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Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2012

Open to Public
Inspection

Form **990-EZ**

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

▶ Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year or tax year beginning and ending											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%;">C Name of organization FOUNDATION FOR ISLAMIC KNOWLEDGE</td> <td style="width: 35%;">D Employer identification number 36-3774566</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 630-495-4817</td> </tr> <tr> <td>345 EAST VIEW STREET</td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td>City or town state or country and ZIP + 4</td> <td>H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)</td> </tr> <tr> <td>LOMBARD, IL 60148</td> <td></td> </tr> </table>	C Name of organization FOUNDATION FOR ISLAMIC KNOWLEDGE	D Employer identification number 36-3774566	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number 630-495-4817	345 EAST VIEW STREET	F Group Exemption Number ▶	City or town state or country and ZIP + 4	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)	LOMBARD, IL 60148	
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LOMBARD, IL 60148											
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶											
I Website ▶ WWW AHMADSAKR COM											
J Tax exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.											
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more or if total assets (Part II line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 114,120											

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	114,115
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	5
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	114,120	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,500
	14	Occupancy, rent, utilities, and maintenance	14	25,250
	15	Printing, publications, postage, and shipping	15	67,500
	16	Other expenses (describe in Schedule O)	16	22,853
17	Total expenses Add lines 10 through 16	17	118,103	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<3,983 >
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of year figure reported on prior year's return)	19	12,075
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	8,092

LHA For Paperwork Reduction Act Notice see the separate instructions

Form **990-EZ** (2012)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If Yes attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1 000 or more during the year from business activities (such as those reported on lines 2 6a and 7a among others)?
35b If Yes to line 35a has the organization filed a Form 990 T for the year? If No provide an explanation in Schedule O
35c Was the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice reporting and proxy tax requirements during the year? If Yes complete Schedule C Part III
36 Did the organization undergo a liquidation dissolution termination or significant disposition of net assets during the year? If Yes complete applicable parts of Schedule N
37a Enter amount of political expenditures direct or indirect as described in the instructions 37a 0
37b Did the organization file Form 1120 POL for this year?
38a Did the organization borrow from or make any loans to any officer director trustee or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If Yes complete Schedule L Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts included on line 9 for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 section 4912 0 section 4955 0
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 EZ? If Yes complete Schedule L Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958 0
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0
40e All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886 T
41 List the states with which a copy of this return is filed IL
42a The organization's books are in care of DR AHMAD SAKR Telephone no 909-595-7800
Located at 610 EL VALLENCITO DRIVE, WALNUT, CA ZIP + 4 60148
42b 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)?
42c If Yes enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts
42c At any time during the calendar year did the organization maintain an office outside of the U S?
42c If Yes enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of Form 1041 Check here and enter the amount of tax exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If Yes Form 990 must be completed instead of Form 990 EZ
44b Did the organization operate one or more hospital facilities during the year? If Yes Form 990 must be completed instead of Form 990 EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If Yes to line 44c has the organization filed a Form 720 to report these payments? If No provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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, Form 990 and Schedule R may need to be completed instead of Form 990 EZ (see instructions)

46 Did the organization engage directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I

Table with columns Yes, No and row 46 with 'X' in the No column.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52 and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes complete Sch C Part II

Table with columns Yes, No and row 47 with 'X' in the No column.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E

Table with columns Yes, No and row 48 with 'X' in the No column.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a with 'X' in the No column.

b If Yes was the related organization a section 527 organization?

Table with columns Yes, No and row 49b with 'X' in the No column.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation; (d) Health benefits contributions; (e) Estimated amount of other compensation. All entries are NONE.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. All entries are NONE.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No (X) Yes

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 Dr Ahmad H. Sakr, Date 7-24-2013; Type or print name and title Zuhar Sakr, Treasurer

Paid Preparer Use Only: Print/Type preparer's name WILLIAM HURLEY, CPA; Preparer's Signature; Date 07.15.12; Check self-employed; PTIN P00704001; Firm's name BARSEMA, TUZIK & HURLEY, LTD; Firm's EIN 20-8058626; Firm's address 6900 MAIN STREET, SUITE 8, DOWNERS GROVE, IL 60516-3555; Phone no 630 963-3323

May the IRS discuss this return with the preparer shown above? See instructions (X) Yes

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5 7 or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

Section A Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts grants contributions and membership fees received (Do not include any unusual grants)	87,735	103,421	87,851	105,168	114,120	498,295
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total Add lines 1 through 3	87,735	103,421	87,851	105,168	114,120	498,295
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f)						100,665
6 Public support Subtract line 5 from line 4						397,630

Section B Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	87,735	103,421	87,851	105,168	114,120	498,295
8 Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources	45	6	3		5	59
9 Net income from unrelated business activities whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support Add lines 7 through 10						498,354
12 Gross receipts from related activities etc (see instructions)					12	
13 First five years If the Form 990 is for the organization's first second third fourth or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6 column (f) divided by line 11 column (f))	14	79.79%
15 Public support percentage from 2011 Schedule A Part II line 14	15	83.84%
16a 33 1/3% support test 2012 If the organization did not check the box on line 13 and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test 2011 If the organization did not check a box on line 13 or 16a and line 15 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% facts and circumstances test 2012 If the organization did not check a box on line 13 16a or 16b and line 14 is 10% or more and if the organization meets the facts and circumstances test check this box and stop here Explain in Part IV how the organization meets the facts and circumstances test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% facts and circumstances test 2011 If the organization did not check a box on line 13 16a 16b or 17a and line 15 is 10% or more and if the organization meets the facts and circumstances test check this box and stop here Explain in Part IV how the organization meets the facts and circumstances test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 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 to or expended on its behalf.						
5 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.)						

Section B Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a 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 regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

my

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
▶ Attach to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

FOUNDATION FOR ISLAMIC KNOWLEDGE

Employer identification number
36-3774566

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME

DESCRIPTION OF PROPERTY	AMOUNT
WEST SUBURBAN BANK	5

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES

DESCRIPTION OF OTHER EXPENSES	AMOUNT
TRAVEL	2,800
OFFICE SUPPLIES	3,318
INSURANCE	1,500
OFFICE SERVICES	6,350
UTILITIES	2,500
PHONE AND FAX	2,950
PUBLICITY	1,550
SECURITY	1,885
TOTAL TO FORM 990-EZ, LINE 16	22,853

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ **File a separate application for each return**

- If you are filing for an **Automatic 3 Month Extension** complete only **Part I** and check this box ▶
- If you are filing for an **Additional (Not Automatic) 3 Month Extension** complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Electronic filing (e file) You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990 T) or an additional (not automatic) 3 month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870 Information Return for Transfers Associated With Certain Personal Benefit Contracts which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit www.irs.gov/efile and click on e file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time Only submit original (no copies needed)

A corporation required to file Form 990 T and requesting an automatic 6 month extension check this box and complete Part I only ▶

All other corporations (including 1120 C filers) partnerships REMICs and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer see instructions FOUNDATION FOR ISLAMIC KNOWLEDGE	Employer identification number (EIN) or 36-3774566
File by the due date for filing your return. See instructions	Number street and room or suite no. If a P O box see instructions 345 EAST VIEW STREET	Social security number (SSN)
	City town or post office state and ZIP code For a foreign address see instructions LOMBARD, IL 60148	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990 EZ	01	Form 990 T (corporation)	07
Form 990 BL	02	Form 1041 A	08
Form 4720 (individual)	03	Form 4720	09
Form 990 PF	04	Form 5227	10
Form 990 T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990 T (trust other than above)	06	Form 8870	12

DR AHMAD SAKR

- The books are in the care of ▶ **610 EL VALLENCITO DRIVE - WALNUT, CA 60148**
 Telephone No ▶ **909-595-7800** FAX No ▶ **630-627-8894**
- If the organization does not have an office or place of business in the United States check this box ▶
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3 month (6 months for a corporation required to file Form 990 T) extension of time until **AUGUST 15, 2013** to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year **2012** or
 ▶ tax year beginning _____ and ending _____

2 If the tax year entered in line 1 is for less than 12 months check reason Initial return Final return
 Change in accounting period

3a If this application is for Form 990 BL 990 PF 990 T 4720 or 6069 enter the tentative tax less any nonrefundable credits See instructions	3a	\$	0
b If this application is for Form 990 PF 990 T 4720 or 6069 enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$	0
c Balance due Subtract line 3b from line 3a Include your payment with this form if required by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions
 LHA For Privacy Act and Paperwork Reduction Act Notice see instructions Form **8868** (Rev. 1 2013)