

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2018
 Open to Public
 Inspection

A For the 2018 calendar year, or tax year beginning **06/01/2018** and ending **05/31/2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **MUSLIM COMMUNITY SUPPORT SERVICES**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 256
 City or town, state or province, country, and ZIP or foreign postal code
BURLINGTON, MA 01803

D Employer identification number
04-3464280

E Telephone number
(978) 457-9150

F Name and address of principal officer: **OWAIS SHAIKH**
PO BOX 256 BURLINGTON, MA 01803

G Gross receipts \$ **452,700.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.muslimsupport.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1999**

M State of legal domicile: **MA**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FINANCIALLY ASSIST NEEDY FAMILIES IN THE NEW ENGLAND REGION.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	b	Net unrelated business taxable income from Form 990-T, line 38		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	392,130.	452,700.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	392,130.	452,700.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	317,395.	374,534.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,000.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,589.	20,432.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	334,984.	394,966.
19	Revenue less expenses. Subtract line 18 from line 12	57,146.	57,734.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	397,351.	378,583.
	22	Net assets or fund balances. Subtract line 21 from line 20	397,351.	378,583.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **OWAIS SHAIKH, TREASURER** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MOHAMMED W ALI** Preparer's signature: **MOHAMMED W ALI** Date: **10/26/2019** Check if self-employed PTIN: **P00748794**

Firm's name: **MOHAMMED W. ALI, CPA** Firm's EIN: **26-1810803**

Firm's address: **255 ELM STREET APT 304 Braintree, MA 02184** Phone no.: **(407) 668-6537**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No