# HRB TAX GROUP INC 7855 NORTHPOINT PKWY ALPHARETTA GA 30022 6782779465

42-1675326 HAMZAH ISLAMIC CENTER INC

#### INSTRUCTIONS FOR FILING 2016 FEDERAL FORM 990

.THE TRUSTEE/OFFICER REPRESENTING THE ORGANIZATION MUST SIGN THE RETURN .MAIL YOUR RETURN ON OR BEFORE 05-15-2017 TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027



#### Form **990**

#### **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.

OMB No. 1545-0047 2016

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

	For th	e 2016 cale	ndar year, or tax year beginnin		<u>, 2016, and endi</u>	ng		, 20				
<b>B</b> 0	heckif	applicable:	C Name of organization HAM2	ZAH ISLAMIC CENTER IN	C	D Emplo	yer ide	ntification number				
Α	ddress	change	Doing business as			42-16	7532	6				
٦,	lame ch	ange	Number and street (or P.O. box if m	ail is not delivered to street address)	Room/suite			****				
ار [	nitial re	urn	665 TIDWELL ROAD			(770)	558	-3519				
F	inal ret	urn/	City or town, state or province	e, country, and ZIP or foreign postal	code	G Gross						
_ te	erminat	ed	ALPHARETTA GA 30	004		receip	ts\$	889,633				
٦	mende	d return	F Name and address of princ		H(a) Isthisa	group return	for subor					
A	pplicat	ion pending	SEE ATTACHMENT #		H(b) Arealls			H H				
īī	ax-ex	empt status:	X 501(c)(3) 501(c)( )	◀(insert no.) 4947(a)(1) or 5	27 If "N	o," attach a lis	st. (see ins					
J۷	Vebsi	e: ► WWW	.MASJIDHAMZAH.CO		H(c) Group	exemption nu	nber 🕨					
					Year of formation:	2005	M State	e of legal domicile: GA				
	art I	Sumn				2000		<u> </u>				
	1		scribe the organization's mission of	or most significant activities:								
4.	PR		AND EDUCATION O									
ž												
& Governance												
Š	2	Check this	s box I if the organization dis	continued its operations or dispose	d of more than 25	% of its net	assets					
Ğ	3		_	g body (Part VI, line 1a)	ASS.		3	65				
ون در	4			f the governing body (Part VI, line 1	PORTEGIA.		4	65				
Activities	-							40				
ΞΞ	3			lendar year 2016 (Part V, line 2a)			5	58				
Ą			•	essary)			6					
	7a			VIII, column (C), line 12			7a					
	_   _ <u>k</u>	Net unrela	ited business taxable income from	n Form 990-T, lin <b>e 34</b>			7b	0				
				West		rior Year	0.5.1	Current Year				
ē	8			······································		497,		513,458				
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)			370,	726	376,175				
ě	10	Investmer	it income (Part VIII, column (A), lir	nes 3, <b>4,</b> and 7 <b>d)</b>								
ш.	11	Other reve	enue (Part VIII, column (A), lines	5, 6d, 8 <b>c, 9c, 10c,</b> and 11e)								
	12	Total reve	nue add lines 8 through 11 (m	ust equal Part VIII, column (A), line	12)	867,	990	889 <b>,</b> 633				
	13	Grants an	d similar amounts paid (Part IX, c	olumn (A), lines 1-3)								
	14	Benefits p	efits paid to or for members (Part IX, column (A), line 4)									
ý	15	Salaries, o	other compensation, employee be	148	449,702							
Expenses	168		nal fundraising fees (Part IX, colun									
ē	.   t	Total fund	raising expenses (Part IX, column	(D), line 25)	1 42 1	lavet.						
ŭ	17			I1a-11d, 11f-24e)		398,	335,199					
	18		and the second s	al Part IX, column (A), line 25)	-	820,	743	784,901				
	19			om line 12		•	247	104,732				
·s			A			ing of Curren		End of Year				
Net Assets or Fund	<b>8</b> 20	Total aese	te (Part V. line 16)		<del></del>	2,691,		2,790,535				
PS I	21	A Company of the Comp					500	40,500				
호	B 22	200	AND THE STATE OF T	21 from line 20		2,646		2,750,035				
	rt II	-	ture Block	21 HOITI III e 20		2,040,	00 /	2,730,033				
				urn, including accompanying schedules and	d -4-4 d 4-	4h - h - 4 - 6 -	(	des and balled it in tour				
				) is based on all information of which prep			iy knowle	age and belief, it is true,				
			The state of the s									
Sig	n	Sign	nature of officer					Pate				
Hei		_	AKIL GHAYA	Ch.	A T DMAN		L	Alc				
101	-			CH	AIRMAN							
		<del></del>	e or print name and title /Type preparer's name	Drahhtor'a cignatura	Data	<u> </u>	1	DTIAL				
Pai	d	l l	* * * * *	Proparer's signature	Date 12/201	Check	if	PTIN				
	pare	_	NLEY MCGHEE	OID IN				P00066327				
	e On			OUP INC	- +		<b>-</b> 43⊥	871840				
- 31	- <b>-</b> - 11			HPOINT PKWY		Phone no.	0165					
14	ماء احماد		HARETTA GA 30022		[6	578277	<u> </u>	Пу Б.				
			nis return with the preparer shown			• • • • • • • • •	• • • • • •	··· ∐ Yes ⊠ No				
For	Paper	work Redu	ction Act Notice, see the separa	ate instructions.				Form <b>990</b> (2016)				

Form	1990 (2016) HAMZAH ISLAMIC CENTER INC 42-1675326	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	П
1	Briefly describe the organization's mission:	
	PRACTICE AND EDUCATION OF ISLAM	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 551,000 including grants of \$) (Revenue \$	)
	SEE ATTACHMENT #2	
		·
4b	(Code: ) (Expenses \$ 48,217 including grants of \$ ) (Revenue \$	
4c	(Code: including grants of \$ ) (Revenue \$	)
4d	1 0	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 599, 217	

## Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Χ
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		Χ
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 N/A	5		
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		Х
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		X
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>X</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		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	47	9.0	423
	VII, VIII, IX, or X as applicable.	8.0		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
_	D, Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			3.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
a	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			37
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	<u>X</u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-		V
<b>h</b>		12a		X
U	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	105		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising.	144		
U	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		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1-10		21
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
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,			<del></del>
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
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		Χ

Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Χ
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		Χ
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		Χ
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		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots \dots N$ ./ $A$	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess			
	benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b		Χ
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		Χ
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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	l	-	
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II.	32		Χ
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		Χ
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? 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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
ED A	Note. All Form 990 filers are required to complete Schedule O	38	X	
ED 4	AK DODA DIVERSON From Coffeens Consider 1000 CONTINUE TO CO	_	nnn .	

Part V	Statements F	Regarding Other	IRS Filings a	and Tax (	Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. Ц	
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	)		1 7	A COMPANY
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	)	1	edu da	ASSESSED.
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				
	gaming (gambling) winnings to prize winners?	10		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	12			2000000
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 40	) Habitan			1,50,000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	10.02	Tage		2.8886.3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O $\dots N$ ./. A	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 account)?	4a		X	_
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			3 1	365844
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	_
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				Ī
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	6b			_
7	Organizations that may receive deductible contributions under section 170(c).				STREET,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			10.00	
	and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots \dots N$ ./.A.	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7c		Χ	
d	If "Yes," indicate the number of Forms 8282 filed during the year			15	SENTER
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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 as required?	7g		X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1 29	0.00000
	sponsoring organization have excess business holdings at any time during the year?	8		X	***
9	Sponsoring organizations maintaining donor advised funds.		W. 12.		2502200
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X	
10	Section 501(c)(7) organizations. Enter:		All and		W00000
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				VIII 1000
11	Section 501(c)(12) organizations. Enter:	5.00			70281125
а	Gross income from members or shareholders			Li.	Santaga,
b	Gross income from other sources (Do not net amounts due or paid to other sources		71	<b>1</b>	STATE OF
	against amounts due or received from them.)				1992
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	and the same of	X	ğ.
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12.0			100 May 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		17	18038
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X	Ö
<b>.</b>	Note. See the instructions for additional information the organization must report on Schedule O.	1. 1			SECTION.
b	Enter the amount of reserves the organization is required to maintain by the states in which		29 29 192	ku W	Section 1
_	the organization is licensed to issue qualified health plans		age III	1	2000
с 14a	Enter the amount of reserves on hand	140	100	V	ESSEC.
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X	-
	- 100, the fit mod at 10th 120 to report these payments: If the, provide all explanation in occidence of	14b		<u> </u>	_

Parl.	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for	a "No"	,
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst			
	Check if Schedule O contains a response or note to any line in this Part VI			. П
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	gu-Corio albanco	X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,		T	
	or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1 (2 ) 2 (2 ) 3 (4 )	15 (A) 10 (A)
а	The governing body?	8a	Х	Still Probability
b	Each committee with authority to act on behalf of the governing body?	8b	X	<del>                                     </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		<del> </del>	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Section	Dn B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$ $N \not A$	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	<u></u>	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.1		
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	- 100 H	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1 1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	8.00		
	with a taxable entity during the year?	16a	ES APROTO	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			eri di
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? $\dots N./A$	46h	750,384	86 s čist
Sootie	on C. Disclosure	16b	L	<u> </u>
<u>5ecua</u>	List the states with which a copy of this Form 990 is required to be filed  GA		· · · · · · · · · · · · · · · · · · ·	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nlv\		
.0	available for public inspection. Indicate how you made these available. Check all that apply.	ıııy/		
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SEE ATTACHMENT #3			

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

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

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

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

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

🕅 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	r any related organization compensated a				ompens	aleu	(D)	(E)	(F)
Name and Title	Average	l Position I			Reportable	Reportable	Estimated			
	hours per	(do not check more than box, unless person is bot officer and a director/trus			both an		compensation	compensation	amount of	
	week (list any	1 1					ייב	from	from related	other
	hours for	divi	stitu	Officer	ey e	igh e	Forme	the	organizations	compensation
	related organiza-	dual	tion	٦	Key employee	Highest cor employee	er.	<b>or</b> ganization	(W-2/1099-MISC)	from the
	tions	Individual truste or director	al tri		yee	omp		(W-2/1099-MISC)		organization
	below dotted	ee	Institutional trustee			msa.				and related organizations
	line)		O)			ted				organizations
SHAKIL GHAYA	12.00			Х			4	0	0	0
CHAIRMAN					4					
JIHAD MAHAYNI	5.00		á	X.	-			0	0	0
VICE CHAIRMAN					4					
WASIF ALVI	6.00	4		<b>X</b>				0	0	0
GENERAL SECRETARY			•	-						
SOLIMULLAH A KAZI	8.00	4949		X				0	0	0
EDUCATION DIRECTOR				x				_		_
MOHAMMAD NADEEM	11.00		4	Χ				0	0	0
PROPERTY MANAGER		Wind State		x						
SIRAJUR RAHMAN	10.00			^				U	0	0
SOCIAL DIRECTOR	10.00	***		x					0	^
UMAR IBRAHIM	10.00			^				l o	0	0
TREASURER	-									
				:						
	Ì									

Form **990** (2016)

r ai	Section A. Officers	, Director	s, irust	ees, K	ey En	nploye	ees, and	High	est Compensated E	mployees (continue	ed)
	(A)	/B)			( <b>(</b> Posi				(D)		(F)
	Name and title	(B)	İ	box, ur	nless pe	rson is	han one both an		(D)	(E)	Estimated
	Name and title	Average hours per		officer	and a o	lirector	/trustee)		Reportable compensation	Reportable	amount of
		week (list any hours	ndiv or d	nsti	Officer	e <sub>y</sub>	e mp	Former	from	compensation from related	other compensation
		for related	rect	tutic	eq	E B	nest	ner	the	organizations	from the
		organiza- tions	Individual trustee or director	nstitutional trustee		Key employee	ee con		organization	(W-2/1099-MISC)	1
		below	ıste	trus		e e	nper		(W-2/1099-MISC)	(** 2, 1000 (11100)	and related
		dotted line)		tee			Highest compensated employee		(		organizations
			ļ	<del> </del>	-		8				
		1							Â		
									4		
								4.5			
								b =	2		
		}					4				
						4		电路			
								AHI.			
					4 1	- 4	47				
						pA).	II.				
				"						·	
			4		5						
1b	Sub-total	41		530			<u> </u>				<del> </del>
c	Total from continuation sh	eets to Pa	r VII S	ection	n Δ						
d	Total (add lines 1b and 1c)										
2	Total number of individuals				to thos	se liste	d above)	who	received more than	\$100,000 of reportal	ble compensation
	from the organization	47					,				·
											Yes No
3	Did the organization list any	<b>former</b> off	icer, dire	ector, c	or trust	tee, ke	y employ	ee, o	r highest compensat	ed employee	
	on line 1a? If "Yes," complete	<b>S</b> chedule	J for su	ich ind	dividua	al					. 3 X
4	For any individual listed on li	ne 1a, is th	ne sum c	f repo	rtable	comp	ensation	and o	ther compensation f	rom the	
	organization and related org	anizations ·	greater t	han \$	150,00	0? If "	Yes," con	nplete	Schedule J for such	n individual	. 4 X
5	Did any person listed on line	1a receive	or accr	ue cor	npens	ation f	rom any	unrela	ated organization or i	ndividual for	a de la companya
	services rendered to the orga	anization?	If "Yes,"	comp	lete So	chedul	e J for su	ich pe	erson		. 5 X
	on B. Independent Contracto								W-2000W-0-1		
1	Complete this table for your	_	•		•						
	compensation from the orga		eport co	mpens	sation	for the	calenda	r year	<u>-</u>	n the organization's	
		(A)							(B)		(C)
	Name and	business	address						Description of se	ervices	Compensation
					<del> </del>				4-15		
					<del></del>						<u> </u>
									NAVE 18 NAV. 8		
	Total number of independen	t contracto	rs (inclu	ding h	ut not	limited	to those	lieter	d above) who receive	ad more than	a est e vide a reconstruction, a such
-	\$100,000 of compensation fr				at 110t	minter	USE	, iiote(	a above) who receive	ou more than	
	- september of the sept										

		Check if Schedule O cont	ains a respo	nse or r	note to any line in this				
					Section 1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns		1a					1
G G	þ	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events		1c	740.004				
		Related organizations		1d		America 19	Maria .		
		Government grants (contril		1e			SERVE	1127760	
	f	All other contributions, gifts	_		540 450				
gia		similar amounts not include		1f	513,458		1000		Periodia.
a d	_	Noncash contributions included		•			4411	BEEFFA.	
	h	Total. Add lines 1a-1f			T	513,458	2 2 2 3 5 6 1 M		
ice	_	1173467311 3 C 3 D E 34	T1100		Business Code	334,602		Nick Falls	1-14000
	2a	HAMZAH ACADEM				17,580			
ē ē		SUNDAY SCHOOL		<u>ON</u>		23,993		-	
n S ent	C	HIFZ CONTRIBU	TIONS			23,333			
grai Pev	d								
Program Service Revenue	f	All other program service re	evenue						
_	g.	Total. Add lines 2a-2f				3 <b>76,</b> 175			
	3	Investment income (includi					e se su a distribuir de la companya	200 200 200 200 200 200 200 200 200 200	LOSA Zour Salde a Los Con
		other similar amounts)	_			all of the basis			
	4	Income from investment of	tax-exempt	bond p	roceeds · · · · · · · •	741 TO			
	5	Royalties	•	•	A STATE OF THE PARTY OF THE PAR				
		-	(i) Re	al	(ii) Personal	W. Landing			A STATE OF STREET
	6a	Gross rents							
	b	Less: rental expenses			W.A.		PERMA		
	С	Rental income or (loss)			44				
	d	Net rental income or (loss)				C III.	# 1000 CO. 1. (6) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4.4.1.2.X 84.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	EXPERTATION WATER CONTRACTOR CONT
	7a	Gross amount from sales of assets other than	(i) Secur	rities	(ii) Other			military 1980 military 1980	
		inventory	4					2.740 E. I E	
	b	Less: cost or other basis	4						
		and sales expenses		No.					####F1601
	С	Gain or (loss)		4			D MASS	541114.9	
	d	Net gain or (loss)	.,						
	8a	Gross income from fundral	sing events						
e e		(not including \$	4.0						
ē		of contributions reported o	187						
- Be		See Part IV, line 18						CARRY L	
Other Revenue		Less: direct expenses							
盲		Net income or (loss) from f					The second		
	9a	Gross income from gaming					Selection of the same		
		Part IV, line 19						A Could be Visit to the	
							<b>Fig. 40</b> Columbia (Columbia)		
ĺ		Net income or (loss) from g	-	iues					
	ıva	Gross sales of inventory, le returns and allowances		_					
	b			-					
		Net income or (loss) from s					mode Nicolis, A.	proyecological and the second	
Ì		Miscellaneous Rev		,	Business Code				The state of the s
l	11a			<del></del>			enorași de Santa III de III		
	b								
	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d						Programme of the	
	12	Total revenue. See instruc	ctions			889,633			

#### Part IX Statement of Functional Expenses

ection 501(c)(3)	) and 501(c)(4)	organizations must	complete all co	olumns. All oth	her organizations must	complete column (/	A).

	Check if Schedule O contains a response or note to	any line in this Part	IX		
Do n 7b, 8	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			to a large	
	and domestic governments. See Part IV, line 21			1861 - An 244	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages · · · · · · · · · · · · · · · · · · ·	415,348	415,348		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		44		
10	Payroll taxes	34,354	34,354		
11	Fees for services (non-employees):				
а	Management	1,000	1,000		
b	Legal····	Artis 48	7		
C	Accounting	1,816	1,247	569	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			Section 1	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) · · ·				
12	Advertising and promotion	600			
13	Office expenses	57,681	12,932	44,749	
14	Information technology				
15	Royalties				
16	Occupancy	107,067	24,691	82,376	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			1.1	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,437		49,437	
23	Insurance	12,606	7,558	5,048	
24	Other expenses. Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e. If line 24e	* Dyskati			
	amount exceeds 10% of line 25, column (A) amount,				March States of the Committee of the Com
	list line 24e expenses on Schedule O.)		The second of th		
а	HAMZAH ACADEMY CURRICULUM	56,717	56,717		
b	POOR PEOPLE SUPPORT	48,275	48,217	58	
С		···			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	784,901	602,664	182,237	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note	to any line in this	Part X			
					(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash non-interest-bearing			39,981	1	188,646
	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		W.	2007 Land Co. 1007		
		trustees, key employees, and highest compensated	l employees.			an office disables	
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified persons	ction				
		4958 (f)(1)), persons described in section 4958(c)(3)(B), and co		to an			
		sponsoring organizations of section 501 (c)(9) voluntary emplo	oyees' beneficiary				
ets		organizations (see instructions). Complete Part II of Schedule	e L		**************************************	6	- S. 1. 1. server in Gallini Tenerveit 1980 dan al diction de la marchite 2000 de la m
Assets	7	Notes and loans receivable, net				7	
٩	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other	1		AND KEELS		DESTRUCTION OF THE RESERVE TO SERVE THE RESERVE THE RESERVE THE RESERVE THE RESERVE THE RESERVE THE RESERVE TE
		basis. Complete Part VI of Schedule D	10a 2,	698,777			
	b		10b	96,888	2,651,326	10c	2,601,889
	11	Investments publicly traded securities				11	
	12	Investments other securities. See Part IV, line 11				12	
	13	Investments program-related. See Part IV, line 1		The second section for the second section is		13	
	14	Intangible assets	ride .			14	
	15	Other assets. See Part IV, line 11		4.5		15	
	16	Total assets. Add lines 1 through 15 (must equal li	***************************************		2,691,307	16	2,790,535
	17	Accounts payable and accrued expenses	All magazine and a second and a	The state of the s		17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D			21	
S	22	Loans and other payables to current and fermer off	icers, directors,		TELEVILLE		
Liabilities		trustees, key employees, highest compensated emp	oloyees, and				
jab		disqualified persons. Complete Ran II of Schedule I	L		A	22	As Charles and Address to Adviso currents (C. d. 23 No. 102 - 143 1 and 144 144 144 144 144 144 144 144 144 14
_	23	Secured mortgages and notes payable to unrelated	I third parties			23	
	24	Unsecured notes and loans payable to unrelated th	ird parties		44,500	24	40,500
	25	Other liabilities (including federal income tax, payab	les to related third				
		parties, and other liabilities not included on lines 17	-24). Complete Pa	art X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			44,500	26	40,500
		Organizations that follow SFAS 117 (ASC 958), o	heck here 🕨 📗	and			
Ses		complete lines 27 through 29, and lines 33 and 3	34.				
<u>a</u>	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
ဋ	29	Permanently restricted net assets		_		29	
Ţ		Organizations that do not follow SFAS 117 (ASC	958), check here	≥ ⊠ and			
Net Assets or Fund Balances	_	complete lines 30 through 34.			Paralleania (m. 112 sura per majora) de		
se	30	Capital stock or trust principal, or current funds				30	
t As	31	Paid-in or capital surplus, or land, building, or equip	='			31	
Se	32	Retained earnings, endowment, accumulated incon	•		2,646,807	32	2,750,035
	33	Total net assets or fund balances			2,646,807	33	2,750,035
	34	Total liabilities and net assets/fund balances			2,691,307	34	2,790,535

OIT	reso (2010) HAMZAH ISLAMIC CENTER INC 42-16/53	Z 6		Page 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		889,633
2	Total expenses (must equal Part IX, column (A), line 25)	2		784,901
3	Revenue less expenses. Subtract line 2 from line 1	3		104,732
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	646,807
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		-1,504
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,	1		
	column (B))	10	2,	750,035
Par	t XII Financial Statements and Reporting		•	
	Check if Schedule O contains a response or note to any line in this Part XII			П
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.		24	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		read war in the	100
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			24 24
b	Were the organization's financial statements audited by an independent accountant?		2b	l X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		P E COMP Ven	#C-m
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	N./.A.	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in	<i>,</i>	74.6.5	
	Schedule O.			1.46%
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		Protegra Autolitis	A ALL SECTION OF THE SECTION S
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<del>                                     </del>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	A.\.N.	3b	
FΠΔ	16 99012 RWE 990 Form Software Convicted 1996 - 2017 HRR Tay Crown Inc.			000 (0010)

Form **990** (2016)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

**Employer identification number** HAMZAH ISLAMIC CENTER INC 42-1675326 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).) 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 5 170(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). 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 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.) 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. | 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. 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. Enter the number of supported organizations ..... Provide the following information about the supported organization(s). (iv) Is the organization (ii) EIN (i) Name of supported (iii) Type of organization (V) Amount of monetary (Vi) Amount of other listed in your governing document? (described on lines 1-10 organization support (see instructions support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

2016

HAMZAH ISLAMIC	CENTER INC	42-1675326
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	∑ 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not tre	ated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is	covered by the General Rule or a Special Rule.	
	7), (8), or (10) organization can check boxes for both th	e General Rule and a Special Rule. See instructions.
General Rule  For an organization f	iling Form 990, 990-EZ, or 990-PF that re <b>ceiv</b> ed, d <b>urin</b> g	the year, contributions totaling \$5,000
or more (in money or contributor's total cor	r property) from any one contributo <b>r. Co</b> mpl <b>ete Parts I</b> a ntributions.	nd II. See instructions for determining a
Special Rules		
under sections 509(a	described in section <b>501</b> (c)(3) filing Form 990 or 990-EZ )(1) and 1,70( <b>b)(1)(A)(vi), th</b> at checked Schedule A (Formally one contribution, during the year, total contributions of	m 990 or 990-EZ), Part II, line 13, 16a, or 16b, and
on (i) Form 990, Part	VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts	I and II.
For an organization of	described in section 501(c)(7), (8), or (10) filing Form 990	0 or 990-EZ that received from any one contributor,
during the year, total	contributions of more than \$1,000 exclusively for religio	us, charitable, scientific, literary, or educational
purposes, or for the	prevention of cruelty to children or animals. Complete Pr	arts I, II, and III.
For an organization of	described in section 501(c)(7), (8), or (10) filing Form 990	0 or 990-EZ that received from any one contributor,
during the year, contr	ibutions exclusively for religious, charitable, etc., purpos	ses, but no such contributions totaled more than
	checked, enter here the total contributions that were rec	
	ose. Don't complete any of the parts unless the <b>General</b> us, charitable, etc., contributions totaling \$5,000 or more	-
	at isn't covered by the General Rule and/or the Special wer "No" on Part IV, line 2, of its Form 990; or check the	Rules doesn't file Schedule B (Form 990, 990-EZ, e box on line H of its Form 990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it	doesn't meet the filing requirements of Schedule B (For	rm 990, 990-EZ, or 990-PF).

HAMZAH ISLAMIC CENTER INC

Employer identification number

42-1675326

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADVANCED DERMATOLOGY, PC  4904 TIMBER RIDGE DR, NUMBER 101 DOUGLASVILLE, GA 30135	\$8,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HABIBUR RAHMAN, MD  1435 WOODALL TRACE ALPHARETTA, GA 30004	\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	M RABIUL ALAM  15872 MEADOW KING CT ALPHARETTA, GA 30004	\$ <u>7,000</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MOHAMMAD ANWAR  1270 HOPEWELL CRST ALPHARETTA, GA 30004	<b>s</b> 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	3204 BUCK WAY ALPHARETTA, GA 30004	<b>s</b> 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RAJA ISMAIL  2215 TRAYWICK CHASE ALPHARETTA, GA 30004	s 11,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

42-1675326

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHOMAN AIL  4155 WINTERBERRY ROAD CUMMING, GA 30040	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ABRAR TARIQ CHAUDHRY  2237 ADDISON LANE JOHNS CREEK, GA 30005	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JAWAD M. BAIG  1070 CHASEWOOD TRL ALPHARETTA, GA 30005	\$ 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10	SHAFI MOHAMMED  476 GRAYSON WAY ALPHARETTA, GA 30004	<b>\$</b> 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

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

OMB No. 1545-0047 **2016** 

Open to Public Inspection

Name of the organization

HAMZAH ISLAMIC CENTER INC

Employer identification number

	MZAH ISLAMIC CENTER IN				42-16/5326		
Pa	art I Organizations Maintaining				nds or Accounts.		
	Complete if the organization answer	ered "Yes" c	on Form 990, Part IV, line 6.				
		_	(a) Donor advised	l funds	(b) Funds and othe	r accounts	1
1	Total number at end of year						
2	Aggregate value of contributions to (during	year)					
3	Aggregate value of grants from (during year	ır)					
4	Aggregate value at end of year						
5	Did the organization inform all donors and	donor advis	ors in writing that the asset	s held in donor advis	ed	_	
	funds are the organization's property, subje	ect to the or	ganization's exclusive legal	control?		Yes	No
6	Did the organization inform all grantees, do	nors, and d	lonor advisors in writing tha	t grant funds can be	used only		_
	for charitable purposes and not for the ber	efit of the d	onor or donor advisor, or fo	or any other purpose	conferring	_	_
	impermissible private benefit?					Yes	No
Pa	rt II Conservation Easements.						
	Complete if the organization answer	ered "Yes" c	on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held	by the org	anization (check all that app	oly).	<del></del>		
	Preservation of land for public use (e.g.	, recreation	or education)	Preservatio	n of a historically impo	rtant land	area
	Protection of natural habitat			Preservatio	n of a certified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organiz	ation held a	a qualified conservation con	tribution in the form	of a conservation		
	easement on the last day of the tax year.		45,000				
				,	Held at the Er	nd of the T	ax Year
а	Total number of conservation easements				. 2a		
b							
c	Number of conservation easements on a conservation	ertified histo	ric structure included in (a)		2c		
d	Number of conservation easements include	ed in (c) acc	quired after 8/17/06, and no	t on a historic			
	structure listed in the National Register		<b>(:</b>		. 2d		
3	Number of conservation easements modifie					e tax	
	year ▶			·			
4	Number of states where property subject to	conservati	on easement is located				
5	Does the organization have a written policy	90° 4000000		ection, handling of v	riolations, and		
	enforcement of the conservation easement			-		Yes	П
6	Staff and volunteer hours devoted to monitoring, i	The state of the s					
7	Amount of expenses incurred in manitoring, inspec	ting, handling	of violations, and enforcing cons	servation easements duri	ng the year 🕨 💲		
8	Does each conservation easement reported	Da.			***************************************		
	and section 170(h)(4)(B)(ii)?					Yes	Пио
9	In Part XIII, describe how the organization					□	⊔
•	balance sheet, and include, if applicable, the			·			
	the organization's accounting for conservat				me mar desembes		
Pa	t III Organizations Maintaining			Treasures or	Other Similar As	sets	
	Complete if the organization answer	=	•		Othor Ommar Ac		
1a	If the organization elected, as permitted un			in its revenue statem	ent and balance sheet	works of	
	art, historical treasures, or other similar ass						,
	in Part XIII, the text of the footnote to its fine	ancial stater	nents that describes these i	tems.			
b	If the organization elected, as permitted un	der SFAS 1	16 (ASC 958), to report in it	s revenue statement	and balance sheet wo	rks of art.	
	historical treasures, or other similar assets I						
	the following amounts relating to these item	ns:					
	(i) Revenue included on Form 990, Part V	'III, line 1 .			<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X	•			· —		
2	If the organization received or held works of				·		
_	following amounts required to be reported				gaming provided the		
а	Revenue included on Form 990, Part VIII, li		, ,		<b>&gt;</b> \$		
	Assets included in Form 990 Part X				<b>&gt;</b> \$		

Par	t III Organizations Mai	ntaining Co				or Other Similar	Assets	(conti	nued)
3	Using the organization's acquisition	on, accession, a	and other records, che	eck any of the following t	hat an	e a significant use of	its collection	n	
	items (check all that apply):								
а	Public exhibition		C	i 🗌 Loan or exchange (	orogra	ms			
b	Scholarly research		•	Other					
С	Preservation for future general	tions							
4	Provide a description of the organ	nization's collec	tions and explain how	they further the organiz	ation's	exempt purpose in			
	Part XIII.								
5	During the year, did the organizat	tion solicit or red	ceive donations of art,	historical treasures, or o	ther s	imilar	_		_
	assets to be sold to raise funds ra	ather than to be	maintained as part of	the organization's collec	ction?		· · · · Yes	3	∐ No
Par	Escrow and Custo Complete if the organizat	_		rt IV, line 9, or reported	an am	ount on Form 990. P	art X. line 2	1.	
1a	Is the organization an agent, trust								
	included on Form 990, Part X?	· · · · · · · · · · · · · · · · · · ·					Yes	;	No
b	If "Yes," explain the arrangement								_
						Am	nount		
С	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e		•		
f	Ending balance				1f				
2a	Did the organization include an a	mount on Form	990, Part X, line 21, fo	or escrow or custodial a	count	: liability?	Yes	;	No
b	If "Yes," explain the arrangement	in Part XIII. Che	ck here if the explana	ition has been <b>pr</b> ovided	on Pa	rt XIII	<del></del>		
Pai	t V Endowment Funds	) <b>.</b>		4.50			-		
	Complete if the organizat	ion answered "	Yes" on Form 990, Pa	rt IV, line 10.					
		(a) Current yea	r <b>(b)</b> Prior yea	r <b>(c)</b> Two yea <b>rs</b> ba	ck (	d) Three years back	(e) Four y	ears	back
1a	Beginning of year balance								
b	Contributions		4 6						
С	Net investment earnings,				ļ				
	gains, and losses								
d	Grants or scholarships		4 = 3						
е	Other expenditures for								
	facilities and programs	all and a second	11						
f	Administrative expenses					71 - FEAR PROPERTY AND THE PROPERTY AND			
g	End of year balance		<u> </u>						
2	Provide the estimated percentage		<b>/ear</b> end balance (line	e 1g, column (a)) held as	:				
а	Board designated or quasi-endo		%						
b	Permanent endowment	11111/							
С	Temporarily restricted endowner	ACCOUNT OF THE PARTY OF THE PAR	%						
	The percentages on lines 2a, 2b,								
3a	Are there endowment funds not in	n th <b>e p</b> ossessio	n of the organization t	hat are held and admini	stered	for the	,		
	organization by:							Yes	No
	(i) unrelated organizations								
	(ii) related organizations								<u> </u>
b	If "Yes" on line 3a(ii), are the relat						3b		<u> </u>
4	Describe in Part XIII the intended			nt funds.					
Pa	rt VI Land, Buildings,			3 . N/ E 44 O E					
				Part IV, line 11a. See For			(-I) D I		
	Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	•	) Accumulated depreciation	( <b>d</b> ) Book	value	,
10	Land		(ATVCSGTICTIL)	770,651		Coprediction		770	, 651
1a b	Land			1,928,126		96,888			, 031
C	Leasehold improvements	<del></del>		1,320,120		30,000		J J I	, 230
d	Equipment	<u> </u>							
e	Other	<del></del>							
	. Add lines 1a through 1e. (Colum		Form 990 Part X co	olumn (B) line 10c )			2 -	601	,889
	40 00000			(5), 1110 100.)					

Part XI	Complete if the organization answered "Yes" on Form 990, Part IV, line		per Heturn.
4 Total roy	enue, gains, and other support per audited financial statements	~	
			1
	sincluded on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
	alized gains (losses) on investments	2a	
	services and use of facilities	2b	
	ies of prior year grants	2c	
•	escribe in Part XIII.)	2d	
	s 2a through 2d		2e
	line 2e from line 1		3
	sincluded on Form 990, Part VIII, line 12, but not on line 1:		Company
	ent expenses not included on Form 990, Part VIII, line 7b		
•	escribe in Part XIII.)	4b	
	s 4a and 4b		4c
	enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII	Reconciliation of Expenses per Audited Financial Sta	-	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
	penses and losses per audited financial statements		1
	sincluded on line 1 but not on Form 990, Part IX, line 25:	1 1	
	services and use of facilities	2a	
	ar adjustments	2b.	
	ses	20	
	escribe in Part XIII.)		
	s 2a through 2d		2e
	line 2e from line 1		3
	included on Form 990, Part IX, line 25, but not on line 1:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	ent expenses not included on Form 990, Part VIII, line 7b.	4a	
<b>b</b> Other (De	escribe in Part XIII.)	4b	
	s 4a and 4b		4c
	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII	Supplemental Information.		
	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par		ne 4; Part X, line 2;
Part XI, lines 20	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.	
		**************************************	
*****			
		*	
4			
4			
	The second secon	<del></del>	
	The state of the s		
			·
		<del> </del>	

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### 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.

OMB No. 1545-0047 **2016** 

> Open to Public Inspection

Name of the organization

HAMZAH ISLAMIC CENTER INC

Employer identification number

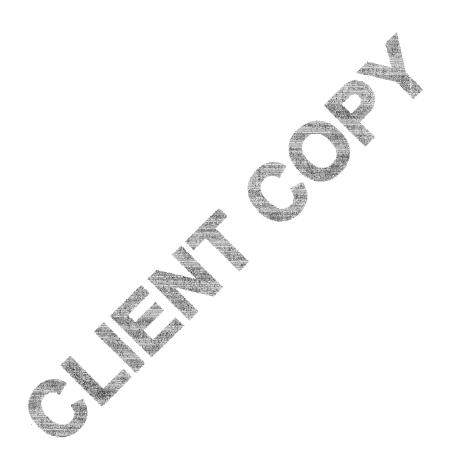
42-1675326

PART III, LINE 4D: OTHER - INCREASED RELIGIOUS ACTIVITIES FOR ADULTS TO 3 NIGHTLY SESSIONS PER WEEK. -

PART III, LINE 4D: OTHER - OFFERED FREE TUTORING TO MIDDLE SCHOOL STUDENTS. CLEANED ROADS BY JOINING "ADOPT A ROAD" PROGRAM.

PART III, LINE 4D: OTHER - WORKED WITH INTERFAITH ORGANIZATIONS TO PROMOTE RESPECT, UNDERSTANDING AND TOLERANCE. IMPROVED OUR SUNDAY SCHOOL METHODOLOGY AND INCREASED ENROLLMENT. -

PART III, LINE 4D: OTHER - PROVIDED TECHNICAL AND JOB TRAINING TO JOB SEEKERS IN THE IT INDUSTRY. MADE SEVERAL LAND IMPROVEMENTS INCLUDING SOCCER AND CRICKET FIELDS. -



# 2016 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F	
OPEN TO PUBLIC INSPECTION For calcader year 2016, or tay period beginning	
INSPECTION For calendar year 2016, or tax period beginning  Name of Organization	, and ending .
HAMZAH ISLAMIC CENTER INC	Employer Identification Number
990, Page 1, Line F	42-1675326
over, i ago i, aliio i	
Principal officer name	SHAKIL GHAYA
Street Address <u>(</u>	665 TIDWELL ROAD
-	
U.S. Address:	
Zip code 30004 City ALPHARETTA	State <u>GA</u>
or Foreign Address	
City	
Province or State	
Country	
Postal code	<b>7</b>

# 2016 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number HAMZAH ISLAMIC CENTER INC 42-1675326

Part III - Statement of Program Service Accomplishments

Code: 551,000 including Grants of: Expenses: Revenue:

**Exempt Purpose Achievements** 

HAMZAH ACADEMY: AN EDUCATIONAL INSTITUTION WITH CLASSES FOR PRE-K1, PRE-K2, KINDERGARTEN, AND 1ST GRADE THROUGH 5TH GRADE. ALSO PROVIDES ARABIC LANGUAGE EDUCATION FOR CHILDREN AS WELL AS DAILY QURAN CLASSES.



#### 2016 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC
INSPECTION For calendar year 2016, or tax period beginning , and ending .

Name of Organization Employer Identification Number 42–1675326

Part III - Statement of Program Service Accomplishments

Expenses:

48, 217 including Grants of: Revenue:

**Exempt Purpose Achievements** 

POOR PEOPLE SUPPORT: FEED THE HUNGRY, PROVIDE BLANKETS AND JACKETS FOR THE POOR IN WINTER MONTHS, FINANCIAL ASSISTANCE FOR OUT-OF-WORK INDIVIDUALS AND PERSONS IN NEED. HAMZAH ISLAMIC CENTER IS HEAVILY INVOLVED IN CHARITY, AND ESPECIALLY IN THE FIELD OF REFUGEE ASSISTANCE, OFTEN PAYING FOR RENT, UTILITY EXPENSES, FOOD, COMPUTERS, TRAINING AND OTHER EXPENSES ON BEHALF OF REFUGEES.



## 2016 FORM 990 BOOKS ARE IN CARE OF

ATTA	ACHMENT	3:	FORM	990	PAGE	6,	PART	VI,	SECTION	C.	LINE	20	
OPE	N TO PUBLIC	;										in	
INSP	ECTION	For ca	lendar ye	ear 2016,	or tax peri	od be	ginning			, and	ending		
Name o	of Organizatio	n								•		Employ	er Identification Number
<u>HAM2</u>	ZAH ISL	AMIC	CEN	TER .	INC							42-1	675326
Part VI	- Line 20												
Individu	ıal Name								UMAR IB	RAH.	EM		
0	r												
Busines	ss Name:												
										-			
Street A	Address	• • • • • •						• • • • • •	665 TID	WELI	_ ROA	.D	
									-				
U.S. Ad	ldraee.												
0.0. Au	idi 033.												
	Zip code	3000	4		City Z	T.DI	HARET'	T' Z\			Cta	te GA	
	or	2000	, 1		City <u>r</u>	771	ITAILL	IA			Sia	ie <u>GA</u>	
Foreign	Address								då.				
roreign	Addiess												
	City								300 a 15 4	Sir.			
	,												
	Province or 9	State						4		~			
									100				
	Country							47					
	·												
	Postal code						. <b>44</b> D.		<b></b>				
								66.					
	Phone Numb	oer			,								(770) 558-3519
					4		4.4						
	Fax Number												
						W. Sh.							
					98840 A.,		9		*****				

FDA

## Form **4562**

# Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return. Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

2016

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

Identifying number

HI	<u>AMZAH ISLAMIC CEN</u>	NTER INC	FOR FORM	1 990				42-1675326	
Р		ense Certain Prope							
		ny listed property, complete						T	
	Maximum amount (see instruction					L	1		
	Total cost of section 179 propert						2		
	Threshold cost of section 179 pr						3		
4	Reduction in limitation. Subtract	line 3 from line 2. If zero o	r less, enter -0-			L	4		
5	Dollar limitation for tax year. Sub	tract line 4 from line 1. If z	ero or less, ente	er -0 If married	filing separate	ly,			
	see instructions						5		
6	(a) Description	of property	( <b>b</b> ) Cos	st (busn. use only	(c) Elec	cted cost			
7	Listed property. Enter the amour	nt from line 29			,				
8	Total elected cost of section 179	property. Add amounts in	column (c), line	es 6 and 7			8		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9	Tentative deduction. Enter the s	maller of line 5 or line 8					9		
10	Carryover of disallowed deduction	on from line 13 of your 201	5 Form 4562				10		
	Business income limitation. Ente					L	11	**************************************	_
	Section 179 expense deduction.						12		
	Carryover of disallowed deduction							The state of the s	155
	te: Don't use Part II or Part III be								2000
	<u> </u>	tion Allowance and			n't include liste	d propert	v )(S	See instructions )	_
	Special depreciation allowance f			Control Control		a propert	y. y.c	The man denotes.	—
•	during the tax year (see instruction						14		
15	Property subject to section 168(f						15		—
	Other depreciation (including AC		Sec. 1982.5	NAME OF THE PARTY		L	16		—
		ation (Don't include liste			· · · · · · · · · · · · · · · ·	<i></i>	10		—
Г	MACAS Deprecia	ALIOH (DON'T INCIDICE IISTEL	Section Sectio	<del></del>					—
17	MA 000 de de de de			***************************************		r		10 10	<del></del>
	MACRS deductions for assets pl		s beginning be	fore 2016 · · · · ·			17	49,43	37
	If you are electing to group any a	assets placed in <b>se</b> rvice du	s beginning be	fore 2016 · · · · · · ar into one or mo	re		17	49,43	37
	If you are electing to group any a general asset accounts, check he	assets placed in <b>servic</b> e du ere	s beginning beauting the tax year.	fore 2016 · · · · · · ar into one or mo	re	. ▶ 🔲			37
	If you are electing to group any a	assets placed in service du ere	s beginning bearing the tax year	fore 2016 · · · · · · · · · · · · · · · · · · ·	ng the Gen	. ▶ 🔲			37
	If you are electing to group any a general asset accounts, check he	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo . · · · · · · · · · · · · · · · · · · ·	ng the Gen	. ▶ 🔲	epre	eciation System (g) Depreciation	37
18	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property	ere	s beginning beauting the tax yearing 2016 Tais for depr.	fore 2016 · · · · · · · · · · · · · · · · · · ·	ng the Gen	. ▶ ∏ neral De	epre	ciation System	37
18 19a	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property  3-year property	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo . · · · · · · · · · · · · · · · · · · ·	ng the Gen	. ▶ ∏ neral De	epre	eciation System (g) Depreciation	37
18 19a	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property  3-year property  5-year property	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo . · · · · · · · · · · · · · · · · · · ·	ng the Gen	. ▶ ∏ neral De	epre	eciation System (g) Depreciation	37
19a	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property  3-year property  5-year property  7-year property	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo . · · · · · · · · · · · · · · · · · · ·	ng the Gen	. ▶ ∏ neral De	epre	eciation System (g) Depreciation	37
19a	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo . · · · · · · · · · · · · · · · · · · ·	ng the Gen	. ▶ ∏ neral De	epre	eciation System (g) Depreciation	37
19a	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property  3-year property  5-year property  10-year property  15-year property	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo . · · · · · · · · · · · · · · · · · · ·	ng the Gen	. ▶ ∏ neral De	epre	eciation System (g) Depreciation	37
19a	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 120-year property	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo  Fax Year Usi  (d) Recovery period	ng the Gen	neral De	epre	eciation System (g) Depreciation	37
19a b c d d e e 1	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property  3-year property  7-year property  10-year property  15-year property  20-year property  25-year property	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo  Fax Year Usi  (d) Recovery period	ng the Gen (e) Convention	eral De (f) Metr	epre	eciation System (g) Depreciation	37
19a b c d d e e 1	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property  3-year property  7-year property  10-year property  20-year property  25-year property  Residential rental	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo  Fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.	ng the Ger (e) Convention	eral De (f) Meth	epre	eciation System (g) Depreciation	37
19a b c d e 1 g h	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016  ar into one or mo  Fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.	ng the Gen (e) Convention  MM MM	s/L S/L S/L	epre	eciation System (g) Depreciation	37
19a b c d e 1 g h	If you are electing to group any a general asset accounts, check head Section B — Assets P  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real	ere	s beginning between the tax yearing 2016 This for depr.	fore 2016 · · · · · ar into one or mo  Fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.	mg the Gen (e) Convention  MM MM MM	S/L S/L S/L	epre	eciation System (g) Depreciation	37
19a b c d e 1 g h	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property	assets placed in service duere  Placed in Service Duere	s beginning befuring the tax yearing 2016 Tiss for depr. S/investment use see instructions)	fore 2016  ar into one or mo  fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	mg the Gen (e) Convention  MM MM MM MM	S/L S/L S/L S/L S/L	<b>epre</b>	(g) Depreciation deduction	37
19a b c d d e f f h	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Assets Pla	assets placed in service duere  Placed in Service Duere	s beginning befuring the tax yearing 2016 Tiss for depr. S/investment use see instructions)	fore 2016  ar into one or mo  fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	mg the Gen (e) Convention  MM MM MM MM	S/L S/L S/L S/L S/L S/L	<b>epre</b>	(g) Depreciation deduction	37
19a b c c d e e 1 g h	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C — Assets Plan	assets placed in service duere	s beginning befuring the tax yearing 2016 Tiss for depr. S/investment use see instructions)	fore 2016  Fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	mg the Gen (e) Convention  MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L	<b>epre</b>	(g) Depreciation deduction	37
19a b c d d e e f h	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C — Assets Plat Class life 12-year	assets placed in service duere  Placed in Service Duere	s beginning befuring the tax yearing 2016 Tiss for depr. S/investment use see instructions)	fore 2016 · · · · · ar into one or mo  Fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  IX Year Using	mg the Gen (e) Convention  MM M	S/L	<b>epre</b>	(g) Depreciation deduction	37 3kg
19a b c d d e e 1 9 h c c c c c c c c c c c c c c c c c c	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 12-year	assets placed in service duere	s beginning befuring the tax yearing 2016 Tiss for depr. S/investment use see instructions)	fore 2016  Fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	mg the Gen (e) Convention  MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L	<b>epre</b>	(g) Depreciation deduction	37
19a b c d d e f f f f f f f f f f f f f f f f f	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property Residential rental property Nonresidential real property Nonresidential real property Class life 12-year 40-year	assets placed in service duere	s beginning befuring the tax yearing 2016 Taiss for depr. S/investment use see instructions)	fore 2016 · · · · · ar into one or mo  Fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  IX Year Using	mg the Gen (e) Convention  MM M	S/L	Depi	(g) Depreciation deduction	37
19a b c d d e f f f f f f f f f f f f f f f f f	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 12-year 14 U Summary (See instructed property) Listed property. Enter amount from	assets placed in service duere	s beginning befuring the tax yearing 2016 Tais for depr. solinvestment use see instructions)	fore 2016  Fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  x Year Using  12 yrs.  40 yrs.	mg the Gen (e) Convention  MM M	S/L	<b>epre</b>	(g) Depreciation deduction	37
19a b c d d e 1 g h c c P a 21	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C — Assets Plant Class life  12-year  40-year  Listed property. Enter amount from the 12-year and 12-	assets placed in service duere	s beginning befuring the tax yearing 2016 Tasis for depr. S/investment use see instructions)	fore 2016  ar into one or mo  fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  12 yrs.  40 yrs.	mg the Gen (e) Convention  MM M	S/L	Depi	(g) Depreciation deduction	
19a b c d d e e 1 g h c c P a 21 22	If you are electing to group any a general asset accounts, check he Section B — Assets P  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 12-year 14 U Summary (See instructed property) Listed property. Enter amount from	assets placed in service duere	ing 2016 Ta  and 20 in cond S corporatio	fore 2016  ar into one or mo  fax Year Usi  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  12 yrs.  40 yrs.	mg the Gen (e) Convention  MM M	S/L	Depi	(g) Depreciation deduction  reciation System	

STATEMENT #1 - ALL OTHER CONTRIBUTIONS ETC. (990-EO	PG 9 LINE 1	F)
CONTRIBUTIONS FROM OPERATIONS ACCOUNT  POOR PEOPLE SUPPORT CONTRIBUTIONS  CONTRIBUTIONS FROM MERCHANT ACCOUNT	379,790 42,672 90,996	
TOTAL CARRIED TO 990-EO PG 9 LINE 1F		513,458



# Form **8868**

(Rev. January 2017)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

extension re	equest must be sent to the IRS in paper format (see in	structions).	For more details on the electroni	c filing	of this form,	
visit www.ir	s.gov/efile, click on Charities & Non-Profits, and click	on e-file for	Charities and Non-Profits.	J	,	
<b>Automat</b>	ic 6-Month Extension of Time. Only submit	original (no	copies needed).			
All corporat	ions required to file an income tax return other than Fo	orm 990-T (i	ncluding 1120-C filers), partners	ships, I	REMICs, and trusts	;
must use Fo	orm 7004 to request an extension of time to file income	e tax returns	•			
	·		Enter filer's	s ideni	tifying number, se	e instructions
Type or	Name of exempt organization or other filer, see instr	structions. Employer identification number				
print	HAMZAH ISLAMIC CENTER INC	42-1675320			326	
File by the					Social security number (SSN)	
due date for filing your	ling your 000 TIDWELL ROAD					
return. see City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions. ALPHARETTA GA 30004						
Enter the Re	eturn code for the return that this application is for (file	a separate	application for each return)			. 01
		· •				
Application	1	Return Application			Return	
Is For	Code Is For				Code	
	r Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-E		02	Form 1041-A			08
Form 4720	`	03	Form 4720 (other than individual)		09	
Form 990-F		04	04 Form 5227		10	
	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11		
Form 990-T	(trust other than above)	06	Form 8870			12
Telepho	oks are in the care of  SEE ATTACHMENT one No.		Fax No. ▶			 
If the or	ganization does not have an office or place of busines	ss in the Unit	ed States, check this box			▶ [
<ul><li>If this is</li></ul>	for a Group Return, enter the organization's four digit e group, check this box	Group Exen	nption Number (GEN)			If this is
for the whol	e group, check this box	. If it is for p	part of the group, check this box			and attach
a list with th	e names and EINs of all members the extension is for.					
			$\frac{2}{1}$ $\frac{1}{2}$ , to file the exempt	organ	ization return	
	organization named above. The extension is is for the					
<b>▶</b> 🛛 d	calendar year 20 <u>1 6</u> or ax year beginning, 20					
▶   1 t	ax year beginning 20	o and	ending		20 .	
Char	k year entered in line 1 is for less than 12 months, che nge in accounting period	ck reason:	Initial return Final ret	urn		
	oplication is for Forms 990-BL, 990-PF, 990-T, 4720, o	or 6069, ente	er the tentative tax,			
	less any nonrefundable credits. See instructions.  3a \$				0	
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	d tax payments made. Include any prior year overpay			3b	\$	0
	e due. Subtract line 3b from line 3a. Include your payn		s form, if required, by using			_
	Electronic Federal Tax Payment System). See instruct			3c	\$	0
Caution. If y	ou are going to make an electronic funds withdrawal	(direct debit)	) with this Form 8868, see Form	8453-l	EO and Form 8879	-EO

for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)