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Ferm **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Den	ari men	of the Transum.			(excebs plack inui	g benefit trust o	or private tou	Indatio	n)			or Ope	to Pt	ibile :
inte	nal Re	of the Treasury	The c	rganization	may have to use a	copy of this retu	irn to satisfy	state r	eporting re	equiren	ients		Peck	想的戲
A	For t	the 2007 calend	dar year, o	r tax year	peginning 7/01	D	, 2007 and	chaing	C 19/3	Ó		, 2008		-
В		t if applicable.									ployer ide	ntification N	umber	
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•	∟ ^	gnibneq noiteailgg	• Section	on 501(c)(3)	organizations and must attach a comp	1947(a)(1) none	SECTION APPLIES	PARK	august 1959	chible to s	ection 52)	7 organiza <u>llo</u>	צוי	[T.E.]
,			Chan	able trusts 1990 or 990	must attach a comp	ieted Scheanie	PA "						Yes	X No
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L	Gros	s receipts. Add	lines 6b,	8b, 9b, and	1 10b to line 12 🟲 2	<u>,052,037.</u>			to attach Sch		•	•	990-PF).
P	at this	Revenue	<u>e, Expe</u> i	ises, and	Changes in Ne	t Assets or	Fund Bala	nces	(See th	<u>e inst</u>	ruction	ns.)		
	1				nilar amounts receiv						339			
	a	Contributions	to donor	advised fun	ds .		1 1 6	a						
	ь	Direct public :	support (r	ot included	on line Ta)			6	2,052	037				
	ı	Indirect public					10	-	<u>., ++-</u>	, , , ,				
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i	3	Membership (•		3			
	4	Interest on sa	ivings and	temporary	cash luxastmenta						4			
	5	Dividends and	interest	from securi		. # 42 \\ \(\mathbf{A} \)					5			
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					events. Subtract line		1	1			96			
					ns and allowances		<u>10a</u>	+						
	C				(ettach schedule) Subtra		e 10a				10c			
	11	Other revenue	(from Pa	rt VII, line	103)						11			
	12	Total revenue	. Add line	s 1c, 2, 3, 4	. 5, 6c, 7, 8d, 9c, 10	c, and 11.					12	2.	052.	037.
_	13	Program serv	ices (from	line 44, co	lumn (B))						13			743.
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₹E T	20				d balances (attach e		. SEE S				20			<u> 188.</u>
	21	ivet assets or	tund bala	nces at end	of year Combine lin	nes 18, 19, and	20				27			<u>419.</u>
BA	₹ Fo	r Privacy Act a	nd Papen	vork Reduc	tion Act Notice, see	the separate in	structions.		178	EEA0109	12/27/0	or Fari	m 990	(2007)





Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Armode (staten sch) (cash	services and deneral	(A) Total	nclude amounts reported on line 8b, 9b 10b, or 16 of Part I	D
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In Part V-A			ensation of current officers,	25 a
b Compensation of former officers, directors, key employees, etc. listed in Part V-B. • Compensation and other distributions, not included above, to disqualifie persons (3s defined under section 4838(X)(X)) and persons described in section • Salaries and wagos of employees not included on lines 25a, b, and c. 26 Salaries and wagos of employees not included on lines 25a, b, and c. 27 Pension plan contributions not included on lines 25a, b, and c. 28 Employee benefits not included on lines 25a, b, and c. 29 Payroli taxes 29 9,610. 9,968. 64 64 65 67 67 76,870. 65 76,870. 76,8	60,570. 44,216. 12,114. 4,240.	25a 60.570.		
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b43b	<u>,564,080.</u> 1,513,704. 24,550. 25,826.	3a 1,564,080.	STATEMENT 2	a <u> </u>
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43d				9_
e				f -
943g				, _ G
			retinnal expenses Add lines 22a	 • AA
through 43a. (Organizations completing columns (B) · (D), carry these totals to lines 13 - 15)	919,550. 1,766,743. 102,942. 49,865.	1,919,550.	3g. (Organizations completing columns carry these totals to lines 13 - 15)	
in Costs. Check. If you are following SOP 98-2				
		mpaign and fundraising sole	O the aggregate amount of those	ue an F'Yes
Gill the amount allowed to Many	The state of the s			
o Fundraising \$; and (iv) the amount allocated to Management and general \$; and (iv) the amount allocated	, and (iv) the amount allocated	gonione and goni	g \$	5 Fun

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Statement of Program Service Accomplishments (See the Instructions.)		
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of info	rmation about a particular	
organization. How the public perceives an organization in such cases may be determined by the information of	presented on its return. Th	erefore,

ease make sure the return is complete and accurate an	nd fully describes, in Part III, the organization's programs	and acco	omplishments.
mons and 4947(a)(i) nonexempt charitable trusts mus	ASSIST THE NEEDY nevements in a clear and concise manner. State the nur nents that are not measurable (Section 501 (c)(3) and (4 t also enter the amount of grants and allocations to other	'S.)	Program Service Expense (Required for 501 (c)(3) and (4) organizations and 4947(3)(1) trusts, but optional for others)
ECONOMIC HARDSHIP	THOSE SUFFERING FROM NATURAL AND/O	R 	
) If this amount includes foreign grants, check here		1,766,743
		 :	
) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here	-	
(Grants and allocations \$) If this amount includes foreign grants, check here	- 1	
(Grants and allocations \$) If this amount includes foreign grants, check here	-	
f Total of Program Service Expenses (should equal li	ne 44, column (B), Program services).	•	1,766,743.
A			Form 990 (2007

TEEA0103L 12/27/07

No	e: l	Where required, attached schedules and amounts within column should be for end-of-year amounts only,	the description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	1 1111111111111	354,859.	45	634,088
	46	Savings and temporary cash investments	.,		46	
			, ,		hasse:	
		Accounts receivable	47a			
	⊾	Less, allowance for doubtful accounts	47 b		47c	
	ĺ		The state of the property of t			
	48a	Pledges receivable	48a			
	6	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors employees (attach schedule)	, trustees, and key		50a	
Δ	t	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attact	d under section 4958(f)(1))		50b	
A S S E T	51 a	Other notes and loans receivable (attach schedule)	51 a			
T S	b	Less; allowance for doubtful accounts			51 c	
		Inventories for sale or use			52	
		Prepaid expenses and deferred charges			53	
		Investments - publicly-traded securities	► Cost FMV		54a	
		Investments - other securities (attach sch)			54b	<u> </u>
		investments - land, buildings, & equipment, basis	55a			
		Less: accumulated depreciation (attach schedule).	55 bi		55 c	
	56	Investments - other (altach schedule)			56	-
	57a	Land, buildings, and equipment, basis	57a 35,919.		\$233x	
		Less: accumulated depreciation (attach schedule) STATEMENT, 3	57b 20,801.	21,530.	57c	15,118.
	58	Other assets, including program-related investments		21,050.	-22.5	10,110.
		(describe - SEE STATEMENT 4) l	142,387.	58	5,200.
- 1	59	Total assets (must equal line 74) Add lines 45 through		518,776.	59	654,406.
	60	Accounts payable and accrued expenses		34,845.	60	37,987.
	61	Grants payable		• • • • • • • • • • • • • • • • • • • 	61	0.7507.
ĻΪ	62	Deferred revenue		137,187.	62	
å	63	Loans from officers, directors, trustees, and key			23844	
ij	05	employees (attach schedule)		İ	63	
Ŧ	64 a	Tax-exempt bond liabilities (attach schedule)			64a	
į		Mortgagas and other notes payable (attach achedule),			64b	
Š	65	Other liabilities (describe - ,	· · · · · · · · · · · · · · · · · · ·		65	
_	66	Total ilabilities. Add lines 60 through 65	···	172,032.	66	37,987.
[Orga	nizations that follow SFAS 117, check here - X an	d complete lines 67		24224	
Ē		through 69 and lines 73 and 74.	· 1			
- 1	67	Unrestricted		346,744.	67	616,419.
Š	68	Temporarily restricted			68	-247 :131
QMULLI-00	69	Permanently restricted	· ·		69	
g l	Orga	nizations that do not follow SFAS 117, check here 🟲 👚				
		70 through 74.				
E	70	Capital stock, trust principal, or current funds		ı	70	
	71	Paid-in or capital surplus, or land, building, and equipment			71	
ŘΙ	72	Retained earnings, endowment, accumulated income, of	r other funds		72	
BALAZGUN	73	Total net assets or fund balances. Add lines 67 through	69 or lines 70 through			
S		12 (Column (A) must equal line 19 and column (B) mu	st equal line 21)	346,744.	73_	616,419.
		Total liabilities and net easets/fund balances.Add lines	66 and 73	518,776.	74	654,406.
BAA			·— ·	··· 		Form 990 (2007)

PartilVA Reconciliation	f Revenue per	Audited Financial	Statements with	Revenue per l	Return	(See t	he
instructions.)	,			Keronae per		(000	

_	instructions.)						
	Total revenue galme and other support	non overline de Plantes - 1 - 4-4	-4-				0.050.033
b	Total revenue, gains, and other support Amounts included on line a but not on f		nts			5000	2,052,037.
.,			1	1			
	1 Net unrealized gains on investments .		<u> </u>	ь1		櫾	
	2Donated services and use of facilities.			b2		灦	
	3Recoveries of prior year grants			b3			
	4Other (specify):						
				b 4		號林	
	Add lines b1 through b4	**** *******				Ш	
C							2,052,037.
d	Amounts included on Part I, line 12, but						
	1 investment expenses not included on Pa			41		3303	
	2Other (specify):					魕	
	*		1 (d2			
	Add lines d1 and d2					اه	
c	Total revenue (Part I, line 12) Add lines	s <u>c</u> and d	<u>.</u>		. ,,,,,,,	•	2,052,037.
P	Total revenue (Part I, line 12) Add line	ses per Audited Financ	ial Statement	s wit	h Expenses per	Re	turn
	•	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
a	Total expenses and losses per audited f	Inencial statements				a	1,919,550.
Ь	Amounts included on line a but not on F					9-335	-//
	1 Donated services and use of facilities	*** ****		1			
	2Prior year adjustments reported on Part			2	· -		
	•	***************************************					
				'' —			
	40ther (specify):		1 4	4			
	Add lines b1 through b4			34		shirt.	
c	Subtract line b from line a				****	P	1 010 550
ď	Amounts included on Part I. line 17, but		***			C 83855	1,919,550.
•			ı	1			
	1 investment expenses not included on Pa			11		鱛	
	2Other (specify):					236	
			id	[2]	_	495	
_	Add lines d1 and d2					d	
G VIDA	Total expenses (Part I, line 17). Add line	scandd				e	1,919,550.
11	Current Officers, Directo or key employee at any timo dui	rs, Trustees, and Key E	Employees (Li	șt eac	h person who was a	n offi	cer, director, trustee,
	or key employee at any time dui	ing the year even if they were	noi compensate	<u>1) (S</u>	ee the instructions.)	_	
		(B) Title and average hours per week devoted	(C) Compensa (if not paid,	tion	(D) Contributions	to	(E) Expense
	(A) Name and address	to position	enter -0-))	employee benefit plans and deferre	a	account and other allowances
					compensation plan	าร	411411411111111111111111111111111111111
	LIL DEMIR	EXECUTIVE DIREC	60,5	570.		0.	0.
	BOX 639	40.00					
	RTH, IL 60482				Ĺ	l	
	SAN ASLAN	BOARD MEMBER		0.		0.1	0.
PO	BOX 639	2.00					•
	RTH, IL 60482						
ΜI	CHELLE RAMIREZ	BOARD MEMBER		0.	-	0.1	0.
PO	BOX 639	2.00		•	·	٠,۱	0.
WO	RTH, IL 60482					ĺ	
	WSEN HABAILI	BOARD MEMBER		0.		. +	
	BOX 639	2.00		٠.	(۱. ۲	0.
	RTH, IL 60482	2.00					
	YA KIRMAN	DONED Market			<u> </u>	_	
	BOX 639	BOARD MEMBER		0.	(ן. נ	0.
	RTH, IL 60482	2.00			1		
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Form 990 (2007) THE ZAKAT FOUNDATION			36-44762	244 Page
Part WA Current Officers, Directors, Tre	ustees, and Key E	mployees (continu		Yes No
75a Enter the total number of officers, directors, and trustees po	ermitted to vote on organization	on business at board meetings	► 5	
b Are any officers, directors, trustees, or key emissed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other through identifies the Individuals and explains the relations.	icalad arafaccional and	Ather independent cont	restore listed in Schedule.	X
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	oloyees listed in form 99 isated professional and	90, Part V-A, or highest other independent cont	compensated employees	1 ► 75c X
If 'Yes,' attach a statement that includes the in		the instructions		
d Does the organization have a written conflict of				75d X
Former Officers, Directors, Tru Benefits (If any former officer, directe during the year, list that person below a the instructions.)	istees, and Key Er or, trustee, or key emploind enter the amount of	mployees That Recover received compens compensation or other	ceived Compensatio ation or other benefits (de benefits in the appropriati	n or Other scribed below) e column. See
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			 	_
Part Vi Other Information (See the inst	ructions,)			Yes No
76 Did the organization make a change in its activity if 'Yes,' attach a detailed statement of each cha		ducting activities?	· ·	
77 Were any changes made in the organizing or go		not concreted to the IDS	• • • • • • • • • • • • • • • • • • • •	76 X
If 'Yes,' attach a conformed copy of the change	s entiring documents but	t not reported to the inc		
78a Did the organization have unrelated business gr		V more during the year	covered by this return?	78a X
b if 'Yes,' has it filed a tax return on Form 990-T	for this coars	year		78b N/A
79 Was there a liquidation, dissolution, termination year? If 'Yes.' attach a statement	Of Substantial contrac			23 X X
80 a is the organization related (other than by associ membership, governing bodies, trustees, officer	iation with a statewide o	or nationwide organizati	on) through common	80a X
b If 'Yes,' enter the name of the organization -	<u>N/A</u>			
	and che	eck whether it is ex	empt or nonexemp	t. English et en
81 a Enter direct and indirect political expenditures.	(See line 81 instructions	s.)	81a (
b Did the organization file Form 1120-POL for this	year?	<u> </u>		81 ы Х
ВАА				Form 990 (2007)

OHIPSU (2007) THE ZARAT FOUNDATION OF AMERICA	36-447	0244	Page
Part VI Other Information (continued)			Yes No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82a	х
bilf 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	826 16,2	77.	
83a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	1 T
b Did the organization comply with the disclosure requirements relating to quid pro quo contribu	utions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		. 84a	Х
b if 'Yes,' did the organization include with every solicitation an express statement that such coinot tax deductible?	ntributions or gifts were	84b	
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	e organization received i		
c Ducs, assessments, and similar amounts from members.	85c	N/A	
d Section 162(e) lobbying and political expenditures, .		N/A	
e Aggregate nondeductible amount of section 6033(c)(1)(A) dues notices		N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		. 85g	NA
h if section 6033(c)(1)(A) dues notices were sont, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	oble estimate of		MAN N/A
96 501(c)(7) organizations, Enter. a Initiation fees and capital contributions included on	11111111	-656499	Ceneral Sena
line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities		N/A	
37 501(c)(12) organizations Enter: a Gross income from members or shareholders		N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A	
38 a At any time during the year, did the organization own a 50% or greater interest in a taxable co or an entity disregarded as separate from the organization under Regulations sections 301 770 If 'Yes,' complete Part IX			X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI	within the meaning of	► 88b	x
89a 501(c)(3) organizations, Enter Amount of tax imposed on the organization during the year und	ler	353996	Harana (Cara)
section 4911 ► 0. , section 4912 ► 0. , section 49		o.	
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If 'y explaining each transaction		896	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•	1900gg	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	· •	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited	tou shalton trans	n,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HERITAN PROBLEM
f All organizations. Did the organization acquire a direct or indirect interest in any applicable ins-	tax shelter transaction?	89e	X
		89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. D organization, or a fund maintained by a sponsoring organization, have excess business holding the year?	is at any tima during		
the year? Oa List the states with which a copy of this return is filed IL		. <u>89g</u>	X
	-		
Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		ld0e	5
Ta The books are in care of PHALIL DEMIR Localed at PO BOX 639 WORTH IL	nber > (708) 23		
b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account.	Other authority over a		Yes No
If 'Yac' anier the name of the fereign ancies. By		91 b	X
See the instructions for exceptions and filing regulrements for Form TD F 90-22.1, Report of Fornancial Accounts			
VA			
		Form !	990 (2007)

Form 990 (2007) THE ZAKAT FOUNDAT	ION OF AME	RICA		36-447	6244 Pa	age 8
Par VI Other Information (contin					Yes	_
c At any time during the calendar year, di		maintain an office	outside of the U	nited States?	91c	<u> </u>
If 'Yos,' enter the name of the foreign of	ountry					
92 Section 4947(a)(1) nonexempt charitable	le trusts filing Forr	n 990 in lleu o 1 F am	n 1041 — Check	here,	, N/A •	
and enter the amount of tax-exempt into	erest received or a	occrued during the ta	x yoar	▶ 92		N/A
Part VIII Analysis of Income Producir					 ·	
Notes Cates areas a succession and an	Unrelated b	usiness Income	Excluded by s	ection 512, 513, or 514	(E)	
Note: Enter gross amounts unless otherwise indicated	(A) Business code	(B) Amount	(C) Exclusion cade	(D) Amount	Related or exem	
93 Program service revenue:	i I					
A						
b	—		ļ		ļ	
<u> </u>		-	-		 	
0	-					
f Medicare/Medicaid payments	 				_	
g Fees & contracts from government agencies		_ 	 -			
94 Membership dues and assessments			 	<u> </u>		
95 Interest on savings & temporary cash invmnts						
96 Dividends & interest from securities.				_		—
97 Net rental income or (loss) from real calets	A STATE OF THE PROPERTY OF THE PARTY OF THE	Policie or and for adjusting a	Nederlahr shipa as asi		House and Language of the	ALUDYAN
a debt-financed property	SAJAR HOMEN HELD TONG	2. W. S. Still G. Griff and desired the state of the stat	<u> </u>	Taraba III Taresa de alta de la constante de l	HOLF HEELERS AS BESTERNAN	460000
b not debt-financed property		=				—
98 Net rental income or (loss) from pera prop						_
99 Other investment income						
100 Gain or (loss) from sales of assets other than inventory.						
101 Net income or (loss) from special events .						_
102 Gross profit or (loss) from sales of inventory						
103 Other revenue: a		and the state of t	marketing to the same of the s		STATE THE PROPERTY OF THE PARTY	1835
b						_
<u> </u>	ļ <u>-</u>					
<u> </u>	ļ _					
104 Subtotal (add columns (B), (D), and (E))	64406400000000000000000000000000000000		observed distances . S.W.S.			
105 Total (add line 104, columns (B), (D).						
lote: Line 105 plus line 1e, Part I, should equ	anu (E))	lles 13 Post I	111111	·· ··· *		0.
Relationship of Activities t	o the Accomp	lishment of Fy	empt Purpos	es (Soo the instru	otiona \	
Line No. Explain how each activity for which	ncome is report	ad in column (C) of	Den VIII series	ted (See the histiu	CHOITS)	
	ses (other than by	y providing funds for	such purposes	ited importantly to the a).	accomplishment	
I/A						—
			_	_		_
						_
Pastity Information Because Tou	oble Cul-idi-	-1			·	
East X Information Regarding Tax (A)	able Subsidia					
• •	(B)	(C)	'	(D)	(E)	
Name, address, and EIN of corporation, partnership, or disregarded entity	Porcentage of ownership interest	Nature of a	ictivities	Total incomo	E⊓d∙of-year assets	
I/A	ő	:				
	Q.					_
	9			-		_
Paradahera Le	<u> </u>					—
Partix Information Regarding Tra	nsfers Associ	ated with Perso	nal Benefit (Contracts (See the	instructions.)	_
a Did the drawnization, during the year, receive any fun	ids, directly or indirectl	y, to pay premiums on a	personal benefit com	trant7 .	Yes X No	
b Did the organization, during the year, pay	promiums, direct	ly or indirectly, on a	personal benefi	t contract? ,	Yes X No	
Note: If 'Yes' to (b), file Form 8870 and For	m 4720 (see instri	uctions)			_	

Form 990 (2007) THE ZAKAT FOUNDATION OF AMERICA

		(2007) THE ZAKAT FOUNDATION OF AME		3	6-4476244	F	age 9
	KCX	Information Regarding Transfers To a organization is a controlling organizati	and From Controlled I on as defined in secti	Entities. Complete d ion 512(b)(13).	only if the		
						Yes	No
106	D).	d the reporting organization make any transfers to a es,' complete the schedule below for each controlled	controlled entity as define		the Code? If		x
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	(D) of tran	sfer
В							
b							
c							
		Totals	His pile proper in the development of the control o		minimum (fr.) Anne (fr.)		
			· · · · · · · · · · · · · · · · · · ·			Yes	No
107	Dir.	d the reporting organization receive any transfers from the reporting organization receive any transfers from the reporting of the reporting o	om a controlled entity as de	efined in section 512(b)(13	3) of the Code? If		X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	(D) of trans	sfer
a	 						
ь							
c							
		Totals	The second secon	Antique de la companya del companya del companya de la companya del la companya de la companya del la companya de la companya del la com			
108	Dıd anr	the organization have a binding written contract in nuities described in question 107 above?	-			Yes	No X
Plea: Sign	se	Under penaldes of penury, I declare that I have examined this return, correct, and combinia, Declaration of preparer (other than off	red in Elizabeth accompanying school lead in a service of the serv	es and statements, and to the bed which preparer has any knowledge	at of my knowledge and b	oliat, it is	<u></u>
dere	1	Type or print name and title	nir Dire	CAAC	06/07	/20	0//
aid re-	v'e	Preparer's signature Firm's name (or KNUTTE & ASSOCIATES F		/06/11 Check if self- employed	Preparer: SSN of General Instruction 343-56-9	418	99
sarei Jse Only	-	vours if self-	210		36-3459708		
AA				Phone no	- (630) 960~;	3317 990 (2	007
					Form	33U (2	U()/)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate Instructions.)

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-E2. Name of the organization Employer identification number THE ZAKAT FOUNDATION OF AMERICA 36-4476244 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions, List each one. If there are none, enter 'None.') (d) Contributions to employee bonefit plans and deferred compensation (a) Name and address of each (b) Title and average (c) Compensation (c) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances NONE Total number of other employees paid over \$50,000 Partial Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Partition Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving

over \$50,000 for other services

Schedule A	<u>(Form 990 or 990</u>	EZ) 2007	THE ZAK	AT FOUN	DATION O	F AME	NICA		36-447	6244	F	Page 2
Patelline	Statements	About Acti	vities (Se	e instruct	ions.)						Yes	No
or incui	the year, has the ence public opinion red in connection qual amounts on	on on a legisla n with the lobb	itive matter o lying activitie	r referendu s ►\$	ım? if 'Yos,' e i	nler the to N/A	otal expense: L	ciuding ar a paid	ny attempt	1		x
 Organiz 	tations that made ations checking ' g activities	an election u	nder section	501/h) hy f	lling Form 576	58 must c	omplete Part	VI-A, Oth	ier of the			
substar taxable	the year, has the itial contributors, organization with lary? (If the answ	trustees, direc	itars, afficers ich person is	, creators,	key employee s an officer, d	s, or men	nbors of their	families.	or with any			
a Sale, e	xchange, or least	ng of property	?							2s		Х
b Lending	of money or oth	er extension o	f credit? ,							2ь		<u>x</u>
¢ Furnish	ing of goods, ser	vices, or facilit	les?					DADT	· · · · · · · · · · · · · · · · · · ·	2c		X
d Paymer	nt of compensation	n (or payment	l or reimburs	ement of ex	penses if mo	re than \$1	ORM 990, 1,000)?	PARI	v ,,,,,,	2d	х	
e Transfe	r of any part of it	s income or as	ssets?				,,,,,,,,,,,			20		_ X
3a Did the	organization mak tion of how the o	e grants for se	cholarships i	Allowating	student leans	= ata2 /lf	'Voo ' atlach			. За		X
b Did the	organization have	a section 403	3(b) annuity	plan for its	employees?					. 35		X
to prese	organization rece rve open space, tach a detalled s	the environme	INT DISTORIC IS	Ind areas A	r historic struc	-hurse? If				3c		Х
	organization prov											
4a Did the	organization maii	ntain any dono	r advised fur	de7 If Voc						3d		<u>x</u>
4f and 4	g	•••		111	*******	,,,,				4a		X
b Did the d	organization mak	e any taxable	distributions	under secti	on 4966?					. 4b	N	<u>A</u>
C	organization mak									4c	N/	A
d Enter the	e total number of	donor advised	funds owne	d at the end	d of the tax ye	ear,. ,	• • •		▶_			N/A
€ Enter the	e aggregate value	of assets hel	d in all dono	advised fu	inds owned at	the end o	of the tax yea	ır	▶_		l	N/A
	e total number of cluded on line 4d in such funds or			s owned at this to provide	the end of the	ne distribi	(excluding duling of investigation or investigation)	oner advis	sed ►			
g Enter the	aggregate value	of assets held	d in all funds	or account	s included on	line 4f at	the end of th	ie tax yea	 r.,►			0.
AA					24421 12/22/23							

TEEA0402L 12/27/07

Schedule A (Form 990 or Form 990-EZ) 2007

		e Foundation Status	· · · · · ·		
certify that the c	organization is not a private	e foundation because it is:	(Please check only ONE ap	plicable box.)	
5 A churc	th, convention of churches,	or association of churches	. Section 170(b)(1)(A)(i).		
6 🔲 A school	ol. Section 170(b)(1)(A)(ii).	(Also complete Part V.)			
7 🔲 A hospi	tal or a cooperative hospita	al service organization. Sec	stion 170(b)(1)(A)(iii)		
8 🗌 A feder	el, state, or local governme	ant or governmental unit. So	ection 170(b)(1)(A)(v).		
9 A medic		perated in conjunction with	a hospital, Section 170(b)(1)(A)(iii). Enter the hosp	ital's name, city,
10 An orga (Also co	inization operated for the bomplete the Support Scheo	enefit of a college or univer	rsity owned or operated by a	a governmental unit, Sec	tion 170(b)(1)(A)(iV).
11 a X An orga Section	nization that normally rece 170(b)(1)(A)(vi) (Also con	ives a substantial part of its oplete the Support Schedul	s support from a governmer le in Pert IV-A.)	ntal unit or from the gene	ral public
11 b A comm	tunity trust. Section 170(b)	(1)(A)(vi). (Al≘o complete ti	ne Support Schedule in Par	t IV-A.)	
			of its support from contribut to certain exceptions, and income (less section 511 to complete the Support Sch		
73			ons (other than foundation raise the type of supporting or		
Type			es the type of supporting or enally integrated	ganization ► Type III-Other	
	Provide t	ne following information at	out the supported organiz	ations.(See instructions)	1
Name orş	(a) (s) of supported ganization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?	(e) Amount of support
				Yes No	
					·
-				- + 	
Total					0.
14 An organi	IZBTIOD Organized and accept				
BAA	manor organized and oper	ared to test for public safety	y. Section 509(a)(4). (See li		990 or 990-EZ) 2007

Sche	adule A (Form 990 or 990-EZ) 200	THE ZAKAT	FOUNDATION OF	AMERICA	<u> 36-44</u> 762	44 Page 4
Par	Support Schedule	Complete only if you	checked a box on line	e 10, 11, or 12) Use c	ash method of accou	nting.
Note	: You may use the worksheet in th	e instructions for con	verting from the accru	al to the cash method	of accounting,	
begi	ndar year (or fiscal year nning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Totel
15	Giffs, grants, and contributions received (Do not include unusual grants. See line 28.)	2,035,761.	1,082,484.	579,825.	526,074.	4,224,144.
16	Membership fees received			4.07.0	<u> </u>	0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					0.
18	Gross income from interest, dividends, amis rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxas) from businesses acquired by the organization after June 30, 1975.					0.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets.				_	0.
	Total of lines 15 through 22	2,035,761.	1,082,484.	579,825.	526,074.	4,224,144.
	Line 23 minus line 17	2,035,761.	1,082,484.	579,825.	526,074.	4,224,144.
	Enter 1% of line 23	20,350.	10,825.	5,798.	5,261.	
Ь	Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts fo return. Enter the total of all these excess as	name of and amount contri r 2003 through 2006 exceed mounts	ed the amount shown in line		> 26a	84,483.
c	Total support for section 509(a)(1)	test; Enter line 24, c	• •		► 26c	4,224,144.
	Add: Amounts from column (e) for	22		19 26b		HARDINATE TAUTHERINA
	Public support (line 26c minus line				► 26e	4,224,144.
	Public support percentage (line 2	6e (numcrator) divido	d by line 26c (denom	inator))	► 26f	100.00 %
9	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts receiv such amounts for each year: (2006)	16, and 17 that were ed in each year from,	each disquantied per	Son Do hot life this	HET WITH YOUR POTURE.	inter the sum of
D	ror any amount included in line 17 to show the name of, and amount \$5,000. (Include in the list organization of the computing the difference between the computing the differences (the excess amounts) for (2006)	that was received from the control of the control o	om each person (other r, that was more than les 5 through 11b, as leved and the larger ar	r than 'disqualified per the larger of (1) the well as individuals) D mount described in (1	'sons'), prepare a list of amount on line 25 for to not file this list with) or (2), enter the sum	for your records the year or (2)
C.	Add: Amounts from column (e) for	lines: 15		16		
د	17	15 20 and		21	27c	
e i	Public support (line 27c total minus Fotal support for section 509(a)(2)	tine 27d total)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		► 27e	
, ,	Public support for section 509(a)(2)	test: Enter amount fr	om line 23. column (e) 271		
h i	Public support percentage (line 27 nyestment income percentage (lin	re (numerator) divide:	d by line 27f (denomi	netor))	► 27 o	
28	nvestment income percentage (Ilr	n dosethed - to the	ncrator) divided by Ili	ne 271 (denominator))	27h	
i	Unusual Grants: For an organization ist for your records to show, for each ature of the grant. Do not file this	ch year, the name of	the contributor, the da	ved any unusual grant ate and amount of the	is during 2003 through grant, and a brief des	2006, prepare a scription of the

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	######################################	KOKERK
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.)			
		-		

72	Does the organization maintain the following.	-		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	iteistyiyisini	Sections
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32ь		
	c Copies of all catalogues, brochures, appoundements, and other written communications to the public dealing	340		
	with student admissions, programs, and scholarships?	32c		_
	d Copies of all material used by the organization or on its behalf to solicit contributions?	328		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	1		
		-		
33	Does the organization discriminate by race in any way with respect to.			
	a Students' rights or privileges?	33a		
1	b Admissions policies?	. 33b		
•	c Employment of faculty or administrative staff?	33 c		
(d Scholarships or other financial assistance?.	33d		-
,	Educational policies?	33e		
1	Use of facilities?	33 f	_	
	g Athletic programs?	. 339		
١	h Other extracurricular activities?	33h	unn.e.	N 1972 28 - 2- 12
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)			
		-		
34 e	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
E	Has the organization's right to such aid ever been revoked or suspended? .	. 34b		
	If you answored 'Yes' to either 34a or b, please explain using an attached statement.		AND THE REAL PROPERTY.	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial			
	nondiscrimination? If 'No,' attach an explanation	35		

	Lobbying E		ecting Public Char	ities (See instri		.)		22/(
Cha							110.0		N/A
Chei		zation belongs to an affi		t ► b lif you	Check		iimitoc (a)	CONTI	rol' provisions apply (b)
		.imits on Lobbying n 'expenditures' means a	•	м \		Affiliate		пÞ	To be completed for all electing
			``		1 00			-	organizations
36	Total lobbying expenditu	•			36	<u> </u>			ļ
37 38	Total lobbying expenditu	-	• •	/IПQ)		 			
.se 39	Total lobbying expendito		•		38				
40	Other exempt purpose of				40				
41		expenditures (add lines 3			e Roeta	erfen, mitt am iteliat	المارك ماراك المارك	ત્યવાદન હો	do acaresteramenterarenomia
71	Lobbying nontaxable an		_						
	Not over \$500,000		lobbying nontaxable a of the amount on line						
	Over \$500,000 but not over \$1,		000 plus 15% of the excess of						
	Over \$1,000,000 but not over \$				41			34135537	լ լարտաժինանցիրինինանենություննեն
	Over \$1,500,000 but not over \$		000 plus 5% of the excess ov		pappet				
	Over \$17,000,000		00,000,		CH 14123				
42	Grassroots nontaxable a				42	;G,G,M,@u,B&(H,P)	MAZE 2424-1	sky dering	្រែក មានការប្រជាពិធីការប្រជាពិធីការប្រជាពិធីការប្រជាពិធីការប្រជាពិធីការប្រជាពិធីការប្រជាពិធីការប្រជាពិធីការប្រ
43	Subtract line 42 from lin				43				
44	Subtract line 41 from lin				44				
	Caution: If there is an a					go Minginga	######################################	63886 4	
							200000000000000000000000000000000000000	BRUDERE	THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN
	(Some organ	nizations that made a se	Averaging Period ection 501(h) election de the instructions for li	o not have to cor	nplete		ve colu	ımns l	below
			Lobbying Expen	ditures During 4	-Year	Averaging	Period		-
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005		1	(d) 004		(e) Total
45	Lobbying nontaxable amount								
46	Lobbying calling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount,					•			
49	Gressmots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures								
100	Lobbying A	ctivity by Nonelect nly by organizations tha	ing Public Charitie	25 VI A) (500 lmetro	محمالمت	,			
Divis								 ,	N/A
atten	ng the year, did the organ npt to influence public op	iization attempt to intiue inion on a legislative ma	nce national, state or le atter or referendum. Ihr	ocal legislation, ii ough the use of	ncludin	á aux	Yes	No	Amount
	Volunteers			g/, 400 011					St. S. a. S. man Mathematical Company
	Paid staff or manageme		0 10 00000000 van-						
	: Media advertisements								
	Mallings to members, le								
	Publications, or publishe		nta .	***********			\vdash	\dashv	
	Grants to other organiza					•			
	Direct contact with legist								
h	Rallies, demonstrations,	seminars, conventions.	speeches, lectures, or	any other means	 2			+	
i	Total lobbying expenditu	res (add lines c through	h.)		•	•• ••	April 185	nastrá jaj	<u> </u>
	If 'Yes' to any of the abo					q activities	arandobile	LICANO	

Schedule A (Form 990 or 990-EZ) 2007

Page 7

51 Did the	reporting organization	directly or in	directly engage in a	any of the following section 527, relation	g with any other organization de ng to political organizations?	scribed in	section	501(c)
	ers from the reporting or							Yes	No
(f) Cas		Q				, 5	1a (i)		X
• • •	ner assets						a (ii)		X
b Other to	ransactions:								
(i) Sal	es or exchanges of ass	ets with a no	oncharitable exemp	t organization, .			Þ (i)		X
(n)Pui	rchases of assets from	a noncharita	bie exempt organiz	ation			b (il)		X
(III)Rei	ntal of facilities, equipm	ient, or other	assets		•	,,,,,	b (iii)		X
(iv)Rei	mbursement arrangeme	ents					b (lv)		X
(V) Loa	ans or loan guarantees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				b (V)		X
(vi)Pe	formance of services o	r membershi	p or fundraising so	licitations			b (vi)		X
c Sharing	of facilities, equipmen	t, mailing lis	ts, other assets, or	poid employees .			<u> </u>		X
d if the a the goo any tra	nswer to any of the abo ids, other assets, or ser nsaction or sharing arra	ive is Yes,' (vices given l ingement, si	complete the follow by the reporting or now in column (d) t	ring schedule. Coll ganization, If the o he value of the go	umn (b) should always show the rganization received less than fa ods, other assets, or services re	tair market air market v icelved:	value ir	or 1	
(a) Line no.	(b) Amount involved		(c) noncharitable exer		(d Description of transfers, transacti)			5
N/A	w								
						,			
						-			
		 			.				
+		 							
	<u> </u>	<u> </u>			 	~			
			liated with, or relat her than section 50	ed to, one or more 11(c)(3)) or in secti	e tax-exempt organizations ion 527?	►[Yc	s X	No
pir ves,	complete the following (a)	schedule:	4	p)	(0)				
	Name of organization		Type of or	ganization	(c) Description of		P		
N/A		·							
	·			-					
			-						

						·····			
	···								
	·				,				
BAA					Schedule A	A (Form 00	0 0: 00	Λ E 3	2002

007	FEDERAL STA	TEMENTS		PAGE
	THE ZAKAT FOUNDATION	ON OF AMERICA		36-44762
STATEMENT 1 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSE PRIOR PERIOD ADJUSTMENT		S	\$ TOTAL \$	137,108. 137,188.
STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES				*
	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING AUTOMOBILE BANK FEES CONTRACT SERVICES CREDIT CARD FEES CUSTOMS FEES	152,805 4,846 6,738 1,800 13,927 1,073	4,548. 4,922. 1,674. 13,240.	1,347.	15,281 298 469 126 687
DONATIONS INSURANCE OFFICE EXPENSES OUTSIDE SERVICE PAYROLL FEES RELIEF TO THE NEEDY	578 22,778 6,670 80,724 475 1,254,610	545. 16,634. 4,886. 58,930.	4,550. 1,334. 16,144. 475.	3; 1,59; 44! 5,65
REPAIRS AND MAINTENANCE SECURITY SUBSCRIPTIONS WEBSITE MAINTENANCE	750 621 1,405 14,280 TOTAL \$ 1,564,080	578. 1,307. 13,306.	700. \$ 24,550.	50 4: 91 97 \$ 25,82
STATEMENT 3 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIP	MENT			
CATEGORY		BASIS	ACCUM. DEPREC.	BOOK
AUTOMOBILES / TRANSPORTAT FURNITURE AND FIXTURES	ION EQUIPMENT \$ TOTAL \$\overline{5}\$	16,564. \$ 19,355. 35,919. \$	11,595. \$ 9,206. 20,801. \$	4,969. 10,149. 15,118.
STATEMENT 4 FORM 990, PART IV, LINE 58 OTHER ASSETS			-	
				5,200