

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



For	. 9 9	0	Rēturn	of Orga	nization	Exempt F	Fron	inco	me Ta	ax	OMB No. 1545-0047
ron	" -			_		-					2016
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.										Open to Public	
Depa	artment of	the Treasury ue Service	1					-	_		Inspection
_			ndar year, or tax year		orm aan and	its instructions i		<i>ww.irs.go</i> ending	ov/rom99	<u>u</u>	, 20
<u></u>			C Name of organization	صد حد	AMIC COM			ending		D Employ	er identification number
_	Address		Doing business as	JOSHIAN IS	<u> </u>	ioni, Ede,iii	<u> </u>				35-2169286
	Name ch	· ·	Number and street (or	PO box if mail	is not delivered	to street address)	R	oom/suite		E Telephor	
_	Initial ret	-	1001 WEST 21ST ST			,					814-455-1392
Ħ		n/terminated	City or town, state or p		y, and ZIP or fo	reign postal code					
$\overline{\Box}$	Amende	1	ERIE, PA 16502							G Gross re	ceipts \$
$\bar{\Box}$			F Name and address of p	mncipal officer:					H(a) is this a g	roup return for s	subordinates? Yes No
									1		included? Ves No
ī	Tax-exer	npt status	☑ 501(c)(3)	501(c) () ◀ (inser	no) 🗌 4947(a)(1)	or 🗌	527	1f "N	lo," attach a	list. (see instructions)
J	Website	► ww	W.IABNA ORG						H(c) Group	exemption	number 🟲
K		organization	Corporation Trust	Association	on ☐ Other ►		Year o	formation	·	M State	of legal domicile
Ρ	art I	Summa		 _					· 		
	1		scribe the organizat								
20	l		PORATION IS ORGA	NIZED EXCL	USIVELYFO	R RELIGIOUS, CI	HARIT	ABLE, SO	CIENTIFIC	, LITERAR	Y AND
Activities & Governance			ONAL PURPOSES							0504	
Š	1		s box ▶ ☐ if the orç							, ,	
Ğ	3		of voting members of	-		•				3	5
80	4		of independent votin	U	•	• , ,	•	•			<u>5</u>
Ę	5 6		ber of individuals e	• •	. •	· · · · · · · · · · · · · · · · · · ·				6	0
Ç	1		nber of volunteers (e elated business reve		•				• • • •	7a	0
•	b		ated business taxab				• •			7b	0
_		Het uniter	ateu business taxac	Ne li konne li	OIII I OIIII 30	, mie 34 .		. i .	Prior Ye		Current Year
ς.	8	Contribut	ons and grants (Pa	rt VIII. ime 11	h)					74,633	81,321
======================================	9		service revenue (Pa		-					24,455	21,916
√ §	1	-	nt income (Part VIII,			nd 7d)				-32836	
ŗď.	l .		enue (Part VIII, colu								
9	12		nue-add lines 8 thi				-			66,252	103,237
_	13	Grants an	d similar amounts	aid (Part IX,	column (A),	lines 1-3)	•				
=	14	Benefits p	aud to or for memb	ers (Part IX,	column (A),	line 4)		. [
- S	15	Salanes, c	ther compensation,	empl <mark>oyee b</mark> e	enefits (Part I	X, column (A), lin	es 5-1	10)		27,654	0
-8	16a	Profession	nal fundraising fees	(Part IX, ∞I	lumn (A), lin	e 11e)					
袋	b	Total fund	Iraising expenses (F	Part IX, colur	nn (D), line 2	25) 🟲			<u> </u>	- (3,), (1)	
	17	Other exp	enses (Part IX, colu	mn (A), lipes	-11a 11d.	*************************************		·		109,517	98,909
Ķ	18		enses. Add lines 13				25)	·		137,171	98,909
\mathcal{Q}_{-}	19	Revenue	less expenses. Sub	tract line 18	from line 12		그의			-70,919	4,328
Hances CANEXPENSE			. /5	િ	11 111	9 9 2017	S	Red	inning of Cu		End of Year
Sale	20		ets (Part X, line 16)		الاا الواليون الإ	2 3 2017 .	ازی آ	·		399,477	403,805
Net Ass Fund Bal	21		lities (Part X, line 26			20	_} थ≝	· -		200 477	402.005
_			s or fund balances.	Subtract in		JEN, UT		 		399,477	403,805
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			y, i declare that i have ex its. Declaration of prepar								y knowledge and belief it is
		1	MINNA	Dervar					— <u>—</u> т	5-	10-17
Sig	ın	Signa	ture of officer	· <u> </u>					Da	te	
He		1	luamer De	OMIC							
-	_	Type	or print name and title	vin C							
D-	id	Print/Typ	pe preparer's name	19	reparer's signa			Date		Check	7 of PTIN
Pa		CAROL	ANN TOUKHI, EA	Y	awllm	Jaonkhi 2	. A	16-	5-17	self-emp	
	epare e Only	' -	OFFI OFFI	CCOUNTING	& TAX SOL	UTIONS	_		Firm	's ⊟N ▶	26-0041062
US	e Oill		idress ► 3823 WEST							ne no.	814-323-4964
Ma	y the IR		this return with the				ns) .				· · Yes No
For	Paperw	ork Reduc	tion Act Notice, see	the separate	instructions			Cat. No.	11282Y		Form 990 (2016)

Form 99	90 (2016)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	<u> U</u>
•	THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL PURPOSES	
2	Did the organization undertake any significant program services during the year which were not listed on the	 9
	prior Form 990 or 990-EZ?	☐ Yes ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	n ∐Yes ☑No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alle the total expenses, and revenue, if any, for each program service reported.	s, as measured by ocations to others,
4a		21,916)
	THE ORGANIZATION WAS SUCCESSFUL IN ACHIEVING ITS MISSION BY SERVICING RELIGIOUS GROUPS AND B RELIGIOUS AND SOCIAL ACTIVITIES TO THE MEMBERS AND THE GENERAL PUBLIC.	YPROVIDING
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$	
	(occo) (ispersed the first and the fi	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	The state of the s	

Form 99 Part				Page 3
	Olivinios of Fragilia de College		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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		V
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		v
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		v
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		v
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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
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		v
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		v
11	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.	, , , , , , , , , , , , , , , , , , ,	ا مولا ا	
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		[E., .]
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
12 a	Did the organization obtain separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		•
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		~
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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		·
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		·
			990	(2016)

Part	Checkist of nequired Schedules (continued)			
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		7
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		v
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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
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		v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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	24d 25a		V
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		•
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		٧
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		v
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):	\$(39 m)		, , , ,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
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		•
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		v v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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		v
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		v
		Form	990	(2016)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	<u>- - </u>
10	Enter the sumber reported in Roy 2 of Form 1006 Enter 10 if not conflictable	٠	163	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	7		, K
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.55	3	a .
·	reportable gaming (gambling) winnings to prize winners?	1c	£ .4.	سائد
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.6		-
	1 1	0	32.	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2 _D	(-)	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		*
3a	Did the organization have unrelated business gross income of \$1.000 or more during the year?	3a	١	1
ь	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	1 '		1
	account)?	48		~
b	If "Yes," enter the name of the foreign country: ▶		. 3	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	1.
	(FBAR).	3 3	. < 5	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 1		ĺ
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1-34	*	12.00
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		تعبسيم	
	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? Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	11		
	If "Yes," indicate the number of Forms 8282 filed during the year	7c	,	S- 5
d 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?.	71		
9	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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		. 3	~ L C !
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1 3	المريدة	-5_57
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?	9p		
10	Section 501(c)(7) organizations. Enter:		·	
а	Initiation fees and capital contributions included on Part VIII, line 12			£ 10.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]~	2.3	·
11	Section 501(c)(12) organizations. Enter:	1	,	-)
a	Gross income from members or shareholders	-	47 4	· .
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1	3	
4.0				أهماست
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		<u> </u>
b	\\\\\	4 5. • √	, s ²⁸ , 3	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100	9,('j' ²	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
ь	Enter the amount of reserves the organization is required to maintain by the states in which	12.50	15.75	F . 4
	the organization is licensed to issue qualified health plans	13-1	: \$ }	. 5 ² -1
c	Enter the amount of reserves on hand	∤ `∵		~~e-(
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>, </u>
	The state of the s	1		<u> </u>

101111 3				Page
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schools if Schools to Constitution of the	see in:	struct	tions.
Sooti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u>. L</u>
Secu	on A. Governing Body and Management		1	1 81-
15	Enter the number of voting members of the governing body at the end of the tax year 1a	-[,;-	Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year 1a !! If there are material differences in voting rights among members of the governing body, or !!	1, 3	**:	
	if the governing body delegated broad authority to an executive committee or similar	3,50	1, 14.	*
	committee, explain in Schedule O.	15		K .
b	Enter the number of voting members included in line 1a, above, who are independent	1 1 m	在E	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	123
	any other officer, director, trustee, or key employee?	2	L L 1/6.	1
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		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V
6	Did the organization have members or stockholders?	6		V
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			\vdash
	one or more members of the governing body?	7a		
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		•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		, 3° °	2°.
	the year by the following:	×		7 - 1
а	The governing body?	8a	V	
ь	Each committee with authority to act on behalf of the governing body?	8b	~	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Delth and but a land a		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
ь	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?			}
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		<u> </u>
b		11a		/
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	-42 m	آس <u>،</u> ا	سرندار
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this was done	12c	ı	
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		V
15	Did the process for determining compensation of the following persons include a review and approval by		र्य	3-2
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- ₋ -
а	The organization's CEO, Executive Director, or top management official	15a	~»	12.00
ь	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		- :1	7.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		3.0	
	with a taxable entity during the year?	16a		~
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	× 2.3	١., ١	₹
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	2		
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(:)(3)s	only)
	☐ 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 inte	erest p	olicy	, and
	financial statements available to the public during the tax year.	•	_	
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	▶	

		/201¢	
-UIII	ロッタひ	(2016)	

Page	

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

					C)	ompe	1100	ited any curren	onicer, directo	, or a dotec.
	(B) Average hours per week (ist any hours for related organizations below dotted tine)	box, u		Positio (do not check mo box, unless perso officer and a dure or institutional trustee or director		ore than one on is both an ctor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
				-	-	92	-	 	<u></u>	
(1) ELVIR MEHMEDOVIC	5				}			Ì		
PRESIDENT	0	~			L_			0	0	
(2) EMIR HRNJIC	5							i		
SECRETARY	0	1						0	0	
(3) MUAMER DEUMIC	5				_					
TREASURER	0	~					L	0	0	
(4) NURIJA CIBRALIC	1									
DIRECTOR	0	~					ł	0	0	
(5) ENES SILJKOVIC	1									
DIRECTOR	0	~						o	0	
(6)										
(7)										
(8)										
(9)						-	_			
(10)										
(11)										
(12)										
(13)										
(14)							_			

Pari	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	/ 00 9			lighe	st C	ompensated E	mployees (cor	trnued)
			İ			C)					
	(A)	(B)	Position (do not check more than						(D)	(E) Reportable compensation from	(F)
	Name and title	Average hours per	Average box, unless pers hours per officer and a dir					n an Reportable			Estimated m amount of
		week (list any		r —				÷	from	related	other
		hours for related	호호	19	Officer	ey	필출	Former	the organization	organizations (W-2/1099-MISC	compensation from the
		organizations	S C C	ᄚ	=	ğ	98 0	9	(W-2/1099-MISC)	(11 27 1000 11400	organization
		below dotted line)	1 7 2	ē		Key employee	릙	l]	and related organizations
		2	Individual trustee or director	nstitutional trustee		•	Highest compensate employee	1	1	1	Organizations
		1		ă		İ	e e	}		1	
(15)											
					_						
(16)								Г			
			<u> </u>					乚			
(17)									l l		
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(18)	***************************************				l		ł				
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(19)	***************************************			'			•		1		1
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(20)		ļ					l				
(21)		 	<u> </u>			-	<u> </u>	╂─	-		+
35.11		 					Ì				
(22)			<u> </u>	-	-		}				+
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(23)		<u> </u>			-						
3			Į					Į			
(24)											
]								
(25)											
								L_			
1 b	Sub-total						•	•			
C	Total from continuation sheets to Part				•		•	•			_
d		<u> </u>						<u> </u>	L) - 	<u> </u>
2	Total number of individuals (including but		I to th	ose	list	ed a	above	e) w	ho received mo	ore than \$100,0)00 of
	reportable compensation from the organi	zation 🟲									
3	Did the organization list any former of	ficor direct	tor o	. +-	~ + .	~~	ميما		dayoo or bigh	act commones	Yes No
3	employee on line 1a? If "Yes," complete 8								royee, or nigh	est compensa	Art Land Service Co.
4	For any individual listed on line 1a, is the									operation from	・ 3 ノ the ごみでいい
7	organization and related organizations										
											4
5	Did any person listed on line 1a receive of	r accrue co	mpe	nsat	ion	fror	n any	un	related organiz	ation or individ	
•	for services rendered to the organization?										. 5
Section	on B. Independent Contractors							_			
1	Complete this table for your five highest of	compensate	ed inc	tepe	end	ent	contr	acto	ors that receive	ed more than \$	100,000 of
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	e c	alend	ar y	rear ending with	h or within the	organization's tax
	year.										
	(A)								(B)		(C)
	Name and business add	ress						L_	Description of se	ervices	Compensation
									·		
								_			
								 			
2	Total number of independent contractor	rs (includir	a bu	t n	nt F	mit	ed to	, th	nse listed shr	ve) who	4 48 18 16 16 16 16 16 16 16 16 16 16 16 16 16
_	1 * Atopico f			- ••		- 1 110		1	abc	13, 110	

Par	WILL	Check if Schedule C		a rac	nonce or note t	o any lino in this	c Port VIII		_
F		Check if Schleddle C	Contains	a res	porise or note o	(A) Total revenue	(B) Related or exempt function revenue	(C) Urrelated business revenue	(D) Revenue excluded from tax under sections 512-514
23 22	1a	Federated campaigns		1a	T	52 2	1 Evenue	1 T. T. T. T.	312-314 W 27 69 13 3 1
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .	1	16	36,396		12 miles 1 mil	The second of the	一人人,我要说。 "
ج ۾	C	Fundraising events .		10	30,370				
ξŽ	4	-						3 22 - 42	
ଜ 🚆	d	Related organizations		1d	<u> </u>		1. Care 1. San 1		2000
Sir	e	Government grants (con	itributions)	1e	<u> </u>	A COLOR TO THE			Maria Caral
F F	f	All other contributions, g					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
호된		and similar amounts not inc		11	44,925	17	1 4 5 3 5 5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
ĔĔ	9	Noncash contributions include		1f: \$					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	h	Total. Add lines 1a-1	f		<u> ▶</u>	81,321	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/1/20 18	
a					Business Code	1 - March ()			" X Y Y Y Y
Ver	2a					21,916	21,916		
æ	b						T		
je je	C								
er	d								†
E	е						 		
gra	f	All other program sen	vice revenu	е.		t	t	 	
Program Service Revenue	g	Total. Add lines 2a-2				21,916	197 T. P. E. E.		10 3 5 3 5 5 1 A
	3	Investment income					1 27 2 3 3 4	ĭ · · · · · · · · · · · · · · · · · · ·	1 **
		and other similar amo			•	1			1
	4	Income from investmen	•	nnt h	and proceeds		 		
	5				ond proceeds	<u> </u>		 	
	,	rioyanies	(i) Real	·	(ii) Personal	F., W "	k	ST	
	6-	Gross rents	6,1132		(1) / 5/50/12		1	Br. Carlot	1000
	6a				 		7. 7.		1 2 3 4 5 5 5 5 5 5 5 5
	ь	Less: rental expenses			 		1 3 m		21. 38 5. 3
	C	Rental income or (loss)						wastin	
ļ	ď	Net rental income or (<u> </u>	· •	-		ļ <u>.</u>	ļ	
	7a	Gross amount from sales of	(i) Secunti	es 	(ii) Other	Erst 1 1		,	\$. 5 t , Mi
ľ		assets other than inventory	ļ			TO BUTTON		1 min 1 min	1 3 m
1	b	Less cost or other basis	}			1 3 m sage	1 30 3		The state of the s
		and sales expenses							\$ -7
	C	Gain or (loss)	L		l	June Bandings.	The state of the s	La Carte i	- Land Branch Company
ļ	d	Net gain or (loss) .			<u> </u>				
a,						13. 2. 1.	Electric Section	* * * * * * * * * * * * * * * * * * *	J. 4. 25
Ž	8 a	Gross income from fu	ındraisin g				5 00		La Contraction of the contractio
ē l		events (not including \$							
8		of contributions reporte	ed on line 1c	:)_			12 A		
ē		See Part IV, line 18 .		а		13 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -			
Other Revenue	b	Less: direct expenses		b			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A
_	С	Net income or (loss) fi		sing	events . >		1, 10, 10, 10, 10		
i	9a	Gross income from ga	ming activit	ies.		- 15.5 7.7	- L	·	,
}		See Part IV, line 19 .		а		1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		4- (4) (4-)
1	b	Less, direct expenses		ь					
Ī		Net income or (loss) for			vities >	ANDERSON	to the state of the same of the same	Land and the contract	
-		Gross sales of in			[2 6.2 74 4		the state of the second	- gh, - h 5-2-1,
- 1		returns and allowance							14 7 7 1 8 4 3 5 4
1	b	Less. cost of goods s		_			k		1 3 5 - 1 5 5 1
)	c	Net income or (loss) fi			entory	سيسيد ١٩٠٨ و مد الأسائد ما	min men	and the same	المسادية كالأدار
}	<u> </u>	Miscellaneous R		,	Business Code	- g	- 12 27		
ļ	11a	Allocalmicodo (1				1. 2 milet 2 1		a Salaran	له د د د د د د د د د د د د د د د د د د د
Į						 	 		
	b					 	 	 	
1	C	All albanas as as			<u> </u>	 	ļi	L	
ì	d	All other revenue			L	 	A		
1	. е	Total. Add lines 11a-	110	•	· · · · ·		3, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	A - M' .	

Form 990 (2016) Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management 2,775 2.775 b Legal . . . 1,580 1,580 Accounting . . . Professional fundraising services See Part IV, line 17 Investment management fees . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion 12 1,881 13 Office expenses . . . 14 Information technology . 15 Royalties 12,306 12,306 Occupancy . . 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization . 9,508 9,508 23 4 041 4 041 Other expenses litemize expenses not covered above (List miscellaneous expenses in line 24e. If

. 37

31,000

18,084

8,148

9,528

98,909

8,148

34,003

31,000

18,084

9,528

64,906

line 24e amount exceeds 10% of line 25, column

(A) amount, list line 24e expenses on Schedule O.)

SOCIAL ACTIVITIES

SUPPLIES

Total functional expenses. Add lines 1 through 24e

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

FUNERAL SERVICES

DONATIONS

All other expenses

C

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (B) End of year Beginning of year Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Notes and loans receivable, net Prepaid expenses and deferred charges . . Q 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 343,740 10b Less: accumulated depreciation 304.896 10c Investments—publicly traded securities . . . 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11. 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 404.805 17 Accounts payable and accrued expenses 17 18 Grants payable 19 19 20 Tax-exempt bond liabilities 20 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 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 399,477 27 28 Temporarily restricted net assets . . 28 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ō Net Assets 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 33 399.477 33 403,805 399,477 34 Total liabilities and net assets/fund balances . 403,805

Form 9	90 (2016)			Page 12
Par	t 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		103,237
2	Total expenses (must equal Part IX, column (A), line 25)	2		98,909
3	Revenue less expenses. Subtract line 2 from line 1	3		4,328
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		399,477
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor penod 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		403,805
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	<u>. 🗆</u>
			Yes	s No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other		. [* . [.	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	alaın ın		· 10 10 15 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18
_	Schedule O.		- January 1 2	1 - La
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			10
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.	ded or		2
	•			4.5
	Separate basis Consolidated basis Both consolidated and separate basis			المالية المالية
D	Were the organization's financial statements audited by an independent accountant?		2b	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	on a		3 34
	· · · · · · · · · · · · · · · · · · ·		1. 18.00	
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ovi		1 . 12 -	a side of
·	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	
	If the organization changed either its oversight process or selection process during the tax year, exp			-
	Schedule O.	AGIII III	1 4 7 5	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in		
Je	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 under			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dıts.	3ь	
				0.404.0

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2016

(D)

(E) Total 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number **BOSNIAN ISLAMIC COMMUNITY ERIE, INC** 35-2169286 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . g Provide the following information about the supported organization(s). (i) Name of supported organization (i) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

I STRUCK TO GOVERN THE BOUNDARY

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi	i)
	(Complete only if you checked the						alify under
<u>C4</u>	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0010	(b) 2010	(-) 0014	(d) 0015	(-) 0016	(6) Tatal
	dar 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			1	1		
	include any "unusual grants.")						
2	Tax revenues levied for the			 			<u> </u>
2	organization's benefit and either paid			1	}		
	to or expended on its behalf				[
3	The value of services or facilities			 	<u> </u>	<u> </u>	
•	furnished by a governmental unit to the			1		1 1	
	organization without charge	1			1	1 1	
4	Total. Add lines 1 through 3	·		 			
	The portion of total contributions by	To and the fact of			200		
5	each person (other than a			150			
	governmental unit or publicly		4				
	supported organization) included on	1 2 2 3 3 3 3 5	100 200 \$ 60 Bar 12	35.5			
	line 1 that exceeds 2% of the amount					T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	W - 25 - W -	" 一种	1, 1 to 1 to 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Sect	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						. <u></u>
8	Gross income from interest, dividends,		ļ	1			
	payments received on securities loans,	Į i			1	l l	
	rents, royalties and income from similar				1		
	sources						
9	Net income from unrelated business			1]	1	
	activities, whether or not the business			}		1	
	is regularly carried on						
10	Other income. Do not include gain or			l	[
	loss from the sale of capital assets	1			-	1	
	(Explain in Part VI.)			25	1	1000000	
11	Total support. Add lines 7 through 10			126 33. 1			
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	n F01/n)/2)
13	organization, check this box and stop he					ear as a secuo	
Santi	on C. Computation of Public Suppo				· · · · · ·		· · ·
14	Public support percentage for 2016 (line			11 column (fi)		14	%
15	Public support percentage from 2015 Sc	• •	-			15	/ _%
16a	331/3% support test—2016. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2015. If the organ	· · · · · · · · · · · · · · · · · · ·					
	this box and stop here. The organization				•		•
17a	10%-facts-and-circumstances test—2	016. If the ora	anization did r	not check a bo	x on line 13 1	6a or 16b and	line 14 is
174	10% or more, and if the organization m				•		
	Part VI how the organization meets the						
	organization						▶ ┌
b	10%-facts-and-circumstances test—2	015. If the ora			ox on line 13 1	6a. 16b. or 17:	a. and line
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	supported organization						▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						🕨 🗂

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.)

Secti	on A. Public Support								
Calen	dar 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.")	165,629	248,659	154,814	74,633	81,321	725,056		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	}			}	{			
	furnished in any activity that is related to the								
2	organization's tax-exempt purpose	8,568	15,720	16,017	24,455	21,916	86,676		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	}				1			
4	Tax revenues levied for the	<u> </u>							
7	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					ţ			
	organization without charge					ŧ			
6	Total. Add lines 1 through 5	174,197	264,379	170,831	99,088	103,237	811,732		
7a	Amounts included on lines 1, 2, and 3	1			l				
	received from disqualified persons .	ļ							
b	Amounts included on lines 2 and 3		į			į			
	received from other than disqualified persons that exceed the greater of \$5,000	1 1				į			
	or 1% of the amount on line 13 for the year	l l	ĺ	ļ		[
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from	10000000000000000000000000000000000000	1.4	1303 L TE DE		ا ما را أن يا قاد يوال			
	line 6.)						811,732		
Secti	Section B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
9	Amounts from line 6	174,197	264,379	170,831	99,088	103,237	811,732		
10a	Gross income from interest, dividends,		ļ	[ł				
	payments received on securities loans, rents, royalties and income from similar sources.		ļ	ļ					
D _a	<u>•</u>	 		-					
ь	Unrelated business taxable income (less section 511 taxes) from businesses				-	1			
	acquired after June 30, 1975]					
c	Add lines 10a and 10b								
11	Net income from unrelated business	1							
	activities not included in line 10b, whether]			}				
	or not the business is regularly carried on								
12	Other income. Do not include gain or]]	1				
	loss from the sale of capital assets]	1	j	1	1			
40	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	17/ 107	3/4 970	470 04-	00.000	100 000	044 705		
14	First five years. If the Form 990 is for the	174,197	264,379	170,831	99,088 or fifth tax ve	103,237	811,732 501(c)(3)		
14	organization, check this box and stop he								
Secti	on C. Computation of Public Suppo								
15	Public support percentage for 2016 (line			3, column (f))		15	100 %		
16	Public support percentage from 2015 Sc	hedule A, Part I	III, line 15 .	<u> </u>		16	100 %		
	on D. Computation of Investment In								
17	Investment income percentage for 2016					17	%		
18	Investment income percentage from 201					18	<u> %</u>		
19a	331/3% support tests—2016. If the organ								
L	17 is not more than 331/3%, check this box 331/3% support tests—2015. If the organization		_			-	_		
b	line 18 is not more than 331/3%, check this								
20	Private foundation If the omanization d		_			· ·			

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 Organizations

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.
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).

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a 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.
- 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 by or in connection with its supported organizations.
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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.
- b 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

		Yes	No
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-	10a		
to	7		
	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		7 2	., ` .
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		s	
	below, the governing body of a supported organization?	11a	<u> </u>	L
	A family member of a person described in (a) above?	11b	<u> </u>	ļ
	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	<u> </u>	L
Secu	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1. \$ 1.	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	1.3	
	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 34		رس دمان
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			n d
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-7 244	
2	Did the organization operate for the benefit of any supported organization other than the supported		274	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		. x 35.	\$`
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	8	321	`
	supervised, or controlled the supporting organization.	2	<u> </u>	
Secti	ion 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		1	-
	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	`. 🔀	
Secti	on D. All Type III Supporting Organizations	1 1	لــــــا	
0002.	on of the Typo in copporating organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	24	, <u>,</u> , , ,	. ~,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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	- 3	شرة *	AL.
	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	*** - ********************************		* \$ \bar{8}{3}
	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		4	
	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	1.	* - 5, -	> 4
	supported organizations played in this regard.	3		1-
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see			
1		instruc	cuons	ij.
a	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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ('aaa .mr		1
C	The organization supported a governmental entity. Describe in Fair Vi now you supported a government entity (3ee !!!3	Str UCII	uris)
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	1.68	أججع
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1.3	æ.,-	- 1
	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.	- #		, 1
l.	·	2a		
ь	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	1	1 34	- 1
	reasons for the organization's position that its supported organization(s) would have engaged in these	- 247	7.74	* 5)
	activities but for the organization's involvement.	2b		- "
3	Parent of Supported Organizations. Answer (a) and (b) below.	1 25		
а	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? Provide details in Part VI.	3a		الساتمة
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-	- 7	7 - 1
_	of its sunnoted consultations? If "Vos " describe in Part VI the role placed by the americation in this repart	3h	- †	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru niza:	ust on Nov. 20, 1970 (explai tions must complete Sectio	n in Part VI). See ns A through E.
Section A - Adjusted Net Income		(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 7	 	ļ
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	В	 	77.0
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 salahan salah
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)	10		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1		
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
1 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-functional instructions).	ly in		organization (see

	te A (Form 990 or 990-EZ) 2016		·····	Page 7
Part		3) Supporting Organ	izations (continued)	
	ion D - Distributions		 	Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	empt purposes of supp	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported organic	anizations	
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	th the organization is re	sponsive	
	(provide details in Part VI). See instructions.			ł
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) 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	A CONTRACTOR OF THE PROPERTY O		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>-</u> _				
C	From 2013		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d	From 2014	314 - 4 3 3 7 7 7 9 1		773
e	From 2015	3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		The state of the s
f	Total of lines 3a through e		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount	- 1 mm	3. 7 5 3 3 3 3	
i	Carryover from 2011 not applied (see instructions)	12 m 3 3 2 m 1 m 2 m		* r r
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		****	
4	Distributions for 2016 from	ようできゃく 可は食物		
	Section D, line 7: \$			The state of the state of
а	Applied to underdistributions of prior years	The state of the s	***************************************	
b	Applied to 2016 distributable amount	35	, , ,	<u> </u>
C	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 3j		- pr . 1 . 2 . 3 . 3 . 3 . 3	· · · · · · · · · · · · · · · · · · ·
	and 4c.			
8	Breakdown of line 7:	2 2 2 2 2		32,2 4 35 3
а	The state of the s	The state of the s	Fort . 2 4 3 3 3	
b	Excess from 2013		· · · · · · · · · · · · · · · · · · ·	
C	Excess from 2014			
d	Excess from 2015		F 1 32 . 1	
е	Excess from 2016	1/22-25-6	and the state of t	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

h Assats included in Form 900 Part X

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

Open to Public Inspection

	of the organization		Employer ide	ntification number
	IAN ISLAMIC COMMUNITY ERIE INC			35-2169286
Par	Organizations Maintaining Donor Adv		is or Acc	ounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(p) i	unds and other accounts
1	Total number at end of year ,			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in dono	r advised
	funds are the organization's property, subject to the	ne organization's exclusive legal control	?	· · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	t funds car	
	only for charitable purposes and not for the bene			
Par				
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the			· · · · · · · · · · · · · · · · · · ·
•	☐ Preservation of land for public use (e.g., recrea		a historical	ly important land area
	Protection of natural habitat			histonc structure
	☐ Preservation of open space		a ooranica i	motorio diruotare
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the for	n of a conservation
	easement on the last day of the tax year.		F 1, \$	Held at the End of the Tax Year
а			. 2a	
ь	Total acreage restricted by conservation easement			
c	Number of conservation easements on a certified I			
d	Number of conservation easements included in			
u		,	. 2d	
3	Number of conservation easements modified, trans			he organization during the
_	tax year ►			
4 5	Number of states where property subject to conse Does the organization have a written policy re-			adias of
3	violations, and enforcement of the conservation ea			
6				
0	Staff and volunteer hours devoted to monitoring, inspec	ung, nanding of violations, and emorcing co	Inservation	easements during the year
7	Amount of expanses incurred in manifesing incuration	a bandling of violetians and sufaceurs		
′	Amount of expenses incurred in monitoring, inspectir \$ \$	ig, nariding of violations, and enforcing c	unservation	easements during the year
8	Does each conservation easement reported on line	2/d) above catiofy the requirements of	oction 170	/b)/4)/D)/6)
Ü			section tro	
				· · · L Yes L No
9	In Part XIII, describe how the organization reports oblance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easeme		nciai state	ments that describes the
Part			Whor Sire	ilar Accata
ı GII L	Complete if the organization answered		Julei Sili	inal Wasers.
40	If the organization elected, as permitted under SF			tamant and balance about
ıd	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f	•		
h	•			
D	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar public service, provide the following amounts relati		ication, or	research in jurinerance of
	·	-		
	(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, following amounts required to be reported under S			mancial gain, provide the
	following amounts required to be reported under S	· · · · · · · · · · · · · · · · · · ·		
a	Revenue included on Form 990, Part VIII, line 1 .	<i></i>		▶ \$

Schedu	de D (Form 990) 2016							Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	torical Treasure	s, or O	ther Similar As	sets (contin	ued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, check any of t	he follo	wing that are a s	significant use	of its
а	☐ Public exhibition		d	Loan or exchar	ige proc	ırams		
b	☐ Scholarly research			Other				
C	Preservation for future generations	5						
4	Provide a description of the organizar XIII.		and expl	ain how they furthe	r the or	ganızation's exer	npt purpose i	n Part
5	During the year, did the organization assets to be sold to raise funds rather						ar 🗌 Yes [⊒ No
Par	IV Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, Part IV, Iir	ne 9, or	reported an an	nount on Foi	m
18	Is the organization an agent, trustee included on Form 990, Part X?				utions o	r other assets no	ot ☐ Yes [
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	ollowing table:				
						A	mount	
С	Beginning balance				10	;		
đ	Additions during the year				10	1		
е					10	•		
f	Ending balance				11			
2a	Did the organization include an amou				custodia	l account liability	? Tyes	¬ No
b	If "Yes," explain the arrangement in P					-		J
	t V Endowment Funds.	are years consone new	0.1.0.0	April 1011 1120 DOO	, p. 0 1, 2	ou on run you .		≟
	Complete if the organization	answered "Yes	" on For	m 990 Part IV lir	10 ac			
	Complete ii aic organization	(a) Current year		or year (c) Two ye		(d) Three years back	(e) Four years	hack
4_	Designing of year balance	(2) 22.7.2	(4)	(4))		(4,	(0), 52, 525	
1a	Beginning of year balance							
b	Contributions						+	
С	Net investment earnings, gains, and losses							
d	Grants or scholarships						ļ	
е	Other expenditures for facilities and programs					-		
f	Administrative expenses	L					1	
g	End of year balance							
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g, column (a)) held	as:		
а	Board designated or quasi-endowme	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a 2b, and		00%.					
3a	Are there endowment funds not in th			zation that are held	and ac	lministered for th	e	
	organization by:						Yes	No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related of		as requi	ired on Schedule R	?		3b	
4	Describe in Part XIII the intended uses						L	
Pari	VI Land, Buildings, and Equip							
	Complete if the organization		" on For	m 990. Part IV. lir	ne 11a.	See Form 990.	Part X. line	10.
	Description of property	(a) Cost or or	ther basis	(b) Cost or other basis (other)	(c)	Accumulated epreciation	(d) Book value	
1a	Land	.	<u></u>	1	1		4	14,827
b	Buildings			<u> </u>	7.00.38.20			
c	Leasehold improvements			21,270		366	7	20,904
d	Equipment			2,230		1,832	_	398
e	Other			275,41		24,884	25	0,529
	Add lines 1a through 1e (Column (d) r	nust equal Form 0	90 Part					6.658

Part VII	Investments-Other Securiti				Page
	Complete if the organization a		m 990, Part IV, I	ine 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or cates (including name of security)	gory	(b) Book value		thod of valuation: :Lof-year market value
(1) Financial	derivatives				
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)		·			
(E)					···
(F)					
(G)					
(H)	1)				ن برد مهدود ه
Part VIII	b) must equal Form 990, Part X, col. (B) Ime 12.) Investments—Program Relat				- 12 & ST / ST / ST / ST / ST / ST / ST / ST
Fait VIII	Complete if the organization a		m 000 Part IV I	ina 11a Saa Earr	000 Port V line 12
	(a) Description of investment		(b) Book value		
	(a) Description of investment		(b) Book value		thod of valuation Fof-year market value
(1)					
(1)					
(3)					
(4)					
(5)					
(6)			-		
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)	>		1	in the second second
Part IX	Other Assets.				
	Complete if the organization a		m 990, Part IV, li	ne 11d. See Form	
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
					
(7) (8)					
(9)					
	mn (b) must equal Form 990, Part X	, col. (B) line 15.)			
Part X	Other Liabilities.		····		
	Complete if the organization at line 25.	nswered "Yes" on For	m 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		र क्षित्र स्थानका वस्त्र इ.	
(1) Federal in	ncome taxes		- 1 'Pa (" , -a, ' G.	The state of the s	
(2)				ووور والمراجع المعالات	
(3)					A STATE OF THE STA
(4)					
(5)					
(6)				And the state of t	
(7)					, 3 ×
(8)				· " " " · · · · · · · · · · · · · · · ·	Charles - Section
(9)	Al must consul Farm 000 Park V 1 PD For 073		- " big " " " " " " " " " " " " " " " " " " "		
	b) must equal Form 990, Part X, col. (B) line 25.)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 Liability for 	uncertain tax positions. In Part XIII, pr	ovide the text of the rooth	ote to the organization	on s financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2016		Page
Part		ents With Revenue per	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	\$ 6.60 3.
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	20	1
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
а	Investment expenses not included 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 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	\$1. x
b	Prior year adjustments	2b	7-1-
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	13.1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		E
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14.1
ь	Other (Describe in Part XIII.)	4b	
С	A = 1.11		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
Part.	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation.
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Schedule D (For	m 990) 2016	Page
Part XIII	Supplemental Information (continued)	
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