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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493316130041 OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury

		enue Servic		. 01 01 0000	12 21 2222			
			calendar year, or tax year begin C Name of organization	ning 01-01-2020 , and ending	12-31-2020	D Employe	r identific	cation number
		applicable: change	American Muslim Community Founda	ition				ation number
		hange				81-29360	0/3	
☐ Ini			Doing business as					
		rn/terminateo d return		ail is not delivered to street address) Ro	oom/suite	E Telephone	number	
□ Ар	plicat	ion pendin	PO Box 1533			(844) 42	6-3863	
			City or town, state or province, coun Fremont, CA 94538	try, and ZIP or foreign postal code				
			·			G Gross rece	eipts \$ 2,7	47,432
			F Name and address of principal Omar Hassan	l officer:	H(a)]	is this a group retu	urn for	
			PO Box 1533			subordinates? Are all subordinate	^	□Yes ☑No
	V=0V0	mpt status	Fremont, CA 94538		` ´ i	ncluded?	.3	☐ Yes ☐No
			№ 501(c)(3) □ 501(c)() ¬ (insert no.)		if "No," attach a lis	•	•
J W	ebsi	te:► N/	А		11(0)	Group exemption r	number P	•
K Form	n of c	organization	n: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation Other •	L Year of	formation: 2016	M State of	f legal domicile: CA
Pa	art I		nmary					
_			scribe the organization's mission or Muslim Community Foundation cul		I funding to adv	vance charitable ca	auses and	d programs.
nce				-	-			
E E								
Activities & Governance	2	Check th	nis box $\blacktriangleright \Box$ if the organization disc	continued its operations or dispose	d of more than	25% of its net as	sets.	
Ğ			of voting members of the governing				3	8
25 ლ	4		of independent voting members of		-		4	8
₩.	5	Total nu	mber of individuals employed in cal	endar year 2020 (Part V, line 2a)			5	:
Ę	6		mber of volunteers (estimate if nec	**			6	(
⋖	ı		related business revenue from Part				7a	
	b	Net unre	elated business taxable income from	Form 990-T, line 39	· · · ·	Police Value	7b	
		Contribu	tions and grants (Part VIII, line 1h)			Prior Year 1,147,30	_	2,737,12
₹	l		service revenue (Part VIII, line 2g)			1,147,30	0	2,737,12
Ravenue	l	Investm	52	10,30				
œ.	l		venue (Part VIII, column (A), lines 5	• •		5,1.	-	
	l		enue—add lines 8 through 11 (mus		12)	1,150,45	52	2,747,43
	-		ind similar amounts paid (Part IX, co			433,95	56	1,668,37
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)			0	
88	15	Salaries	other compensation, employee be	nefits (Part IX, column (A), lines 5-	-10)	97,93	32	104,49
JS(16a	a Professi	onal fundraising fees (Part IX, colun	nn (A), line 11e)			0	44
Expenses	b	Total fund	Iraising expenses (Part IX, column (D), li	ine 25) ▶81,824	_			
ш	17	Other ex	penses (Part IX, column (A), lines 1	l1a-11d, 11f-24e)		29,52	21	119,10
	l		penses. Add lines 13–17 (must equ			561,40	_	1,892,43
. 10	19	Revenue	e less expenses. Subtract line 18 fro	om line 12	· Positi	589,04		855,00
Net Assets or Fund Balances					Begir	nning of Current Ye	аГ	End of Year
sset Safa	20	Total as:	sets (Part X, line 16)			961,65	56	1,822,74
A P	21	Total lia	bilities (Part X, line 26)			13,30	03	20,59
žZ	22	Net asse	ets or fund balances. Subtract line 2	1 from line 20		948,35	53	1,802,15
	rt II		nature Block					
			perjury, I declare that I have exami ef, it is true, correct, and complete.					
any k					,			
		****	*			2021-10-10		
Sign		Signa	ture of officer			Date		
Here			Hassan Treasurer					
			or print name and title					
			Print/Type preparer's name	Preparer's signature	Date 2021-11-12		TIN 02252113	
Paid		}	Firm's name XLCPA LLP			self-employed Firm's EIN ▶		
Pre		SI.				THIN S LIN		
Use	Uľ	ııy	Firm's address ► 8577 HAVEN AVENUE S	UITE 110		Phone no. (909) 70	05-7505	

☑ Yes ☐ No

RANCHO CUCAMONGA, CA 91730

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

Form	990 (2020)					Page 2		
Pa	rt III Statement	of Program Servic	e Accomplis	hments				
			nse or note to	any line in this Part III .		🗆		
1	•	rganization's mission:						
Ame	rican Muslim Communit	y Foundation cultivate	s donor giving a	and diversified funding to	advance charitable causes and pro	ograms.		
2	Did the organization	undortako any significa	nt program cor	vices during the year whi	ich ware not listed on			
2	-	· -		· · · · · · ·		☐ Yes ☑ No		
		se new services on Sch				in res in to		
3	•			changes in how it conduc	cts, any program			
	-					. □Yes ☑No		
	If "Yes," describe the	se changes on Schedul	e O.					
4	Section $501(c)(3)$ and	ation's program service d 501(c)(4) organizatio ue, if any, for each pro	ns are required	to report the amount of	argest program services, as measu grants and allocations to others, tl	red by expenses. ne total		
4a	(Code:) (Expenses \$	1,717,416	including grants of \$	1,717,416) (Revenue \$	2,737,125)		
	See Additional Data	, (=::	_,, _,,,	3	-,, , , (,	_, , ,		
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)		
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)		
	-							
	-							
4d	. •	es (Describe in Schedu incl	•	dt.	\ (Payanua t	,		
	(Expenses \$	vice evnenses	uding grants of) (Revenue \$)		

19

20a

20b

21

Yes

Form **990** (2020)

Nο

Nο

Nο

Pai	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

18

19

	orm 990 (2020) Page 4											
Pai	Checklist of Required Schedules (continued)											
			Yes	No								
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No								
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No								
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b										
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c										
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d										
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No								
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No								
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No								
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,Part III</i>	27		No								
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):											
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No								
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No								
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes									
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No								
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No								
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No								
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No								
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No								
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No								
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No								
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No								
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes									
Pa	Statements Regarding Other IRS Filings and Tax Compliance											
	Check if Schedule O contains a response or note to any line in this Part V											
1 >	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	\vdash	Yes	No								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable											
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming											
-	(gambling) winnings to prize winners?	1c	Yes									

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
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	1				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Yes			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
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		No		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No		
	solicit any contributions that were not tax deductible as charitable contributions?					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	7 Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servic provided to the payor?	es 7a		No		
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as					
-	required?	7g				
n	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8		No		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		No		
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in					
c	which the organization is licensed to issue qualified health plans	\dashv				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No		
16	If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					

orm	990 (2020)			Page (
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	\vdash		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶ CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website \square Another's website \square Upon request \square Other (explain in Schedule O)			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

See instructions for the order in which to list the	persons above.										
lacksquare Check this box if neither the organization no	r any related or	rganizat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours	Position than one is b	on (do one bo	(C) o no ox, u on of) t ch unle: ficer	eck moss pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations	
(1) Safaa Ibrahim President	5.00			x				0	0	0	
(2) Agnes Chong Vice President	5.00			х				0	0	0	
(3) Omar Hassan Treasurer	5.00			x				0	0	0	
(4) Ayman Elsawah Member	1.00	х						0	0	0	
(5) Marwah Massarani Member	1.00	х						0	0	0	
(6) Essma Bengbasia Member	1.00	Х						0	0	0	
(7) Sherrin Nasr Member/Interim Secy	1.00	Х						0	0	0	
(8) Michael Ramos-Lynch Member	1.00	Х						0	0	0	

Part VII

Page 8

				<u> </u>	<u> </u>	<u> </u>				•	· · ·	` 		
	(A) Name and title	(B) Average hours per week (list any hours	Average hours per week (list any hours Position (do not check more than one box, unless person is both an officer and a director/trustee)						Repo compe fror orgar	(D) Reportable Rep compensation comp from the from organization organ		l s	(F) Estima amount o compens from t	ted f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`	/1099- ISC)	(W-2/1099- MISC)		organizati relate organiza	ed
1														
c T	Sub-Total	art VII, Section		 	•		>			0		0		0
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	re than \$:	100,000			
													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>				ey e		, ,	or hi	ghest cor	npensated	d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										m the			
5	Did any person listed on line 1a receiv	ve or accrue cou	mnensal	tion f	rom	• 2011	unrel	atad	organizat	ion or inc	lividual for	4		No
5	services rendered to the organization											5		No
	ection B. Independent Contract												•	_
1	Complete this table for your five higher from the organization. Report comper											mpens	sation	
(A) (B) Name and business address Description of services							(C) Compensation							
					—	—								

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

compensation from the organization \blacktriangleright

Part		Statement	of E	Pavanua						Page 9
r all	-VIII	 -			a resp	onse or note to any	/ line in this Part VIII			🗆
		STOCK II SUITE			<u> </u>	3.130 3. 1.130 3. 4.13	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c	Federated campaig Membership dues Fundraising events Related organization		. [1a 1b 1c 1d		1	revenue		312 - 314
Contributions, Gift and Other Similar		Government grants (c All other contributions and similar amounts r	s, gift	ts, grants,	1e	2,737,125				
tribut Othe	above g Noncash contributions included in lines 1a - 1f:\$					734,511				
	h	Total. Add lines 1a	a-1f			•	2,737,125			
<u>.</u>	2a					Business Code				
Revenu	b									
Program Service Revenue	С									
gram S	d									
ď		All other program								
	3]	Total. Add lines 2 Investment income	(inc	luding divid	dends,	interest, and other	10.207			
	4 1	imilar amounts) Income from invest Royalties	men				10,307			0
				(i) Re	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income	or (
	7a	7a Gross amount from sales of assets other (i) Securitie			rities	(ii) Other				
	b	Less: cost or other basis and sales expenses	7b							
		Gain or (loss)	7c							
Other Revenue		I Net gain or (loss) Gross income from fu (not including \$ contributions reported See Part IV, line 18	ındrai	ising events of line 1c).						
ther R		Less: direct expen Net income or (los			8b sing e					
ō		Gross income from See Part IV, line 19	٠		9a					
		Less: direct expen Net income or (los			9b activi					
		Gross sales of inverse returns and allowa	nces	5	108					
		Less: cost of good: Net income or (los	s) fr	om sales o	10l f inver	itory ►				
	11	Miscellaneou a	us R	evenue		Business Code				
	b)								
	c									
		All other revenue								
		Total. Add lines 1:				. .				
		Total revenue. Se	ee Ir	isu uctions	• •	• • • •	2,747,432	10,307	(0 Corm 000 (2020)

Part IX Statement of Functional Expenses	amplete all actions	All other are ::!	no much samulata a l	mn (A)
Section $501(c)(3)$ and $501(c)(4)$ organizations must conclude the Check if Schedule O contains a response or note to an		_	ns must complete colu	mn (A).
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,668,379	1,668,379		•
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	93,160	46,580	27,948	18,632
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	3,967	0	3,967	(
10 Payroll taxes	7,372	2,457	2,458	2,457
11 Fees for services (non-employees):				
a Management				
b Legal	250	0	250	(
c Accounting	6,576	0	6,576	(
d Lobbying				
e Professional fundraising services. See Part IV, line 17	449			449
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	55,219	0	0	55,219
L3 Office expenses	5,349	0	5,349	(
14 Information technology	6,289	0	6,289	-
15 Royalties				
16 Occupancy				
17 Travel	5,067	0	0	5,06
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	2,162	0	2,162	(
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Contractors	5,620	0	5,620	(
b Telephone	679	0	679	(
c Bank Charges	31,867	0	31,867	(
d Taxes and Licenses	25	0	25	(
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,892,430	1,717,416	93,190	81,824
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

Fund Balances

ō 29

Assets 30

27

28

31

32

33

Page **11**

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

		Beginning of year		End of year
L	Cash-non-interest-bearing	825,038	1	1,446
2	Savings and temporary cash investments		2	
_				

Pledges and grants receivable, net . 136.618 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

235,963 key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . 8

Assets Inventories for sale or use . . Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D

10b 10c b Less: accumulated depreciation 11 11 140,425 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 12

13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets . 15 15

Other assets. See Part IV, line 11 . . . 961,656 16 16 Total assets. Add lines 1 through 15 (must equal line 33) . 17 Accounts payable and accrued expenses 8,676 17

18 18 Grants payable .

1,822,742 1,687 19 19 Deferred revenue . . 20 Tax-exempt bond liabilities . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key

Liabilities employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties 23

24 24 Unsecured notes and loans payable to unrelated third parties .

4,627 18.905 25 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 13.303 20.592 26 Total liabilities. Add lines 17 through 25 . . 26

82,435

865.918

948,353

961,656

27

28

29

30

31

32

33

30,675

1,771,475

1,802,150

1,822,742

Form 990 (2020)

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 29 through 33.

Total net assets or fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

3h

Nο

Form 990 (2020)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 20011577

Software Version:

EIN: 81-2936073

Name: American Muslim Community Foundation

Form 990 (2020)

101111 330 (2020)

Form 990, Part III, Line 4a:

American Muslim Community Foundation makes grants to US charitable organizations that are tax-exempt charities recognized by the IRS. Grants are approved if they are used for general philanthropy (sadaqa), religiously mandated almsgiving (zakat), or community pooled funding (donor giving circles). The charities supported have ranged from hospitals, schools, and relief organizations to museums, food banks, and educational institutions.

efile GRAPHIC print - DO NO			1t - DO NO	O NOT PROCESS As Filed Data -				DLN: 93	DLN: 93493316130041			
	m 99	OULE A		plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 10-EZ.	Ort a section	OMB No. 1545-0047 2020 Open to Public			
		the Treasury	P G	o to <u>www.irs</u>	<u>a.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Inspection			
Nam	e of th	he organiza slim Communit						Employer identific	ation number			
Amen	can mas	Siiiii Commanic	y i odiladion					81-2936073				
	rt I				us (All organization e it is: (For lines 1 thro			See instructions.				
1	n garnz		•		sociation of churches			(A)(i)				
2		•		,	1)(A)(ii). (Attach Scl							
						,						
3		·	·	•	vice organization desc			•				
4	Ш	name, city,		lization operat	ed in conjunction with	a nospital descri	ibed in section :	1/U(b)(1)(A)(III). E	nter the hospital's			
5			ation operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170			
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).				
7				mally receives vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	init or from the genera	al public described in			
8	✓	A communi	ty trust descri	bed in sectio	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9					escribed in 170(b)(1) ee instructions. Enter				ege or university or a			
10		from activit investment	ies related to income and u	its exempt fur Inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ly supported	organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(a</mark>				
a		organizatio	n(s) the powe		rated, supervised, or cappoint or elect a majo							
b		Type II. A manageme	supporting or nt of the supp	ganization sup	ervised or controlled i ation vested in the sar							
c					supporting organizatio				ted with, its			
d		Type III n functionally	on-functiona integrated. T	ally integrate he organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
е		Check this	, box if the orga	anization recei	ved a written determing integrated supporting	nation from the I		pe I, Type II, Type II	[functionally			
f	Enter		, ,	,	· · · · · · · · · · · ·	-		<u> </u>				
g					pported organization(<u> </u>				
	(i) N	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
									,			
Tota		work Poduc	tion Act Noti	ca cac the T	structions for	Cat. No. 11285	<u> </u>	 Schedule A (Form 9	00 or 000-E7) 2020			

	(Complete only if you che the organization fails to						ler Part II. If
Se	ection A. Public Support	quality ander	the tests listed	below, piedse et	ompiece rare II.,	/	
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
_	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1		1		1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on. Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.).			1.6		E04() (5)	1
14	First 5 years. If the Form 990 is for th	-			•	. , , ,	· —
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S						
15	Public support percentage for 2020 (line					15	0
16	Public support percentage from 2019 S	chedule A, Part I	II, line 15	<u></u>	· · · ·	16	
Se	ction D. Computation of Investr						
17	Investment income percentage for 202	0 (line 10c, colu	mn (f) divided by	line 13, column (f))	17	0
18	Investment income percentage from 20)19 Schedule A,	Part III, line 17 .			18	
	331/3% support tests-2020. If the o						ne 17 is not

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,				
	describe the designation. If historic and continuing relationship, explain.	1			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).				
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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.				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				

	III Section 303(a)(1) or (2).	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and				
	3c 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.	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.				

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination.					
С	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.					
	If fes, explain in Part VI what controls the organization put in place to ensure such use.					
4a	any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					
b	If 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.					
С	id the organization support any foreign supported organization that does not have an IRS determination under sections 01(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.					
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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					

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 box 12a or 12b in Part I, answer lines 4b and 4c 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.					
С	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the					
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).					

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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. 6

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

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)				
				Yes	No	
		e organization accepted a gift or contribution from any of the following persons?				
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a			
b	A fami	ily member of a person described in 11a above?	11b			
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c			
_	VI.	B. Type I Supporting Organizations				
	ection	b. Type I Supporting Organizations		Yes	No	
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1			
2	Did the	e organization operate for the benefit of any supported organization other than the supported organization(s) that	_			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
_						
5	ection	C. Type II Supporting Organizations		Yes	No	
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	110	
-	each d	of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
S	ection	D. All Type III Supporting Organizations				
				Yes	No	
1	tax ye Form 9	e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ar, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing				
	documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
_						
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3			
S	ection	E. Type III Functionally-Integrated Supporting Organizations				
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):			
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.				
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.				
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No	
	suppor o rgan respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-			
		entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a			
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b			
3		of Supported Organizations. Answer lines 3a and 3b below.	20			
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI .	3a			
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b			
			30			

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-F7) 2020

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.	7				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
9 Distributable amount for 2020 from Section C, line 6	9 Distributable amount for 2020 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount	10				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020	
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions if any for years prior to 2020					

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				8	
9 Distributable amount for 2020 fr	rom Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution (see instruction		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
b From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
 a Applied to underdistributions of prior years 		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

SCHEDULE D

DLN: 93493316130041

OMB No. 1545-0047

Schedule D (Form 990) 2020

Cat. No. 52283D

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.

Department of the Treasury

(Form 990)

tern	nal Revenue Service	► Go to <u>www.irs.gov/Forr</u>	n990 for instructions and the latest infor	mation. Inspection	
	me of the organ			Employer identification number	_
Am	erican Muslim Comm	nunity Foundation		81-2936073	
Pa	art I Organi	zations Maintaining Donor Adv	ised Funds or Other Similar Funds o		
	Comple	ete if the organization answered "Ye			
			(a) Donor advised funds	(b) Funds and other accounts	
	Total number at	end of year	100		
2	Aggregate value	of contributions to (during year)	1,736,633		
•	Aggregate value	of grants from (during year)	1,248,299		
ŀ	Aggregate value	at end of year	1,194,771		
;			ors in writing that the assets held in donor adv xclusive legal control?		No
•	charitable purpo	oses and not for the benefit of the dono	onor advisors in writing that grant funds can l r or donor advisor, or for any other purpose c 		No
Pa		rvation Easements.	os" on Form 000 Part IV line 7		
		ete if the organization answered "Ye	•		
-		onservation easements held by the orga	·		
		on of land for public use (e.g., recreation	,	historically important land area	
	☐ Protection	of natural habitat	☐ Preservation of a co	ertified historic structure	
	☐ Preservati	on of open space			
2		2a through 2d if the organization held a e last day of the tax year.	qualified conservation contribution in the form	m of a conservation Held at the End of the Yea	- r
а	Total number of	conservation easements		2a	
b	Total acreage re	estricted by conservation easements		2b	
С	Number of cons	ervation easements on a certified histor	ic structure included in (a)	2c	
d		ervation easements included in (c) acquin the National Register	ired after 7/25/06, and not on a historic	2d	
1	Number of cons tax year ►	servation easements modified, transferr	ed, released, extinguished, or terminated by t	he organization during the:	
ı	Number of state	es where property subject to conservation	on easement is located ►		
5		ization have a written policy regarding t nt of the conservation easements it hold	he periodic monitoring, inspection, handling cls?	of violations,	
,	Staff and volunt	teer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co		
,	Amount of expe	enses incurred in monitoring, inspecting	, handling of violations, and enforcing conserv	ation easements during the year	
3	Does each cons) above satisfy the requirements of section 17	70(h)(4)(B)(i)	
)	balance sheet, a	and include, if applicable, the text of the	servation easements in its revenue and expene e footnote to the organization's financial state	nse statement, and	
aı		n's accounting for conservation easementizations Maintaining Collections	nts. s <mark>of Art, Historical Treasures, or Oth</mark> o	er Similar Assets.	
		ete if the organization answered "Ye			
.a	historical treasu		SC 958, not to report in its revenue statemen blic exhibition, education, or research in furthe nents that describes these items.		
b	historical treasu		SC 958, to report in its revenue statement an olic exhibition, education, or research in furthe		
((i) Revenue includ	ded on Form 990, Part VIII, line 1		▶\$_	
2	If the organizat		ical treasures, or other similar assets for finar		
а	3	' '		▶ \$	
b					•
U	Assets Hiciarda	mironni 220, rait A		· · · • •	_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	rt IIII Organizations Maintaining Co	llections of Art, Hi	storical Ti	reasures, o	r Other S	Similar Ass	sets (conti	าued)	
3	Using the organization's acquisition, accession items (check all that apply):	on, and other records, c	heck any of	the following	that are a	significant us	e of its coll	ection	
а	Public exhibition		q 🗆	Loan or exch	nange prog	rams			
b	Scholarly research		e 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIII.	ollections and explain ho	ow they furth	ner the organi	ization's ex	empt purpos	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						☐ Yes	□ N-	o
Pa	rt IV Escrow and Custodial Arrang Complete if the organization ans X, line 21.		n 990, Part	IV, line 9, o	or reporte	d an amour	nt on Form	990,	Part
1 a									
	included on Form 990, Part X:						∐ Yes	⊔ N	0
b	If "Yes," explain the arrangement in Part XI	II and complete the follo	owing table:			An	nount		_
c	Beginning balance				1c				_
d	Additions during the year				1d				_
е	Distributions during the year				1e				_
f	Ending balance				1f				_
2a	Did the organization include an amount on F	form 990, Part X, line 21	1, for escrow	or custodial	account lia	bility?	☐ Yes	□ N	0
b	If "Yes," explain the arrangement in Part XII	I. Check here if the exp	lanation has	been provide	ed in Part X	ш			
Pa	art V Endowment Funds.								
	Complete if the organization ans					(1) There is a second			bl.
1 2	Beginning of year balance	(a) Current year 17,759	(b) Prior yea	7,554	years back 14,886	(d) Three year	s back (e) F	our year	rs back
	Contributions	26,610		205	2,668		14,886		
	Net investment earnings, gains, and losses	20,013			2,000		1,,000		
	Grants or scholarships								
	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	44,369	17	7,759	17,554		14,886		
2	Provide the estimated percentage of the cur	rent year end balance (I	line 1g, colu	mn (a)) held	as:				
а	Board designated or quasi-endowment >								
b	Permanent endowment ► 100.000 %								
C	Term endowment ▶								
За	1		n that are h	eld and admir	nistered for	the		- T	
	organization by: (i) Unrelated organizations						3a(i)	Yes	No No
	(ii) Related organizations						3a(ii)	-+	No
b	If "Yes" on 3a(ii), are the related organization		Schedule R	?			3b		No
4	Describe in Part XIII the intended uses of th	e organization's endowr	ment funds.						
Pa	rt VI Land, Buildings, and Equipme								
	Complete if the organization ans		n 990, Part r other basis (a. See For cumulated d). ook value	
	Description of property (a) Cost or o (investre		oniei nasis (i	(c) AC	.cumulated 0	spi eciation	(a) Bo	OK VAIUE	
1 a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								

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

(including name of security)	(b) Book value		d of valuation: year market value
) Financial derivatives			
Other			
)			
cal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	<u> </u>	11c. See Form 990	Part X. line 13
(a) Description of investment	arciv, iiile	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
)			
			_
D)			
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Int IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 13.)	art IV, line 1	▶ 11d. See Form 990, Par	
nl. (Column (b) must equal Form 990, Part X, col.(B) line 13.) IT IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 13.) (a) Description	art IV, line 1	▶ 11d. See Form 990, Par	t X, line 15. (b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Int IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line 1	▶ 11d. See Form 990, Par	
In (Column (b) must equal Form 990, Part X, col.(B) line 13.) In IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 13.) (a) Description	art IV, line 1	▶ 11d. See Form 990, Par	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) art IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line 1	▶ 11d. See Form 990, Par	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) art IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line 1	Ild. See Form 990, Par	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) THE IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX (a) Description	art IV, line 1	11d. See Form 990, Par	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) art IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 13.) (a) Description	art IV, line 1	I.1d. See Form 990, Par	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Int IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 13.) (a) Description	art IV, line 1	▶ 11d. See Form 990, Par	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Int IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line 1	▶ 11d. See Form 990, Par	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) art IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV, line 1	▶ 11d. See Form 990, Par	
Complete if the organization answered 'Yes' on Form 990, P. (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Descripti		11d. See Form 990, Par	(b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) art IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 13.) (a) Description			(b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 13.) (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) D			(b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 13.) (a) Description Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 15.) art X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X, Complete if the organization answered 'Yes' on Form 990, Part X, Col.(B) Description of liability			(b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ITE IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description O) al. (Column (b) must equal Form 990, Part X, col.(B) line 15.) art X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability Federal income taxes Payroll Taxes Payable			(b) Book value 990, Part X, line 25. (b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.) The column (b) must equal Form 990, Part X, col.(B) line 15.)			(b) Book value Page
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description Description al. (Column (b) must equal Form 990, Part X, col.(B) line 15.) art X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability Federal income taxes Payroll Taxes Payable PPP Loan Payable			(b) Book value 990, Part X, line 25. (b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) THE IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description (b) Description (c) Description (a) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description (g) Description of liability (g) Description of liability (g) Description of liability (g) Description Payable			(b) Book value 990, Part X, line 25. (b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) art IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description (b) Description (c) Description (c) Description (d) Description (e) Description (f) Description (g) Descript			(b) Book value 990, Part X, line 25. (b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) art IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description by column (b) must equal Form 990, Part X, col.(B) line 15.) art X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability Description of liability Description Payable PPP Loan Payable			(b) Book value 990, Part X, line 25. (b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.) art IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description b) column (b) must equal Form 990, Part X, col.(B) line 15.) cart X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability p Federal income taxes Payroll Taxes Payable PPP Loan Payable			(b) Book value 990, Part X, line 25. (b) Book value
TELY Other Assets. Complete if the organization answered 'Yes' on Form 990, P. (a) Description (b) must equal Form 990, Part X, col.(B) line 13.) (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) (c) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P. (a) Description of liability Federal income taxes Payroll Taxes Payable			(b) Book value 990, Part X, line 25. (b) Book value

2

b

3

1 2

а

2e 3

Page 4

а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a						
b	Other (Describe in Part XIII.)	4b						
c	Add lines 4a and 4b		•				4c	
5	Total revenue. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12.)					•	5	
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With	ı Ex	pei	nses per l	Retur	n.

2a

2h

2c

2d

2a

2b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities

Donated services and use of facilities

Other (Describe in Part XIII.)

Recoveries of prior year grants

2c 2d Add lines 2a through 2d . . 2e 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4

Investment expenses not included on Form 990, Part VIII, line 7b . . . 4b b Add lines **4a** and **4b** 4c

5

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation Schedule D (Form 990) 2020

<u> </u>	orm 990) 2020 Supplemental Info	rmation (continued)	Page 5
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2020

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for the latest information.

OMB No. 1545-0047

DLN: 93493316130041

Open to Public Inspection

Name of the organization						Employer identifi	ication number
American Muslim Community For	undation					81-2936073	
Part I General Inform	ation on Grants	and Assistance				•	
Does the organization mai the selection criteria used						ce, and	☑ Yes ☐ N
2 Describe in Part IV the org	<u>'</u>						
Part III Grants and Other that received more	Assistance to Don than \$5,000. Part I	nestic Organizations a I can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the or	rganization answered "Yes	s" on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other							87 0
For Paperwork Reduction Act Notice			<u> </u>	Cat. No. 50055			thedule I (Form 990) 2020
	,	• •••••				50	

Schedule I (Form 990) 2020

(7)

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Return Reference

Additional Data

Islamic Relief USA

2461 Eisenhower Ave 2 Alexandria, VA 22314

12045 Sugarland Valley Ave 2 Herndon, VA 20170 Penny Relief USA

Software ID: 20011577 Software Version:

EIN: 81-2936073

Name: American Muslim Community Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	
organization		if applicable	grant	cash	(book, FMV, appraisal,	ı
or government				assistance	other)	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		if applicable	grant	cash	(book, FMV, appraisa
or government				accietance	other)

501c3

501c3

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Programs

Programs

108,255

72,300

95-4453134

47-5165837

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Muslim Community Association 3003 Scott Blvd Santa Clara, CA 95054	31-1267559	501c3	63,100	0	0	Progroms
Helping Hand for Relief & Development	31-1628040	501c3	48,976	0	0	Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

21199 Hilltop St Southfield, MI 48033

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government rams

Programs

Rahima Foundation 2290 Ringwood Ave A San Jose, CA 95131	77-0442850	501c3	46,250	0	0	Progran
San Jose, CA 95151						↓

42.215

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Imam Jasmin Foundation

Dearborn Heights, MI 48127

8100 Appleton St

85-0829316

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Iprograms Council on American Talancia 77 0411104 E01-2 27 5/7

Santa Clara, CA 95054 Zaytuna College	33-0720978	501c3	33,850	0	0	Programs
3160 De La Cruz Blvd 110						
Relations						_
Council on American-Islamic	//-0411194] 50163	3/,54/	U	l o	Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2401 Le ConteAve Berkeley, CA 94709

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government าร

Programs

GiveLight Foundation 1879 Lundy Ave 226	56-2500794	501c3	30,850	0	0	Programs
San Jose, CA 95131						

30,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

All Dulles Area Muslim Society

46903 Sugarland Road Sterling, VA 20164 31-1262759

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government grams

Darus Salam Foundation 21 W 525 North Ave Lombard, IL 60148	36-3563801	501c3	29,000	0	0	Programs
Hidaya Foundation	77-0502583	501c3	26,750	0	0	Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

57 Bonaventura Drive San Jose, CA 95134

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 36-3432023 501c3 25.000 The Chicago Community Programs Foundation 225 N Michigan Ave 2200 Chicago, IL 60601 Muslim Association of Greater 36-3633427 501c3 24.200 Programs

Rockford

5921 Darlene Drive Rockford, IL 61109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Lucile Packard Foundation 77-0440090 50163 24 nonl Programs

400 Hamilton Ave 340 Palo Alto, CA 94301	77 0110030	30103	21,000	J		rograms
Indian Muslim Relief &	27-0058132	501c3	20,218	0	0	Programs

Charities 849 Independence Ave

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Mountain View, CA 94043

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Duin let Hauiman Assalance E0 2720206 E01-2 20.000 Programs

PO Box 1533 Fremont, CA 94538	59-2/36266	50103	20,000	0		Progra
West Valley Muslim Association	26-1328437	501c3	19,183	0	0	Progra

Saratoga, CA 95070

rams 12370 Saratoga Sunnyvale Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Traditions for Casial Dalias 0 20 2622501 E01-2 17 E00 Programs

Onderstanding 6 Parkland Blvd 5 Dearborn, MI 48126	NISA	47-4564308	501c3	17,500	0	0	Programs
' ' ' ' ' ' ' ' ' '	Understanding 6 Parkland Blvd 5	30-3033301	50103	17,500	0		Programs

NISA 4107 Springdale Ave

Gwynn Oak, MD 21207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Uplift Charity Inc 43-1571915 501c3 16.100l Programs 1205 N Red Gum St B

16.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Anaheim, CA 92806

North Austin Muslim

11900 N Lamar Blvd Austin, TX 78753

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 04-3810161 501c3 15.700l ICNA Relief USA Programs Programs 1529 Jericho Turnpike

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

New Hyde Park, NY 11040

2121 N Towne Lane NE B Cedar Rapids, IA 52402

85-2366171

MAS Iowa

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ms

Zakat Foundation of America	36-4476244	501c3	14,000	0	0	Program
7421 W 100th Place						
Bridgeview, IL 60455						

166-26 89th Ave Jamaica, NY 11432

Islamic Circle of North America 11-2925751 501c3 13.500 Programs

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Muslim Camanaunitu Cantan Faat 20 0005424 E01-2 12 500 D-----

The Oasis Initiative	30-0780532	501c3	13,227	0	0	Programs
Bay 5724 W Las Positas Blvd Pleasanton, CA 94588	20 0003421	30103	13,300	, and the second		i rograms
Muslim Community Center East	20-8085421 1	1 501C31	13,5001	וט	Į U	Programs

Univ of Cal Berkeley Berkeley, CA 94720

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ICNA Chicago 47-3342673 50163 12 non1 Programs

15270 Summit Avenue Villa Park, IL 60181	1, 33 120,3	30103	12,000	Ĭ		rograms
Islamic Center of Greater Toledo	34-1084358	501c3	11,000	0	0	Programs

25877 Scheider Road Perrysburg, OH 43551

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government rams

						1
A Continuous Charity 9901 Valley Ranch Pkwy E Irving, TX 75063	45-5424452	501c3	10,650	0	0	Prograr

10.317

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Tayba Foundation

31080 Union City Blvd Union City, CA 94587

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

North American Islamic Trust 715 Enterprise Drive Oak Brook, IL 60523	31-0900444	501c3	10,115	0	0	Programs
American Pakistan Foundation	07-0726675	501c3	10.000	0	0	Programs

1627 Connecticut Ave NW Washington, DC 20009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government grams

Arizona Cultural Academy 7810 S 42nd Place	86-0847224	501c3	10,000	0	0	Progr
Phoenix, AZ 85042					!	

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

54-1575387

Bilal Foundation

400 Chimborazo Blvd Richmond, VA 23223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Darul Uloom Islamic Center 46-5467400 501c3 10.000 Programs 977 5th St E

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Saint Paul, MN 55106

Islamic Center of Des Moines

6201 Franklin Ave Urbandale, IA 50322

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Islamic Center of Santa Cruz 94-3230433 501c3 10.000 Programs 900 17th Avenue

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Santa Cruz, CA 95062

1409 Laurel Street Menlo Park, CA 94025

Juscor

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Minnesota Dawah Institute 478 University Avenue Saint Paul, MN 55103	77-0671755	501c3	10,000	0	0	Programs
Muslim Association of Puget Sound	20-4423661	501c3	10,000	0	0	Programs

17550 NE 67th Ct Redmond, WA 98052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Muslim Community of Knovville 58-1611870 50163 10 0001 Programs

100 13th Street Knoxville, TN 37916	30 10110/0	30103	10,000	J		riogra
Muslim Community Support	74-2977031	501c3	10,000	0	0	Progra

Austin, TX 78750

rams Services 192 Research Blvd 120-62

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government rams

Muslim Housing Services 6727 Rainier Ave S 26 Seattle, WA 98118	91-1987910	501c3	10,000	0	0	Progra
Nur Publication	46-4372429	501c3	10,000	0	0	Progra

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1401 Red Hawk Cr Apt F103 Fremont, CA 94538

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) rams

9.900

Peninsula Islamic Community	47-5291399	501c3	10,000	0	0	Progran
1217 Todds Lane					!	
Hampton, VA 23666						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

South Bay Islamic Association

2345 Harris Way San Jose, CA 95131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Utah Muslim Civic League 83-1137897 501c3 9.500 Programs 48 W Broadway

9.047

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Salt Lake City, UT 84101
The Citizens Foundation USA

774 Solution Center Chicago, IL 60677

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 95-1904355 501c3 9.0001 Bavan Programs 1325 North College Avenue

9.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Claremont, CA 91711
CAIR Chicago

17 N State St 1500 Chicago, IL 60602

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LIFE for Relief & Development 95-4402149 501c3 8.720 Programs

17300 W 10 Mile Road Southfield, MI 48075			-,			
Islamic Society of Brevard County	59-2738286	501c3	8,500	0	0	Programs

550 E Florida Avenue Melbourne, FL 32901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government --rams

Sterling, VA 20165 Alhikma Association	84-3405442	501c3	8,000			Programs
Unity Productions Foundation PO Box 650458	77-0519274	501c3	8,500	0	0	Programs

116 E 32nd St Minneapolis, MN 55408

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 58-1242857 501c3 8.000 Atlanta Masjid of Al-Islam Programs 560 Fayetteville Road SE

8.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Atlanta, GA 30316
Cars 4 Jannah

5301 Englewood Road College Park, MD 20740

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Islamic Center of Tallahassee 20-5579035 501c3 8.0001 Programs 3617 Old Bainbridge Road

8.0001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Tallahassee, FL 32303
Islamic Society of Essex
County

1501 Cherry Street Philadelphia, PA 19102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Masiid Allahu Akbar 11-3124039 50163 ള നനവ Programs

139 North 22nd St Wyandanch, NY 11798	11 311 1035	55165	3,000	V		T TO STAIN O
Muslim Center Greater Princeton	81-5361651	501c3	8,000	0	0	Programs

2030 Old Trenton Road Princeton Junction, NJ 08550

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Muslim Casistur of Dalaurana 21 1176512 E01-2 0 0001 D-----

Philadelphia Masjid						
Valley 11080 KnightsRoad Philadelphia, PA 19154	31-11/6512	50163	8,000	U		Programs

4700 Wyalusing Avenue Philadelphia, PA 19131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Reston Islamic Center 08-4326680 501c3 8.000 Programs 11701 Bowman Green Drive

7.886

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

11-3013369

Reston, VA 20190 Edhi Foundation

4316 National Street Corona, NY 11368

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government ms

Muslim Legal Fund of America 833 E Arapaho Road 209 Richardson, TX 75081	01-0548371	501c3	7,700	0	0	Programs
Muslim Family Services	31-1795601	501c3	7,600	0	0	Programs

PO Box 14023 Columbus, OH 43214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Iprograms United Mississ for Deliaf 0 27 2175542 E01-2 7 5 4 3 1

7.500l

United Mission for Relief &	2/-31/5543	501C3	/,512	l o	ĮV	Program
Development						
1990 K St NW 425						
Washington, DC 20006						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Amoud Foundation

3636 W Northgate Drive Irving, TX 75062

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 27-4119068 501c3 7.500l Programs

Averroes Institute 43174 Osgood Road Fremont, CA 94539

Childlife Foundation 81-3687828 501c3 7.500 l Programs 15757 Pines Blvd 038

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Hollywood, FL 33027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Oalam Foundation 46-3530382 501c3 7.350 Programs PO Box 180506

7.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Arlington, TX 76096

Islamic Scholarship Fund

1935A Addison Street Berkeley, CA 94704

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 56-2639095 501c3 6.750 The Hassan Foundation Programs 25779 Kelly Road C Roseville, MI 48066

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

American Federation of Muslims

38-2959299

6.000 29008 W 8 Mile Road Farmington, MI 48336

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Averroes High School 43174 Osgood Road Fremont, CA 94539	27-4119068	501c3	6,000	0	0	Programs

6.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Masjid Abdul Muhsi Khalifah

120 Madison Street Brooklyn, NY 11216

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Muslim American Cultural	46-4304052	501c3	6,000	0	0	Programs
Association						
1513 Jefferson Street						
Nashville, TN 37208						

501c3 CAIR National 82-0922964 5.765 Programs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

453 New Jersey Avenue SE Washington, DC 20003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Friends of Indus Hospital 20-4751162 501c3 5.750 Programs

155 Cedar Lane Teaneck, NJ 07666						
Mercy USA for Aid & Development	38-2846307	501c3	5,600	0	0	Programs

44450 Pinetree Drive 201 Plymouth, MI 48170

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Institute of Knowledge 95-4796275 501c3 5.200 Programs 1009 Via Sorella

Farmington, MI 48336

Walnut, CA 91789 Tawheed Center 38-2959875 501c3 5.200 Programs 29707 W 10 Mile Road

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 36-4167433 501c3 5.100 Inner City Muslim Action Programs Network 2745 W 63rd Street

5.080

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

2745 W 63rd Street Chicago, IL 60629 Muslims Understanding & Helping Special Education

PO Box 9486 Naperville, IL 60567

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 30-0298794 501c3 5.005 Muslim Advocates Programs PO Box 71080

Oakland, CA 94612

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316130041 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** American Muslim Community Foundation 81-2936073 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures **3** Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 734,511 Market 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (______) Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2020)	Page 2							
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization							
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.								
Return Reference	Explanation							
	Schedule M (Form 990) (2020)							

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -			DLN:	93493316130041
SCHEDUL (Form 990 or EZ)	2020 Open to Public Inspection						
Namel Betherofe American Muslim (Community Fou	undation	ın.		Employer 81-293607		fication number
Return Reference		- Inches Information		Explanation			
Pt VI, Line 11b	Form 990 i	s reviewed by the Board	or a committee of the	Board.			

990 Schedule O, Supplemental Information

Datum

Reference	Explanation	
Pt VI, Line	Yes, the organization's compliance program requires the disclosure of any conflicts of interest and attestation by Board members	

Evolopotion

Return Explanation
Reference

990 Schedule O, Supplemental Information

Pt VI, Line
The Board of Directors and the Executive Committee conducts an objective and thorough revi
ew process based on milestones nes and goals that are pre-determined and agreed to by the
staff. All compensation is reviewed at least semi-annuallyly with periodic sessions schedu

990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line

15b

Same answer as line 15a.

Return Explanation

990 Schedule O, Supplemental Information

Reference	
Pt VI. Line 19	Form 990 is available on the organization's website. Additional information is available upon request.

990 Schedule O, Supplemental Information Return Explanation

Reference	
Pt XI	Tax penalties