·Form 990

OMB No 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Inte	anment o mal Reve	or the Treasury enue Service		Information	about Form 990 and its ins	tructions is at www	w.irs.gov/f	form990.			inspection		
A	For th	e 2016 calend	lar year, or tax	year beginn	ing	, 2016, aı	nd ending			,		_	
		f applicable	C	<u> </u>	- 		<u>`</u>		D Employ	er identif	lication number	_	
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	\vdash		F Name and addr	ese of ormanal	officer		н						
	<u></u>				Laila J. Abd	ulRazzak Haj	00 1	• •	-			No No	
Final return/terminated Amended return Application pending Final return/terminated Final return/terminated Amended return Application pending Final return/terminated Final return/terminated Gives receipts \$ 20 H(a) is this a group return for subordinates? H(b) Are all subordinates included? If two, attach a list, (see instructions) Form of organization: Xiii Solici(3) 501(c) () (insert no.) 4947(a)(1) or 527 H(c) Group exemption number Kiii Two, attach a list, (see instructions) Form of organization: Xiii Corporation Trust Association Other Difference Limit Year of formation: 2002 Mistate of legal domicile Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) H(c) Group exemption number Xiii Two, attach a list, (see instructions) Year of tomach a list, (see instructions) Ye		tructions)											
<u>:</u>		`_) (insert ito.)	4547(4)(1) 01		··· · · · · · · · · · · · · · · · · ·		bar -	_		
_			1221		A	TI V.		``					
				irust	Association Other		ar or rormacion	11: 2002	101	tate of te	egal domicile OR		
<u>.</u>	1	Briefly describ	ne the organiza	tion's mission	n or most significant	actuulus o	0.1.1						
	' '					See	Schear	ule_u					
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튵	į												
Še	2	Check this box	x > If the	organization	discontinued its oper	ations or dispos	sed of mor	e than 25	5% of its	net as			
G												4	
∞ 5										4		4	
Ĕ.										5_		0	
Activit												Ō	
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	b	Net unrelated	business taxat	ole income i		34	· · · · · · · · · · · · · · · · · · ·			 -∔		<u>0.</u>	
Revenue	_	.	_{}	ME	ULIVE SIO			P1	rior Year		Current Year		
			and grants (Pa	163,4	148.	201,19	<u>5.</u>						
	9	Program servi	ice revenue (Pi	arbylli, line	30) · 3. · 3017 · · [8	, 		<u></u>		 i			
), lines 3, 4, and 70			<u> </u>					
					es 5, 6d, 8c, 9c, 10c,			——	1.60		001 10		
					must equal Part VIII.				163,	148.	201,19	<u>b.</u>	
	1				C, column (A), lines 1								
	ì	Benefits paid											
g:					benefits (Part IX, col								
\$	16a	Professional f	undraising fees	s (Part IX, c	olumn (A), line 11e).		· · · · · · · · · · · · · · · · · · ·	COLUMN TOWN	CONTRACTOR	2567FHC(15)	en e la Principa de Maria de La Carriera de la Principa de la Carriera de La Carriera de la Carriera de la Car	veries :	
Expenses	b b	Total fundrais	ing expenses (Part IX, coli	umn (D), line 25) 🟲 _			社会		*			
ш	17	Other expense	es (Part IX, col	lumn (A), lır	es 11a-11d, 11f-24e)				127,	306.	214,86	2.	
	18	Total expense	es. Add lines 13	3-17 (must e	qual Part IX, column	(A), line 25)			127,	306.	214,86	<u>2.</u>	
. 1	19	Revenue less	expenses. Sub	otract line 18	3 from line 12				36,	142.	-13,66	6.	
8 8								Beginnir	ng of Curre	nt Year	End of Year		
	20	•	Part X, line 16		· · · · · · · · · · · · · · · · · · ·			L	100,	692.	87,02	<u>6.</u>	
Net Assets Fund Balanc	21	Total habilities	s (Part X, line 2	26)				 		0.		<u>0.</u>	
ž	22	Net assets or	fund balances.	Subtract fir	ne 21 from line 20 .	<u> </u>	<u> </u>	<u> </u>	100,	692.	87,02	6.	
Pa	rt II	Signature	e Block										
Unde	r penalt	es of penury, I dec	clare that I have exa	amined this retu	rn, including accompanying s ill information of which prepa	chedules and statem	ents, and to t	he best of m	ny knowledg	e and bel	hef, it is true, correct, and		
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ne	re	La11	La J. Abdu	ılRazzak	_Hajoo			Pres	ident				
			reparer's name		Preparer's signature		Date		Chods		PTIN		
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					shown above? (see			40110		<u> </u>	Form 990 (20		
	TOP	raperwork Ke	eauction Act N	ivace, see t	he separate instruction	ms.	IEE	A0113L 11	110/10		rum 330 (∠0	, i O)	

	6) Islamic Social Services		38-3655438	Page 2
	tatement of Program Service Acco			
	neck if Schedule O contains a response or	note to any line in this Part III	<u></u>	X
	escribe the organization's mission:			
See So	chedule O			
2 Did the o	ganization undertake any significant program	services during the year which were no	t listed on the prior	_
Form 99	or 990-EZ?			s X No
If 'Yes,'	describe these new services on Schedule C	•	_	
3 Did the d	rganization cease conducting, or make sign	nificant changes in how it conducts,	any program services? Ye	s X No
If 'Yes,'	describe these changes on Schedule O.			_
4 Describe Section ! and reve	the organization's program service accomp 601(c)(3) and 501(c)(4) organizations are re nue, if any, for each program service repor	dishments for each of its three large equired to report the amount of gran led	est program services, as measured b ats and allocations to others, the total	y expenses. I expenses,
4a (Code.) (Expenses \$ 146.11	3. including grants of \$) (Revenue \$	
· · · · · -	tance to needy individuals,			
	n+ili+io	provided housing assis		
				
				
			·	
4b (Code:) (Expenses \$ 54.34	0. including grants of \$) (Revenue \$)
_	am Events: Day of Dignity; an	d Ramadan: Provided fo	·· ·······	-dv
	iduals.	2.10		:=====================================
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				·
			```	
4c (Code.	) (Expenses \$	including grants of \$	) (Revenue \$	,
4d Other pro	ogram services (Describe in Schedule O )			<del></del>
(Expense	-	grants of \$	) (Revenue \$	)
	gram service expenses 🕨 💢	200,453.		
BAA		TEEA0102L 11/16/16	F	orm <b>990</b> (2016)

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
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_		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
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		<u> </u>
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
	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	116		х
	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.	110		х
	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.	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	ļ	X
	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	11 f		x
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		х
	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	121		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	148	<u> </u>	X
	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	14t		x
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		х
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		х
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		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	· · · · · · · · · · · · · · · · · · ·	~		

	oncomist of required outleadies (community)	<del></del> -7	Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
t	of '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		х
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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 8	a 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		х
i	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		х
t	that 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		х
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		х
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
	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):		ŝ	
8	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	}	X
ł	a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28b		Х
•	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		х
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 L	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	<u> </u>	х
	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		X
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
t	olf '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	35t		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		х
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	
RAA	·· · · · ·	For	~ <b>99</b> 0	(2016

Form **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance	22420			age 5
Check if Schedule O contains a response or note to any line in this Part V				
Greek it Screedile o contains a response of note to any line in this Part V	<u> </u>	<del> </del>	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a	٦٦	$\dashv$	163	<del></del>
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		- 1	- }	, -
<u> </u>	씍	1	- 1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- 1		. 1	19+ £ 1
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.	- 1	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0		3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	[	4 a		x
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶				न्द्रस्तुन्यसूत्री १९५५ व्यक्त
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- 1	1	<b>663</b>	<b>陈德</b> 克
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	[	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicitiant and contributions that were not tax deductible as charitable contributions?	n .	6 a		X
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7 Organizations that may receive deductible contributions under section 170(c).	ľ			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7 a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	f		3	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e	-31-41-1	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	.	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	ſ			
as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7 h		1
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		8		
organization have excess business holdings at any time during the year?	•		(PSS	exer:
9 Sponsoring organizations maintaining donor advised funds.	į	9a	KARK.	\$ 3 3 Y
<ul> <li>a Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> </ul>	•	9b		
10 Section 501(c)(7) organizations. Enter:	• •	468	Me S	ALCO.
a Initiation fees and capital contributions included on Part VIII, line 12		3	1	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11 Section 501(c)(12) organizations. Enter:		合質		1
a Gross income from members or shareholders				A CA
b Gross income from other sources (Do not net amounts due or paid to other sources		1	و وال	60
against amounts due or received from them.)		1 1		}
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12 a		<u> </u>
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	,	}
a Is the organization licensed to issue qualified health plans in more than one state?		13a		1
Note. See the instructions for additional information the organization must report on Schedule O.		}		1
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				1
c Enter the amount of reserves on hand		]		]
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	L	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q		14b	L	

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, pro Schedule O. See instructions.	2 through 7b below, and for occesses, or changes in
Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	
	Yes No
1 a Enter the number of voting members of the governing body at the end of the tax year	4
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent 1b	4
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a officer, director, trustee, or key employee?	2 X
3 Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors, or trustees, or key employees to a management company or other person?	supervision
4 Did the organization make any significant changes to its governing documents	1 1 1
since the prior Form 990 was filed?	4 X
5 Did the organization become aware during the year of a significant diversion of the organization's as	
5 Did the organization have members or stockholders?	6 X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint or members of the governing body?	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the following:	ne year by
a The governing body?	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<del></del>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9 X
Section B. Policies (This Section B requests information about policies not required	by the Internal Revenue Code.)
	Yes No
10 a Did the organization have local chapters, branches, or affiliates?	<del></del>
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branc operations are consistent with the organization's exempt purposes?	10ь
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. Se	
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	<del></del>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give to conflicts?	126 Х
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' des Schedule O how this was doneSee. Schedule O	12c X
13 Did the organization have a written whistleblower policy?	13 X
14 Did the organization have a written document retention and destruction policy?	
15 Did the process for determining compensation of the following persons include a review and approval by inc persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a The organization's CEO, Executive Director, or top management official	
b Other officers or key employees of the organization.	15b X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	noment with a
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year?	gement with a 16a X
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 safegorganization's exempt status with respect to such arrangements?	guard the
Section C. Disclosure	
17 List the states with which a copy of this Form 990 is required to be filed OR	
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 for public inspection. Indicate how you made these available. Check all that apply.	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	lain in Schedule O) See Sch. O
the public during the tax year.  See Schedule 0  State the name, address, and telephone number of the person who possesses the organization's books and	
LAILA J. ABDULRAZZAK HAJOO P.O. Box 5996 Aloha OR 97006-5996	503 859-8016

Form 990 (2016) Islamic Social Service	s of O	req	on						38-365543	
Part VII   Compensation of Officers, Directo Independent Contractors	rs, Trus	stee	s, ł	(ey	En	nplo	ye	es, Highest Co	mpensated Em	ployees, and
Check if Schedule O contains a response o	r note to	anv l	line	ın ti	his F	Part \	/II .			🞵
Section A. Officers, Directors, Trustees, Ke										
1 a Complete this table for all persons required to be listed.										
<ul> <li>organization's tax year.</li> <li>List all of the organization's current officers, direct</li> </ul>	ctors, trus	stees	(wł	neth	er ir	ndıvid	luals	s or organizations	), regardless of am	ount of
compensation. Enter -0- in columns (D), (E), and (F) if	no comp	ensa	tion	was	s pa	ııd.				
<ul> <li>List all of the organization's current key employe</li> <li>List the organization's five current highest compete who received reportable compensation (Box 5 of Form organization and any related organizations</li> <li>List all of the organization's former officers, key organization.</li> </ul>	ensated e W-2 and/	mplo or Bo	yee ox 7	s (o of l	ther Forn	than n 109	an 19-N	officer, director, lISC) of more tha	trustee, or key emp n \$100,000 from the	е
of reportable compensation from the organization and any r	elated org	janiza	ation	s.						Mari \$100,000
<ul> <li>List all of the organization's former directors or truster organization, more than \$10,000 of reportable compens</li> </ul>	es that rec sation fro	eived m the	l, in e or	the o	capa Izati	city a	s a i	former director or tr any related organi	ustee of the zations.	
List persons in the following order individual trustees c employees; and former such persons.	or director	rs; in:	stıtı	stion	al t	ruste	es;	officers; key emp	loyees; highest com	npensated
X Check this box if neither the organization nor any relate	d organiza	ation	corr			d any	/ cui	rrent officer, directo	or, or trustee.	
		Doc	itean	(C) (do.o		eck mo	_			
(A) Name and Title	(B) Average	than	one both	box, an c	untes Afficer	s pers	on j	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	hours per week	요 되			trust		긁	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	week (list any hours for related organiza-	individual trustee or director	Institutional trustee	Officer	key employee	o de se	me			organization and related
	related organiza- tions	2 P	ona		ploy	8 8				organizations
	below dotted	Liste	\$		8	pens				
	line)		8			Highest compensated employee			•	
(1) Laila J. AbdulRazzak Hajoo	$-\frac{25}{2}$			77				0	0.	,
President (2) Issam Abu-Khater	8	X	$\vdash$	X		-	$\vdash$	0.	U.	0.
Board Member	0	X			}			0.	0.	0.
(3) Marion Dawan	8									
Board Member	0	X	_	<u> </u>	L	ļ		0.	0.	0.
(4) Faiza Kareem	8			1	1		•		0.	
Board Member (5)	0	X	-	-	┼		-	0.	0.	0.
			]		}					
(6)										
	<b> </b>	<del> </del>	<b>!</b>		<b> </b>	<del> </del>	-			
		{						{		
(8)	<del> </del>	╁	┼─	-	-	+	├	<del> </del>		
		1		}	}		1			
(9)			Γ			T				
40	<del> </del>	<del> </del>			<del> </del>	<del> </del>	-	<b>}</b>	ļ	<del> </del>
(10)	<del> </del>	}			1			}		
(11)	<del> </del>	+-	1-	1	$\vdash$	+	†-		<del> </del>	
	<u> </u>	1		L			L			
(12)		1								
(13)		1			T	†				

TEEA0107L 11/16/16

(14)

(A) Name and title	Average hours per	(C) Position (do not check morr box, unless person officer and a direct			sition more erson directo	e than one is both an or/trustee)		(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)					-					
(18)								<del> </del>		
(19)		+-	<del>                                     </del>	$\vdash$	-					
(20)	<del> </del>		-	-	-		-			
(21)	<del> </del>	-	-	-						<del> </del>
(22)	<del> </del>	+-	-		-					
(23)	<del> </del>		-		-	-				<del> </del>
(24)		-	-	-	-	-				
(25)		+-		-	╁╌					<del>\</del>
1 b Sub-total c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	<i></i>			 			<b>&gt;</b>	0 · 0 ·	. 0	. 0.
2 Total number of individuals (including but not limite from the organization ► 0	d to those	iisted	abo	ve)	who	rece	ved	more than \$100,0	00 of reportable cor	
<ul> <li>3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for statement of the sum o</li></ul>	<i>ich individi</i> of reportat	ual ole co	mp	ens	atior	anc	 I oth		· · · · · · · · · · · · · · · · · · ·	Yes No
the organization and related organizations great such individual			•	•	• • • •		•		· · · · · · · · · · · · · · · ·	4 X
5 Did any person listed on line 1a receive or accifor services rendered to the organization? If 'You Section B. Independent Contractors	ue compe es,' compl	nsations of the S	on t	rom dule	any J fo	unre or su	ch p	ed organization of person	r individual	5   X
Complete this table for your five highest compe- compensation from the organization. Report compe	ensated inc ensation for	deper the o	nder cale	nt co	ontra yea	ctors r end	s tha	at received more with or within the	than \$100,000 of organization's tax ye	
(A) Name and business ac	ldress							Description	B) i of services	(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization)		nited	to th	nose	liste	d ab	ove)	who received mo	re than	
BAA	<del>-</del> -	TEEA	010	Rt 1	1/16/1	6		·	<del></del>	Form 990 (2016

		Check if Schedule O contains a	respon	se or note to an				··· ··· · L
			` 		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
\$ £	1 a	Federated campaigns	1 a					
필	b	Membership dues	1 b					
5 E	C	: Fundraising events	1 c					
a H	d	Related organizations [	1 d				<b>医常见的形式</b>	
, E	е	Government grants (contributions)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above.	1 f	201,196.				
草図		Noncash contributions included in lines 1a-	if: \$					
કું કું	h	Total. Add lines 1a-1f	-		201,196.			
Program Service Revenue	2 a			Business Code				
<b>E</b>	b		}					
9	c			<del></del>	<del></del>	<del> </del>		<u> </u>
Ş.	d	. <del></del>						
E	е	_ <del></del>		<del> </del>				,
<b>E</b>	f	All other program service revenue	e					
۳.	g	Total. Add lines 2a-2f					and the same	
	3	Investment income (including div						
	_	· · · · · · · · · · · · · · · · · · ·			ļ	<b> </b>	ļ	<b></b>
İ	4	Income from investment of tax-ex	xempt b	ond proceeds		ļ		
- 1	5	Royalties		60 Personal				
}	e -	Gross rents	sai -	(ii) Personal				
	-	Less: rental expenses	<del>}</del>	<del>-, -,</del>			34 AS 10 ST 70 TO	
i		Rental income or (loss)						
}		Net rental income or (loss) .						
- 1		() Com	rities	(ii) Other	N. P. C.			
- 1	/a	Gross amount from sales of assets other than inventory						
	ь	Less. cost or other basis		·		164-16 De 184-3		11 W. C. W.
- [	_	and sales expenses			No.			
		Gain or (loss)						
Ì	d	Net gain or (loss)					Andreas Dr. a showing are a parties and a state of	
The	8 a	Gross income from fundraising e (not including . \$	vents					
8		of contributions reported on line	1c).					
Other Reve		See Part IV, line 18	a		<b>一次,然后</b>		\$60.00 m 2000	
至		Less direct expenses	<b>b</b> [				<b>的</b> 是一种,	
δ	C	Net income or (loss) from fundra	ising ev	ents •	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		A TO THE STATE OF	EVENT IN THE STATE OF STATE OF
1	9 a	Gross income from gaming activities See Part IV, line 19	ities.					
1		Less direct expenses			The state of the state of	學可能可能關	<b>"杨声"(</b> 图1)	
- 1	C	Net income or (loss) from gamin	g activit	ies •	·	1	<u> </u>	
f	10a	Gross sales of inventory, less rel	turns a					
{	b	Less cost of goods sold	. ь		<b>]</b> .	,		,
	c	Net income or (loss) from sales	of inven	tory				
[		Miscellaneous Revenue		Business Code			1	
ľ	11 a				ļ		ļ	<b></b>
Į	b		_	·	<u> </u>	<u> </u>	ļ	
}	С				1	<u> </u>	ļ	<u> </u>
1	d		L			<del> </del>	<u> </u>	<del> </del>
- (	e	Total. Add lines 11a-11d Total revenue. See instructions		·· · · · · ·	201,196	. 0	. 0	<del> </del>
J.	• •							. 1 0 .

<u> </u>	Check if Schedule O contains a r				<u>  X </u>
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				300
2	Grants and other assistance to domestic individuals. See Part IV, line 22				The second secon
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<del></del>			The state of the state of
5	Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	<del></del>			<del></del>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits	<del></del>			
10	Payroll taxes				
11	Fees for services (non-employees):		ŀ		
	Management				
	Legal				
C	: Accounting,				
d	Lobbying , , , ,				
е	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 0.)				
13	Office expenses	1,777.		1,777.	
14	Information technology	<u></u>			
15	Royalties			<del></del>	<del></del>
	_ `	······			
16	, ,		<del></del>		<del> </del>
17	Travel				<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	insurance	2,699.		2,699.	
24	Other expenses, Itemize expenses not				1. 人名英克洛斯
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Assistance to individuals	146,113.	146,113.		
	RamadanFoodDriveDay of Dignity	54,340.	54,340.		
C		9,149.		9,149.	
d		3,732.		3,732.	
e	All other expenses	-2,948.		-2,948.	
25	Total functional expenses. Add lines 1 through 24e	214,862.	200,453.	14,409.	0.
		213,002.	200, 100.	13/307.	<u>~.</u>
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 \( \bigcap \) if following SOP 98-2 (ASC 958-720).				

Pa	πx	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash — non-interest-bearing	100,692. 1	87,026.
- 1	2	Savings and temporary cash investments	2	
- }	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	<del></del>
2	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
₹	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
- {	b	Less: accumulated depreciation 10b	10	)c
	11	Investments – publicly traded securities	11	
- [	12	Investments – other securities. See Part IV, line 11	12	?
- 1	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
ł	15	Other assets. See Part IV, line 11	15	5
	16	Total assets. Add lines 1 through 15 (must equal line 34)	100,692. 16	87,026.
7	17	Accounts payable and accrued expenses		
- }	18	Grants payable	18	
- 1	19	Deferred revenue		<del></del>
- 1	20	Tax-exempt bond liabilities	. 20	)
8	21	Escrow or custodial account liability. Complete Part IV of Schedule D	. 2	
Liabilities	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	2	
-1	23	Secured mortgages and notes payable to unrelated third parties	. 2	3
1	24	Unsecured notes and loans payable to unrelated third parties	. 2	4
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
	26	Total liabilities. Add lines 17 through 25	0. 2	6 0.
Ses		Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34.		
<u>a</u>	27	Unrestricted net assets.	100,692. 2	<del></del>
8	28	Temporarily restricted net assets	. 2	
힐	29	Permanently restricted net assets.	. 2	<del></del>
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		
2	30	Capital stock or trust principal, or current funds		0
8	31	Paid-in or capital surplus, or land, building, or equipment fund	3	
<b>ĕ</b>	32	Retained earnings, endowment, accumulated income, or other funds	· <del> </del>	2
اقِ	33	Total net assets or fund balances	100,692.	87,026.
	34	Total liabilities and net assets/fund balances	100,692.	<b>4</b> 87,026.
BAA				Form 990 (2016

Form 990 (2016) Islamic Social Services of Oregon	38-3655438	Page	12
Part XI Reconciliation of Net Assets			_
Check if Schedule O contains a response or note to any line in this Part XI		· · · · · · · · · · · · · · · · · · ·	Ц
1 Total revenue (must equal Part VIII, column (A), line 12)	<b></b>	201,19	6.
2 Total expenses (must equal Part IX, column (A), line 25)	2	214,86	2.
3 Revenue less expenses. Subtract line 2 from line 1	3	-13,66	<u>6.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,69	2.
5 Net unrealized gains (losses) on investments			
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		0.
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			_
column (B))	10	87,02	<u>6</u> .
4 4		Yes N	۷o
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 Schedule O.	ıη		
2 a Were the organization's financial statements compiled or reviewed by an independent accountar	nt?	2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compil separate basis, consolidated basis, or both:	led or reviewed on a		
Separate basis Consolidated basis Both consolidated and separate basis			٧,
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audite- basis, consolidated basis, or both:	d on a separate		B
Separate basis Consolidated basis Both consolidated and separate basis			
	ht of the ends	THE STREET	32
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?.	nt of the audit,	2 c	হনক
If the organization changed either its oversight process or selection process during the tax year, in Schedule O.	explain		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth a Audit Act and OMB Circular A-133?	in the Single	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo th	ie required audit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
AA		Form 990 (2	01

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

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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.

2016

Open to Public Inspection

Employer identification number Name of the organization Islamic Social Services of Oregon 38-3655438 Part 1 | 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) 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).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) R 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 X An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a | 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 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, 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) 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations... . . . . . . . . . . . . g Provide the following information about the supported organization(s). (ili) Type of organization (described on lines 1-10 above (see instructions)) (I) Name of supported organization (v) Amount of monetary (vi) Amount of other (iv) is the support (see instructions) support (see instructions) organization listed your governing document? Yes (A) **(B)** (C) (D) Œ) Total

	til Support Schedule for (Complete only if you checked	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	d 170(b)(1)(A)(	vi)	
<u></u>	organization fails to qualify i	under the tests list	ted below, please	complete Part III	.)			
	tion A. Public Support	<del>,                                      </del>		<del></del>		·····		
Calendar year (or fiscal year beginning in) ►		(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
3	The value of services or facilities furnished by a governmental unit to the organization without charge.							
4	Total. Add lines 1 through 3				ar areas areas	sta ista u unadadaga		
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							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10				<u> </u>			
12	Gross receipts from related activ	nties, etc. (see in	structions)			12	<u> </u>	
	First five years. If the Form 990 is organization, check this box and	stop here .			tax year as a secti		▶□	
	tion C. Computation of Pu				<del></del>		9/	
	Public support percentage for 26	•	• • •				% %	
	is 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box							
b	and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	es' test, check this	s box and <b>stop h</b> e	ere. Explain in Pai	rt VI how 🚐	
	<ul> <li>b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</li> </ul>							
	rnvate roundation. If the organ	ization did not chi	eck a box on line	13, 108, 160, 17				
BAA					Se	chedule A (Form 9	990 or 990-EZ) 2016	

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						
Calenc	lar 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.')	103,014.	136,073.	171,523.	163,448.	201, 196.	775,254.
	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	103,014.	130,073.	1/1,323.	103,440.	201/230.	0.
	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons	103,014.	136,073.	171,523.	163,448.	201,196.	775,254.
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	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						775,254.
Sec	tion B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	Amounts from line 6	103,014.	136,073.	171,523.	163,448.	201,196.	775,254.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	103,014.	136,073.	171,523.	163,448.	201,196.	
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	136,073.	0.	163,448.	0.	0. 0. 0.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b,						0.
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	103,014.	136,073.	171,523.	163,448.	201,196.	0. 0. 0. 0. 775,254.
10a b c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and	103,014. Is for the organizatop here	136, 073.	171, 523.	163,448.	201,196.	0. 0. 0. 0. 775,254.
10a b c 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Puritimes, similar to the second control of the sale of capital assets.	103, 014. Is for the organizatop hereblic Support P	136,073. ation's first, second	171, 523. d, third, fourth, o	163, 448. r fifth tax year as	201,196. a section 501(c)(c)	0. 0. 0. 0. 775,254. 3)▶□
10a b c 11 12 13 14 Sect 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20	103,014. Is for the organization here	136,073. ation's first, second ercentage on (f) divided by line	171, 523. d, third, fourth, o	163, 448. r fifth tax year as	201,196. a section 501(c)(	0. 0. 0. 0. 775,254. 3)
10a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from	103,014. Is for the organization here	136,073. ation's first, secondercentage on (f) divided by line Part III, line 15	171, 523. d, third, fourth, o	163, 448. r fifth tax year as	201,196. a section 501(c)(	0. 0. 0. 0. 775,254. 3)▶□
10a b c 11 12 13 14 Sec: 15 16 Sec:	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support percentage	103,014. Is for the organization there blic Support P 016 (line 8, column 2015 Schedule A, restment Incor	136,073. ation's first, second ercentage n (f) divided by line Part III, line 15 ne Percentage	171, 523. d, third, fourth, o	163,448. r fifth tax year as	201,196. a section 501(c)(c)	0. 0. 0. 0. 775,254. 3)
10a b c 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support percentage	103,014. Is for the organization here	136,073. ation's first, second ercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided	171, 523. d, third, fourth, o	163, 448. r fifth tax year as	201,196. a section 501(c)(	0. 0. 0. 0. 775,254. 3)
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the sale from D. Computation of Investment income percentage finvestment income percentage fines.	103,014. Is for the organization blic Support Polic (line 8, column 2015 Schedule A, restment Incorror 2016 (line 10c, from 2015 Schedu	136,073. ation's first, second ercentage in (f) divided by line Part III, line 15 ine Percentage column (f) divided le A, Part III, line	171, 523. d, third, fourth, o	163, 448. r fifth tax year as	201,196. a section 501(c)(	0. 0. 0. 0. 775,254. 3)
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from Investment income percentage finity support tests—2016. If is not more than 33-1/3%, check-	103,014. Is for the organization of this box and stop the record the second stop the second stop the second stop the organization of this box and stop the organization of the organizat	136,073. ation's first, second ercentage in (f) divided by line Part III, line 15 ine Percentage column (f) divided le A, Part III, line lid not check the be phere. The organi	171, 523. d, third, fourth, o e 13, column (f)). d by line 13, column 17 expression of the second of the sec	163, 448.  r fifth tax year as  mn (f)  d line 15 is more as a publicly supp	201, 196. a section 501(c)(	0. 0. 0. 0. 0. 775,254. 3)
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from 10 the properties of the p	103,014.  Is for the organization of this box and stop the record of the stop the stop the stop the organization of the organization organization organization organization organization o	136,073. ation's first, second ercentage in (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line lid not check the be p here. The organi did not check a booland stop here. The	171, 523. d, third, fourth, o e 13, column (f)). d by line 13, colu 17 exaction qualifies a c on line 14 or line exaction qualities a	163, 448.  r fifth tax year as  mn (f)  d line 15 is more as a publicly supp ne 19a, and line 1 lialifies as a public	201, 196. a section 501(c)(c)	0. 0. 0. 0. 0. 775,254. 3)

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	<b>Organizations</b>
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- 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.)

	<b>.</b>	- No.
	Yes	No
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Pal	rt IV	Supporting Organizations (continued)		Yes	No
11	Has	the organization accepted a gift or contribution from any of the following persons?		-	
á		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the irrning body of a supported organization?	11a		
Ł	A fan	mily member of a person described in (a) above?	11b		
		% 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
Sec	tion	B. Type I Supporting Organizations		Yes	No
	or ele <b>Part</b> If the direc appli	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint et at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove stors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
	that of the state	he organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such stift carried out the purposes of the supported organization(s) that operated, supervised, or controlled the corting organization	2		
Sec	tion (	C. Type II Supporting Organizations		\ <b>V</b>	T NIZ
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees such of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of toorting organization was vested in the same persons that controlled or managed the supported organization(s).	the 1	Yes	No
Sec	tion I	D. All Type III Supporting Organizations		1	T
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations players is regard.	d 3		
Sec	tion (	E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
a	. 🗌 т	The organization satisfied the Activities Test Complete line 2 below			
£	• 🔲 т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	: 🔲 т	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ınstru	ictions	;)
2	Activ	rities Test. Answer (a) and (b) below.		Yes	No
	Did s suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
t	the o	he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	or 21		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> .	3.	a	
t	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3	1	
BAA		TEEA0405L 09/28/16 Schedule A (Fo	orm 990 or	990-E	Z) 201

	edule A (Form 990 or 990-E2) 2016 Islamic Social Services of Oreg		38-365	5438 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	lov. 20, 1970 (explain in ist complete Sections A t	hrough E
Sec	tion 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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u></u>
Sec	tion 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	The state of the s	
7	Check here if the current year is the organization's first as a non-functionally interest (see instructions)	egrat	ed Type III supporting or	ganization
BAA			Schedule A (F	orm 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016

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.) Islamic Social Services of Oregon

#### 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.

> 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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Islamic Social Services of Oregon

Employer identification number 38-3655438

# Form 990, Part I, Line 1 - Organization Mission or Significant Activities

ISOS promotes and fosters a better understanding of Muslim culture, history, and values, by engaging in dialogue with diverse ethnic groups; and other faiths, and performing charitable activities for the needy individuals. Program service accomplishments include providing assistance in food, housing, medical, and other essentials to needy individuals.

#### Form 990, Part III, Line 1 - Organization Mission

ISOS promotes and fosters a better understanding of Muslim culture, history, and values, by engaging in dialogue with diverse ethnic groups; and other faiths, and performing charitable activities for the needy individuals. Program service accomplishments include providing assistance in food, housing, medical, and other essentials to needy individuals.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

After preparation of 990, the President and the Board review the returns and approve for filing.

# Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

ISOS follows non-profits best practices and informs all individuals in governance to stay independent; and be aware the Organization's conflict of interest and whistle blower policies.

#### Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

990 Form is available on Guidestar website and upon request.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Form 990 available on Guidestar , and upon request.