  $833,93\overline{4}$ 33 33 Total net assets or fund balances 559,401 833,934 Total liabilities and net assets/fund balances

orm	990 (2016) Tri-State Islamic Center 20-4426126			Рa	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	. Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	108,	958	
2	Total expenses (must equal Part IX, column (A), line 25)	2		34,	425	
3	Revenue less expenses Subtract line 2 from line 1	3	2	74,	533	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		559,401		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	8	33,	934	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1	
	Schedule O			İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				İ	
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1	
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	1	l	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				[ <u> </u>	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			F	om <b>99</b>	0 (2016)	

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

Reason for Public Charity Status (All organizations must complete this part ) See instructions

OMB No 1545-0047

Open to Public

Name of the organization

Part I

Tri-State Islamic Center

Employer identification number 20-4426126

The o	orgai	nization is not a	a private foundation because	e it is. (For lines 1 through 12, c	heck only	one box	)					
1		A church, con	ivention of churches, or asso	ociation of churches described i	n section	170(b)(1	)(A)(i). /					
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	1 990 or 9	90-EZ))		-) 1				
3		A hospital or a	a cooperative hospital service	e organization described in sec	tion 170(	b)(1)(A)(i	iii).					
4		A medical res	earch organization operated	I in conjunction with a hospital c	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,				
		city, and state	•									
5		An organization	on operated for the benefit o	f a college or university owned	or operate	ed by a go	overnmental unit described in					
	_	section 170(t	b)(1)(A)(iv). (Complete Part	II )								
6		A federal, stat	te, or local government or go	overnmental unit described in s	ection 17	0(b)(1)(A	)(v).					
7	X	-	on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II)	om a gove	rnmental	unit or from the general public	;				
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)							
9		An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	ed in conj	unction with a land-grant colleg	ge				
		or university of	or a non-land grant college o	f agriculture (see instructions)	Enter the	name, cit	ty, and state of the college or					
		university										
10		•		) more than 33 1/3% of its supp				oss				
				pt functions—subject to certain	•	•	•					
		• •	•	id unrelated business taxable in 0, 1975 See section 509(a)(2).	•		-					
11	$\Box$		_	exclusively to test for public safe			•					
12	Н	•	- ,	exclusively for the benefit of, to	-			292				
12-	Ш			ations described in section 509								
		Check the box	x in lines 12a through 12d th	at describes the type of suppor	ting orgar	ization a	nd complete lines 12e, 12f, an	d 12g				
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its su	pported o	rganization(s), typically by givi	ng				
		the suppo	orted organization(s) the pov	ver to regularly appoint or elect	a majority	of the di	rectors or trustees of the					
		supporting	g organization. You must co	omplete Part IV, Sections A a	nd B.							
	b			pervised or controlled in connec								
			=	ting organization vested in the s	same pers	ons that	control or manage the support	ed				
			ion(s) You must complete		J			16.				
	С	iype iii t	unctionally integrated. A s ried organization(s) (see ins	upporting organization operated tructions) You must complete	Part IV.	Section with	i, and functionally integrated w A. D. and E.	ntn,				
	ď		-	I. A supporting organization ope				on(s)				
	_	<u> </u>	•	e organization generally must sa			• • • • • • • • • • • • • • • • • • • •	- ·				
		requireme	ent (see instructions) You n	nust complete Part IV, Section	ns A and	D, and P	art V.					
	е			eived a written determination fro			s a Type I, Type II, Type III					
				n-functionally integrated support	ting organ	ization						
	f		nber of supported organizati									
	g	Provide the fo	ollowing information about th	<del>``</del>	1		<del></del>	<del></del>				
(	•	te of supported	(ii) EIN	(III) Type of organization (described on lines 1–10	1 ' '	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
	Oi	ganization		above (see instructions))		ment?	instructions)	instructions)				
					Yes	No	·					
(A)												
` '												
(B)												
•						_						
(C)												
(D)						}						
					<u> </u>	<u> </u>						
(E)												
					<b>_</b>	<b> </b>						
			}		i	1						
Tota	<u>al</u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>				

Tri-State Islamic Center

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	,			· · · · · ·		
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	118,482	149,464	71,216	146,327	306,620	792,109
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						
4	Total. Add lines 1 through 3	118,482	149,464	71,216	146,327	306,620	792,109
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						140,183
	tion B. Total Support	1				k	651,926
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	118,482	149,464	71,216	146,327	306,620	792,109
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						.,52,205
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)					2,338	2,338
11	Total support. Add lines 7 through 10	<u> </u>					794,447
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the	organization's first	second, third, fou	rth, or fifth tax year	as a section 501	(c)(3)	_
	organization, check this box and stop her		<del>. ,</del>				<b>&gt;</b>
	tion C. Computation of Public Su	••				····	· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2016 (line 6		· · · ·	n (f))		14	82.06%
15	Public support percentage from 2015 Sch			0 11 44 00		15	77.00%
16a	33 1/3% support test—2016. If the organ				3 1/3% or more, ci	neck this	<b>⊾</b> ਓ
<b>L</b>	box and stop here. The organization qual		• •		: .0 22 4/20/	an abasis	► X
b	33 1/3% support test—2015. If the organ this box and stop here. The organization	qualifies as a public	ly supported organ	nization	•		▶ 🗌
17a	10%-facts-and-circumstances test—20°	-					
	10% or more, and if the organization mee				-		
	Part VI how the organization meets the "fa	acts-and-circumstar	ices" test. The org	anization qualifies	as a publicly supp	orted	
	organization						▶ ∐
b	10%-facts-and-circumstances test—201	-				line	
	15 is 10% or more, and if the organization			•	•	L I . I	
	Explain in Part VI how the organization me	ets the macts-and-	circumstances" tes	i ne organizatior	qualifies as a pu	DIICIY	▶ □
19	supported organization  Private foundation of the organization de	d not check a hay a	n line 13 16a 16b	17a or 17h oboo	by this have and an	•	▶ ∐
18	Private foundation. If the organization di instructions	a not check a box o	ii iiile 13, 108, 100	, 17a, 01 17D, Chec	A HIIS DOX AND SE	<del>c</del>	▶ □

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

(Complete only if you checked the box on line 10 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)

Sec	tion A. Public Support	quality diluci ti	ic tests listed t	ciow, picase c	ompiete i art ii	<del>'</del>	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				,,,	/	(17 . 0.0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					/	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			/			<del> </del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		\\\				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)			\			
Sec	tion B. Total Support	l.		1			
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014\	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(0, 00.0	(0) = 0 : 0	(6) 20 1 1 1	(4) 2010	(0) 2010	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				,,		
С	Add lines 10a and 10b	<del>                                     </del>			,,		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,			,		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				,		
13	Total support. (Add lines 9, 10c, 11, and 12)						,
14	First five years. If the Form 990 is for the organization, check this box and stop her		t, second, third, fo	urth, or fifth tax ye	ar as a section 501	(c)(3)	▶ □
Sec	tion C. Computation of Public S	upport Percen	tage				<del></del>
15	Public support percentage for 2016 (line 8	3, column (f) dıvıde	d by line 13, colum	ın (f))		15	%
16	Public support percentage from 2015 Sch	edule A, Part III, III	ne 15			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2016 (	line 10c, column (f	) divided by line 13	, column (f))		17	%
18	Investment income percentage from 2015					18	
19a	33 1/3% support tests—2016. If the orga						۲
	17 is not more than 33 1/3%, check this b		-				▶□
b	33 1/3% support tests—2015. If the orga					, <u> </u>	. $\square$
	line 18 is not more than 33 1/3%, check the		_				<u> </u>
20	Private foundation. If the organization di	a not check a box	on line 14, 19a, or	Typ, check this bo	ox and see instructi	ons	<b>ν</b>

Part IV : Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A	. All	Supporting	) Orga	anizations
-----------	-------	------------	--------	------------

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a
- 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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 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)
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - 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 )

	Yes	No
_1_		
2		
3a		
<u>3b</u>		
3c		
4a		
46		
4b		
4c		
5a		
5b		
<u>5c</u>		
,		
6		-
	-	
7		
.		
_8		
9a	-	
_		_
9b		
0.5		
9c		
10a		
10b	0 or 990-	

Schedu	e A (Form 990 or 990-EZ) 2016 Tri-State Islamic Center	20-4426126		Page 5
_Par	IV Supporting Organizations (continued)			
			Yes	No
11	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?	<u>11a</u>		<u> </u>
	A family member of a person described in (a) above?	11t	<del></del>	<b> </b>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	/l. 11c		L
Secti	on B. Type I Supporting Organizations		1	·
		r—	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,		1	]
	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	<del> </del>	├
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			
Secti	on C. Type II Supporting Organizations			
<u>Jecui</u>	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u></u>	res	-NO
'	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		1	
	the supported organization(s)		<u> </u>	
Secti	on D. All Type III Supporting Organizations		1	1
0001	on other type in		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	<del>  110</del>
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	r tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided'			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			<u> </u>
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ha	ow		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		1
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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	see instructions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government	entity (see instructions)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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	<u>_2a</u>	<del> </del>	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		<del> </del>	
	activities but for the organization's involvement	_2b		1
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- <u>-</u>		
_	trustees of each of the supported organizations? Provide details in Part VI.	_3a	+	<del> </del>
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the programs and activities of each of the programs are the programs.	-~-	-	<b> </b>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<u>3b</u>		

		_	c
_	ay	e	C

Part V : Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			
instructions. All other Type III non-functionally integrated supporting organization  Section A - Adjusted Net Income	ns must compl	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 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		Ì
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		• •	
instructions for short tax year or assets held for part of year)			
a 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)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	-	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 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		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			-
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally inte		SUDDORTING ORGANIZATION	(see
Instructions)	.g. a.ca 1 , pc 111	ouppoining organization	,
maductiona)			

Part	V · Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	on D - Distributions	···		Current Year
1_	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 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-2016	(iiı) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		·	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2016			
a	1			
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			-
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			;
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
•	and 4c			1
	Breakdown of line 7 <sup>-</sup>			
a				
_	Excess from 2013		<del></del>	
	Excess from 2014	<del> </del>	<del></del>	
	Excess from 2015			1
	Excess from 2016			

Tri-State Islamic Center

20-4426126

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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.)

## 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.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

\*\*Open to Publication

Name of the organization Employer identification number Tri-State Islamic Center 20-4426126 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 year) 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, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d 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 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 year 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)(i) Yes No and section 170(h)(4)(B)(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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a 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 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical 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

scne		e islamic (					426126				<u>age 2</u>
Pa	rt III 👚 `Organizations Maintainir	ng Collections of	Art, H	istorical Ti	reasures,	or Othe	r Similar A	Assets	(contini		
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other record	s, check	any of the fol	lowing that a	re a signifi	cant use of it	S			
а	Public exhibition	d 🗌	Loan or	exchange pro	grams						
b	Scholarly research	е 🗌	Other								
C	Preservation for future generations										
4	Provide a description of the organization's	collections and explain	n how the	ey further the	organization'	s exempt į	purpose in Pa	art			
	XIII										
5	During the year, did the organization solicit	or receive donations	of art, his	storical treasu	res, or other	sımılar			_		_
	assets to be sold to raise funds rather than		art of the	e organization	's collection?	) 			Ye	s	No
Pa	rt IV Escrow and Custodial Al Complete if the organization	•	" on Fo	rm 990 Pa	rt IV line (	or ren	orted an ai	mount (	n Form	,	
	990, Part X, line 21	J., G., G., G.	00	000,		э, от тор	ortou um u	nount c	J.1 1 O.11	•	
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for o	contributions of	r other asset	ts not					
	included on Form 990, Part X?		•						☐ Ye	s	No
b	If "Yes," explain the arrangement in Part XI	III and complete the fo	llowing to	able						·	,
		•	ŭ					T	Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e	- <del></del>			
	Ending balance						1f	1			_
	Did the organization include an amount on	Form 990. Part X. line	21. for e	escrow or cus	todial accour	nt liability?		-1.	Ye	5	No
	If "Yes," explain the arrangement in Part XI					•			L.,	`  -	1
	rt V Endowment Funds.						······································		-		1
	Complete if the organization	on answered "Yes	" on Fo	rm 990, Pa	rt IV, line	10					
	<u> </u>	(a) Current year	Г	Prior year	(c) Two yea		(d) Three yea	ars back	(e) Four	years t	ack
1a	Beginning of year balance								1		
	Contributions										
	Net investment earnings, gains, and										
Ŭ	losses										
d	Grants or scholarships		<u> </u>								
	Other expenditures for facilities and										
•	·										
	programs Administrative expenses										
' ~	End of year balance							<u> </u>	<del> </del>		
y	•	urrent weer and belone	o /lino 1		hold on						
2	Provide the estimated percentage of the combon Board designated or quasi-endowment	witent year end balanc	e (iine i	y, coluinii (a))	ileiu as						
	Permanent endowment										
b		° %									
C	Temporarily restricted endowment										
2-	The percentages on lines 2a, 2b, and 2c s		ntion that		administra.	d far tha					
Sa	Are there endowment funds not in the post	session of the organiza	auon ma	t are nelo ano	aurninistere	i for the			ſ	Van	N.
	organization by								20/3	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(iı)		
D	If "Yes" on line 3a(ii), are the related organ	·							3b		
4	Describe in Part XIII the intended uses of t		owment i	runds							
Pa	ert VI Land, Buildings, and Eq		" an Ca	000 D-	نمسئل / المس	110 000		. Dad 1	/ lima d	^	
	Complete if the organization							<u>, Paπ )</u> T			
	Description of property	(a) Cost or other		(b) Cost or o			Accumulated		(d) Book	value	
	<del></del>	(investment)		(oth			epreciation			10	405
	Land				00,485			-		00,4	
	Buildings			6	03,699			$-\!$	6(	)3,	99
	Leasehold improvements							——			
	Equipment				2-2						<u> </u>
	Other			L.,	350						<u>350</u>
Total	I. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Par	t X, colu	mn (B), line 10	JC)			<u> </u>	8(	)4,	534

Part VII	Investments—Other Securities.	5	441 0 5 000 5	rage
·	Complete if the organization answered "Yes" on I			
	(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
· · ·	······································	· - · · · · · · · · · · · · · · · · · ·	Cost of end-or-year	- Indiket value
(1) Financial d			<u> </u>	
	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				<u> </u>
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of	valuation
-			Cost or end-of-yea	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.	•		
L	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d See Form 990, P	art X, line 15
	(a) Description		·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		•		
(6)				
<u>(7)</u>				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	
Part X	Other Liabilities.	······································		
raitA	Complete if the organization answered "Yes" on	Form 990 Part IV In	e 11e or 11f. See Form	990 Part X
	line 25.			000, 1 0.171,
1.	(a) Description of liability	(b) Book value		<del></del>
	income taxes	(1,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	1	
(2)	THOUTHOU TO A CONTROL OF THE CONTROL		1	
		1	1	
(3)			1	
(4)		<del>                                     </del>	1	
(5)		<del> </del>	1	
(6)			1	
	<del>-</del>	<del> </del>	1	
(8)		-	1	
(9)	(A) (A) (F	<del> </del>	-	
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶	landa da da sanari at a sanari	Second atotomore 4 4	
-	uncertain tax positions. In Part XIII, provide the text of the foo			
organization's	liability for uncertain tax positions under FIN 48 (ASC 740) C	neck nere if the text of the f	iootnote nas been provided in	Рап ХІІІ

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2016 Tri-State Islamic Center

20-4426126

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Part XIII Supplemental Information (continued)

**SCHEDULE O** (Form.990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Name of the organization

Tri-State Islamic Center

Employer identification number 20-4426126

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Presented at meeting and posted for all members

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Meeting notes, all documents and weekly announcements are posted for members.

Form 990, Part IX, Line 11q - Other Fees for Services Description

	Program	Service	Mgt	& General	Fundra	nising
Teacher						
	\$	0	\$	10,131	\$	0