efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990**

DLN: 93493135116889 OMB No 1545-0047

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

Form **990** (2017)

Cat No 11282Y

•			I Information about	t Form 990 and its instructions is at <u>wi</u>	ww IRS go	ov/form99	<u>90</u>		Inspection
A F	or the	e 2017 ca	 alendar vear, or tax vear begin	ning 07-01-2017 , and ending 06-	30-2018	}			
B Che	ck ıf a dress (pplicable change	C Name of organization						fication number
☐ Ini	tıal ret	turn	Doing business as						
☐ Am	nendec	d return	Number and street (or P O box if ma PO BOX 639	ail is not delivered to street address) Room/	suite				
	pout	THE ZAKAT FOUNDATION OF AMERICA Doing business as Contraction Company Compan							
			F Name and address of principal	officer	H(a)			•	,247,911
			Halil Demir PO BOX 639	· omee		subordin	nates?		□Yes ☑No
I Ta:	x-exen	npt status		Insert no)	- I (I)	ıncluded	7		Yes No
J W	ebsit	e:► WW			H(c)				•
K Forr	n of or	rganızatıon	✓ Corporation ☐ Trust ☐ Associ	ciation Other	L Year	of formatio	n 2001	M State	of legal domicile IL
Pa	rt I	Sumi	mary						
Activities & Governance	1	The Órgan	ization fosters charitable giving to	alleviate the immediate needs of poor	communi	ities and t	to establ	ısh long-	term development
Š 205							f its net a		l -
න් ග	1		- · · · · · · · · · · · · · · · · · · ·					3	
Ţ.	l		·					5	41
5			• •	, , , , , ,			i	6	3,185
ĕ			•	, ,				7a	,
	ь	Net unrel	ated business taxable income from	n Form 990-T, line 34				7b	
						Prior	Year		Current Year
<u>Qı</u>	8	Contribut	ions and grants (Part VIII, line 1h))			12,756,	618	9,243,79
Ravenue	l	-	•						(
Ryv	1		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,					2,99
	l								1,120
	 								9,247,91
	1		, , ,	, ,,			8,156,	.292	5,726,37
	1	•			.		1 667	405	1 741 93
Expenses		•	, , ,	, , , , , , , , , , , , , , , , , , , ,	' <u> </u>		1,66/,	405	1,741,83
£	١.		3 , ,	, , ,				_	<u>'</u>
Ä	1			· - ·			1 654	350	1,975,89
	1		• • • • • • • • • • • • • • • • • • • •	·					9,444,100
	1	•	·	• • • • • • • • • • • • • • • • • • • •					-196,19
8.8			·		Beg	inning of	Current \	Year	End of Year
Net Assets or Fund Balances									
Ass Ba	l		• • •						8,110,34
و ق	1			46					175,83
				I from line 20			8,130,	704	7,934,50
	r t II r pena			ned this return, including accompanyir	na schedul	les and st	tatement	s, and to	the best of my
knowl	ledge	and belie							
2111 <i>y</i> 10									
c:		Signati	* ure of officer				05-15		
Sign Here		L Halil Do	omir Evacutiva Director						
					Date	GI. I		PTIN	
Paid	t] 30	OSEPH KNUTTE CPA	JOSEPH KNUTTE CPA				P0131777	6
	- pare	71 <u>⊢</u>						-3459708	
	On	l c.	ırm's address ► 7900 S CASS AVE STE 2	210		Phone	no (630)	566-8400	
		-	DARIEN, IL 605615066	5					
Mav +	he IR	S discuss	this return with the preparer show	in above? (see instructions)				7	ves 🗆 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Service	e Accomplis	hments		
	Check if Sche	edule O contains a respo	onse or note to	any line in this Part III		🗸
1		organization's mission		,		
	Organization fosters chensure individual and		ate the immedia	ate needs of poor commi	unities and to establish long-term	n development projects
2	-	undertake any significa		vices during the year wh	ich were not listed on	□Yes ✔No
	If "Yes," describe the	Lifes Lino				
3	Did the organization		nake significant	changes in how it condu	cts, any program	☐ Yes ☑ No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Describe the organiz Section 501(c)(3) ar expenses, and rever					
4a	(Code See Additional Data) (Expenses \$	2,030,431	including grants of \$	1,300,673) (Revenue \$)
4b	(Code) (Expenses \$	1,705,954	including grants of \$	1,168,137) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	1,493,675	including grants of \$	224,174) (Revenue \$)
	See Additional Data					
4d	Other program servi	ices (Describe in Schedi	ule O)			
	(Expenses \$	2,784,045 incl	uding grants of	\$ 1,681,70	02) (Revenue \$)
4e	Total program ser	vice expenses ►	8,014,1	05		

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

No

Νo

Nο

No

Nο

Form **990** (2017)

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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 an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Was the organization included in consolidated, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

3 4 5

6 7

Yes

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10

11a

11b

11c

11d

11e

11f

12a

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14a

14b

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Yes

Yes

Yes

Yes

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1 01111	556 (2017)			raye -
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
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	Yes	
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? . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Dage 1

Nο

No

No

Nο

Νo

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Νo

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

36

37

Yes

Form 990 (2017)

Yes

Yes

21111	990 (2017)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 114			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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	4 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	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		No
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	Yes	
b	If "Yes," enter the name of the foreign country ►OC See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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?	_		NI-
£	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	- ''		INO
y	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		No
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
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	-		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
С				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

Par	t VI	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	" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management		1	
1a	Enter	the number of voting members of the governing body at the end of the tax year 1 1 1 5		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O			
b		the number of voting members included in line 1a, above, who are independent 1b 4			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3	Did th	ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	\vdash		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		ne organization have members or stockholders?	6		No
		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	memb	pers of the governing body?	7a		No
	perso	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing			
	-	overning body?	8a	Yes	
		committee with authority to act on behalf of the governing body?	8b		No
	organ	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the dization'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 Revenue	e Code	Yes	NI -
102	Did +h	ne organization have local chapters, branches, or affiliates?	10a	res	No No
		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		140
	and b	ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?		11a	Yes	
		ribe in Schedule O the process, if any, used by the organization to review this Form 990			
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in</i> Suited that the suite of the complete of th	12c	Yes	
13		ne organization have a written whistleblower policy?	13	Yes	
14		ne organization have a written document retention and destruction policy?	14	Yes	
15	perso	ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		rganization's CEO, Executive Director, or top management official	15a	Yes	
b		officers or key employees of the organization	15b		No
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did th taxab	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?			
			16b		
Se 17		C. Disclosure ne States with which a copy of this Form 990 is required to be filed▶			
		IL , NY			
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ible for public inspection. Indicate how you made these available. Check all that apply			
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	Descr	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , and financial statements available to the public during the tax year			
20	State	the name, address, and telephone number of the person who possesses the organization's books and records IL DEMIR PO BOX 639 WORTH, IL 60482 (708) 233-0555			

Form 990 (2017)								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emplo and Independent Contractors	yees,							
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								
La Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the calendar year ending with or within the calendar year ending with or within the calendar year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	-							
• List all of the organization's current key employees, if any See instructions for definition of "key employee"								
 List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee vho 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)							
• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$10	00,000							

of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons Charle this boy if neither the o

\square Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo oth a direct	ox, ι n of or/t	t ch inle: ficer	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		trustee r	Institutional Trustee),ee	Highest compensated employee				
(1) Dr Hasan Arslan President	2 00	Х		×				0	0	0
(2) Dr Mehmet Tarhan Dırector	2 00	Х						0	0	0
(3) Aldah Abdallah Secretary	2 00	Х		х				0	0	0
(4) Saoussen Habaili Treasurer	2 00	X		x				0	0	0
(5) Halil Demir Exec Director	40 00	Х		×				129,231	0	26,086
										Form 990 (2017)

Part VII

(F) Estimated

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of or/t	t che unles ficer	and a	son	Repo compo froi organiz	(D) ortable ensation m the ration (W-	(E) Reportable compensation from related organizations (1	w-	Estima amount o compens from	ated f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptovee	Former	2/109	9-MISC)	2/1099-MISC		organizati relat organiza	ed
c	Sub-Total	art VII, Sectio		 			 			129,231				26,086
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove		rece			00,000			
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .	•							ghest cor	•	employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable (comp	ensa	ation	n and d	other	compen	sation fron	n the	3	V	No
5	Did any person listed on line 1a recei services rendered to the organization											5	Yes	No
S	ection B. Independent Contract													
1	Complete this table for your five high from the organization Report compe											npen	sation	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Comper	

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 0

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

Part		I Statement of R	evenue						rage 3
				a respo	onse or note to any	/ line in this Part VIII			🗆
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	a Federated campaigns		1a		l	revenue		512-514
ributions, Gifts, Grants Other Similar Amounts		b Membership dues		1b					
3ra not	١,	c Fundraising events .		1c					
S, (d Related organizations		1d					
Giff Ilar		e Government grants (cont		1e					
Si m		F All other contributions, gi		_ <u></u> -					
tion er S		and similar amounts not above		1f	9,243,795				
별 폭	١,	g Noncash contributions	s included						
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$							
<u>ت</u> ت	_ <u> </u> _h	Total.Add lines 1a-1f			<u> </u>	9,243,795			
H	_				Busines	s Code			
ven	2a -			-					
Service Revenue	b	· 							
Š	C	-							
₹	d								
ram	e f	All other program servi							
Program		· -			_	0			
		Total.Add lines 2a-2f					1	1	
		Investment income (incl similar amounts)				2,99	o e		2,990
		Income from investmen			ond proceeds	<u> </u>	0		
	5	Royalties				<u> </u>	0		
	62	Gross rents	(ı) Rea	l	(II) Personal	_			
	- u								
	b	Less rental expenses							
	c	Rental income or				-			
		(loss)							
	C	Net rental income or ((u) Ohlo				
	7a	Gross amount	(ı) Securit	les	(II) Other	-			
		from sales of assets other							
		than inventory							
	b	Less cost or other basis and							
	_	sales expenses				_			
		Gain or (loss) Net gain or (loss)			-	╣,			
		Gross income from fun-							
ne		(not including \$ contributions reported		of					
٧e		See Part IV, line 18 .		a	}				
Re	b	Less direct expenses		b					
Other Revenue		: Net income or (loss) fro			ents		0		
Off	9a	Gross income from gan See Part IV, line 19		es					
				а					
		Less direct expenses		b					
		: Net income or (loss) fro		activit	ies >	<u>'</u>	0		
	10	Gross sales of inventor returns and allowances	y, less						
				а					
	b	Less cost of goods sol	d	b		╛			
	C	Net income or (loss) from Miscellaneous Re		ınvent			0		
	11	•aMiscellaneous Income			Business Code 90009	99 1,120	5		1,126
		Miscellaneous Income				<u>'</u>			Í
	ь	·							
	-								
	c					1			
	d	All other revenue .				+			
		Total. Add lines 11a-1			•				
	12	Total revenue. See Ir	structions			1,12			
						9,247,91	1	1	4,116 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comp	lete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		<u> L</u>
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,105,849	1,105,849		
2 Grants and other assistance to domestic individuals See Part IV, line 22	274,943	274,943		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	4,345,582	4,345,582		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	155,317	113,382	31,063	10,872
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,327,728	580,632	508,079	239,017
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,508	11,783	10,681	5,044
9 Other employee benefits	102,226	74,625	20,445	7,156
10 Payroll taxes	129,055	73,561	32,264	23,230
11 Fees for services (non-employees)				
a Management	0			
b Legal	226,747	176,056	37,549	13,142
c Accounting	33,673		31,316	2,357
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	215,821	207,592	1,979	6,250
12 Advertising and promotion	498,531	448,678		49,853
13 Office expenses	398,400	307,587	63,365	27,448
14 Information technology	0			
15 Royalties	0			
16 Occupancy	116,048	90,591	17,335	8,122

103,903

10,765

78,540

28,322

117,149

30,282

18,616

16,275

82,802

9,444,106

0

24

0

17 Travel .

20 Interest . . .

23 Insurance . . .

c AUTOMOBILE

18 Payments of travel or entertainment expenses for any

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

Total functional expenses. Add lines 1 through 24e
 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)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

b WEBSITE MAINTENANCE

d LICENSES AND TAXES

e All other expenses

a FUNDRAISING EVENTS

96,630

10,334

20,674

28,162

9,710

37,734

8,014,105

7,273

431

1,983

117,149

2,120

1,109

3,086

525,642

Form 990 (2017)

24

78,540

5,665

7,797

16,275

41,982

904,359

11

12

13

14

15

16

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18

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20

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25

26

27

28

29

30

31

32

33

34

Net

Liabilities 22 (B)

Page **11**

6.020.693

0 0

0

0

0

0

0

0

2,034,471

40.621

14.561

8.110.346

175,837

175,837

7.934.509

7,934,509

8.110.346

Form **990** (2017)

0

0

0

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

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

		Beginning of year		End of year
1	Cash-non-interest-bearing	5,452,037	1	6,
2	Savings and temporary cash investments		2	
2	Pladges and grants receivable, not		2	

3 Pledges and grants receivable, net . 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Assets Notes and loans receivable, net . Inventories for sale or use . 8 679.664 9 Prepaid expenses and deferred charges .

10a

10b

2,394,459

359.988

2,058,716

26.690

11.500

97.903

8,228,607

10c

11

12

13

14

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16

17

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22 23

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27

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31

32

33

34

97,903

8.130.704

8,130,704

8.228.607

Fund Balances Assets or

Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis

2b

2c

3b

Yes

Νo

No

Form **990** (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ✓ Separate basis Consolidated basis ☐ Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

b Were the organization's financial statements audited by an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Additional Data

Software ID: 17005038

Software Version: 2017v2.2 **EIN:** 36-4476244

Name: THE ZAKAT FOUNDATION OF AMERICA

Form 990 (2017)

Being, ensure healthy lives and promote well-being for all at all ages

Form 990, Part III, Line 4a:

Good Health and Well-Being - Includes health care programs that improve individual and community health through education, medicine and medical supplies, immunization and healthcare infrastructure, including funding or operating health care facilities. Our investment in health goes beyond triage, we invest in community health care improvements, rehabilitation, and renovations to the existing healthcare infrastructure and medical equipment. Sadaqa Janya programs provide wraparound services for needy individuals and their communities to sustain themselves and to improve their quality of life, programs providing shelter, agricultural resources and necessary household and personal items. Also includes microcredit and other development programs. Our work aligns with UN Sustainable Development Goal 3. Good Health and Well-

Food, Clothing, and Well-Being - Zakat Foundation of America provides food packages, fresh meat, clothing, blankets, candy and toys to communities often coinciding with times with Islamic significance for traditions of charity and justice. Donors are eager to provide food packages for families fasting during Ramadan to ensure families have proper nutrients. At the end of fasting, we provide fresh meat to improve nutrition, often the only meat communities have all year. We work towards food security through

provide a sense of security, hope, and well-being. This work aligned with Sustainable Development Goals 2. Zero Hunger and we refer to the work as "seasonal programs."

sustainable agricultural programs such as animal husbandry, greenhouse gardening, and sesame farming Jackets, blankets, and clothing ensure communities can survive harsh rain and winter seasons. Occassionally, we provide children in these communities with holiday gifts such as toys and candy to include them in celebrations and to

Form 990, Part III, Line 4b:

Emergency Relief - In the aftermath of natural and man-made disasters, Zakat Foundation of America focuses on the front lines of humanitarian relief, delivering millions of dollars in emergency and Zakat Foundation of America's headquarters coordinates with regional offices in Turkey, Jordan, Bangladesh, Mali, Ghana and Argentina by rushing food, water, temporary shelter, and medical care. The Emergency Relief programs act to address the immediate needs of those who have been overwhelmed by catastrophe

keeping in mind the cultural differences and cultural norms in different countries and by providing the aid that is most needed to the Organization's field staff and partners Soon after completing the emergency relief phase, the Organization moves toward lifesaving long-term projects aligned with UN Sustainable Development Goal 11

Form 990, Part III, Line 4c:

Sustainable Communities, making human settlements inclusive, safe, resilient, and sustainable

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -		DLN: 93493135116889					
SCI (For	HED m 990	ULE A		Public (Charity Statu	ion 501(c)(3)	organization o	ort	2017			
990I	CZ)				4947(a)(1) nonexe ► Attach to Form							
•		the Treasury	► Inf	ormation abou	it Schedule A (Form www.irs.a	990 or 990-EZ ov/form990.) and its instru	ictions is at	Open to Public Inspection			
Nam	e of th	ne Service ne organiza			<u></u>			Employer identific	<u> </u>			
THE Z	AKAI F	OUNDATION O	F AMERICA					36-4476244				
	rt I				u s (All organization			See instructions.				
	rganız		•		it is (For lines 1 thro	•	,					
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).				
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ))					
3		A hospital o	r a cooperat	ive hospital ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170			
6			•	-	governmental unit de							
7	✓	_		rmally 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 desc	rıbed ın sectior	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	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (19 mplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su				
11		An organiza	ition organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	l organizations (d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a				
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting on t of the sup	organization sup porting organiza	ervised or controlled i							
c		Type III f	unctionally		and C. supporting organizatio ons) You must com				ted with, its			
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organ n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar				
e		Check this	box if the org	ganization recei	t IV, Sections A and ved a written determin	nation from the II		pe I, Type II, Type II	functionally			
f	Entor			non-functionally d organizations	integrated supporting	organization						
g				-	ipported organization((e)		_				
		Name of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org. in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota	l											

ŀ	art III Support Schedule for	Organizations	Described in S	ections 170(b))(1)(A)(iv), 17	0(b)(1)(A)(vi)	, and 170			
	(b)(1)(A)(ix)									
	(Complete only if you checked the box on line 5, 7, 8, or 9 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 (-> 2012 (-> 2014 (-> 2015 (-> 2017 (-> 201									
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	7,556,125	8,509,690	9,613,894	12,756,618	9,243,795	47,680,122			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0			
4	Total. Add lines 1 through 3	7,556,125	8,509,690	9,613,894	12,756,618	9,243,795	47,680,122			
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)						0			
5	Public support. Subtract line 5 from line 4						47,680,122			
S	Section B. Total Support									
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total			
7	(or fiscal year beginning in) Amounts from line 4	7,556,125	8,509,690	9,613,894	12,756,618	9,243,795	47,680,122			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	7,330,123	117	934	3,473	2,990	7,588			
9	income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						0			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,126	11,282	19,234	31,036	1,126	63,804			
11	Total support. Add lines 7 through 10						47,751,514			
12	Gross receipts from related activities,	etc (see instruction	ons)		•	12				
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,			
	check this box and stop here					▶□				
5	ection C. Computation of Publi						-			
	Public support percentage for 2017 (III			olumn (f))		14	99 850 %			
	Public support percentage for 2016 Sc			. , ,		15	99 860 %			
	33 1/3% support test—2017. If the			on line 13, and line	e 14 is 33 1/3% or					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶ ☑			
17a	b 33 1/3% support test—2016. 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 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.									
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	zation meets the "i	facts-and-circumst	ances" test, check	this box and stop	here.	▶ □			

Page 2

Р	Support Schedule for								
	(Complete only if you cl						er Part II. If		
Se	the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support								
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai		
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								
4	under section 513 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								
	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								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
S	from line 6) ection B. Total Support								
	Calendar year								
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
9									
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
ь	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,								
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.		
	check this box and stop here			,,	,		▶ □		
Se	ection C. Computation of Public S	Support Perce	ntage						
15	Public support percentage for 2017 (lin			column (f))		15			
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16			
Se	ction D. Computation of Investr	nent Income	Percentage						
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17			
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18			
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not		
	more than 33 1/3%, check this box and s						ightharpoons		
	33 1/3% support tests—2016. If the						. —		
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons		
20	Private foundation. If the organization	-	-				ightharpoons		

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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		

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	·		
	etermination			
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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

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			
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
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	4b		
c	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4b		
c	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	4b 4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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.				
7	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				
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)				

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

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,"

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

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the 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	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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 each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 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?		Yes	No
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	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during 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	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O)raani:	zatione	Pag		
1		_		Part VI) Soc		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Pai instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A th						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	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)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) $\frac{1}{2}$	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	d Type III supporting or	ganization (see		

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions

details in Part VI) See instructions	Terraine organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID: 17005038
Software Version: 2017v2.2

EIN: 36-4476244

Name: THE ZAKAT FOUNDATION OF AMERICA

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493135116889 OMB No 1545-0047

> Open to Public Inspection

Assets included in Form 990, Part X

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

(Form 990)

▶ Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** THE ZAKAT FOUNDATION OF AMERICA 36-4476244 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

 ${f c}$ Leasehold improvements

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

d Equipment . .

Par	t IIII	Organizations Ma	intaining Col	ections o	of Art, Hist	orical '	Treası	ures, or	Other	Similar A	ssets (continue:	d)	_
3		g the organization's acqu s (check all that apply)	usition, accession	, and other	records, che	ck any o	of the fo	llowing th	nat are a	significant	use of it	s collection	on	
а		Public exhibition				d 🗌	Loan	or excha	nge prog	rams				
b		Scholarly research				е 🗌	Othe	er						
С		Preservation for future	generations											
4	Provi Part	de a description of the o	organization's coll	ections and	l explain how	they fu	ther th	e organiza	ation's ex	empt purp	ose in			
5		ng the year, did the orga ts to be sold to raise fun								ular	□ Y ₀	es 🗆	No	
	rt IV	Complete if the org X, line 21.	janization answ	ered "Yes				-			unt on	Form 99	00, Part	
1a		e organization an agent, ded on Form 990, Part X		n or other	ıntermediary	for cont	rıbutıor	ns or othe	r assets	not	□ Y	es 🗆	No	
b	If "Y	es," explain the arrange	ment in Part XIII	and comple	ete the follow	ing table	•	Γ			Amount			
С		nning balance				-		Ī	1c					
d	Addıt	ions during the year						Γ	1d					
е	Dıstr	ibutions during the year						Γ	1e					
f	Endır	ng balance						Γ	1f					
2a	Dıd t	he organization include	an amount on Fo	rm 990, Pa	rt X, line 21,	for escr	w or cu	ustodial ad	count lia	ability?		-	No	
b	τε "∨.	es," explain the arrange	mont in Dort VIII	Chask har	a if the evala	nation h	hn	nroudod	in Bart \	/TTT		_		
	rt V	Endowment Fund												—
r C		Liidowillelle i dile	is. Complete ii	(a)Currer		b) Prior y				(d)Three ye		(e)Four	years back	—
1a	Beginr	ning of year balance .		. ,				.,,,		, , ,			,	
b	Contri	butions												
С	Net in	vestment earnings, gain	s, and losses											
d	Grants	or scholarships	•											
е		expenditures for facilitie	es .											•
f	Admın	strative expenses .												
g	End of	year balance												•
2	Provi	de the estimated percer	ntage of the curre	nt year end	balance (lin	e 1g, co	umn (a)) held as	;					
а	Board	d designated or quasi-er	ndowment 🟲											
b	Perm	anent endowment 🟲												
С	Temp	porarily restricted endow	/ment ►											
		percentages on lines 2a,												
3а		here endowment funds nization by	not in the posses	sion of the	organızatıon	that are	held an	nd adminis	stered fo	r the		Υe	es No	
	(i) u	nrelated organizations										a(i)		
		related organizations .									<u> </u>	a(ii)		
4		es" on 3a(II), are the rele ribe in Part XIII the inte	-		•							3b		
	rt VI				5 CHOWING	c ranus								_
		Complete if the org			" on Form 9	90, Pa	t IV, li	ine 11a.	See Fo	m 990, Pa	art X, lı	ne 10.		_
	Descr	iption of property	(a) Cost or oth (Investme		(b) Cost or o	ther basis	(other)	(c) Accu	ımulated o	lepreciation		(d) Book v	/alue	_
1a	Land						276,456						276,45	<u> </u>
		ngs				1,	142,186			112,293			1,029,89	_

711,270

90,564

173,983

61,929

63,538

122,228

649,341

27,026

51,755

2,034,471

	See Form 990, Part X, line 12.), Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		d of valuation year market value
	l derivatives	•			
2) Closely- 3)Other	held equity interests	<u>·</u>			
4)					
3)					
()					
))					
≣)					
·)					
5)					
Η)					
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•			
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990, Pa	art IV, lı	ne 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment		ok value	(c) Method	d of valuation year market value
L)				COSE OF ENG OF	year market value
2)					
3)					
l)					
5)					
5)					
')					
3)					
9)					
	n (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. Complete if the organization answered 'Yes'	on Forr	n 990, Pa	rt IV, line 11d See Form 9	
1)	(a) Description				(b) Book value
<u>2)</u>					
()					
·)					
·)					
)					
)					
)))))					
(i) (i) (ii) (iii)					
5) 7) 8) Output Column Co		· · · red 'Ye	es' on Fo		e or 11f.
i) ii) iii) iii) iii) iii) ptal. (Colu					<u> </u>
o) (i) (i) (ii) (iii) (iii) (iii) (iiii) (iii) (iiii) (iii) (iiii) (iii) (iiii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii)	Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.			rm 990, Part IV, line 11	
otal. (Colu	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	
)))) otal. (Colu	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	
otal. (Colu	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	
potal. (Colu	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	
part X (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	
(2) Since the second se	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	
(Columbia) (Columbia) (Columbia) (Columbia) (Columbia) (Columbia) (Columbia) (Columbia) (Columbia)	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	
1) Federal (1) (5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	
Part X 1) Federal (1) 2) 3) 4) 5) 7)	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	
4) 55) 65) 77) 78) 90) Otal. (Columnation of the columnation of the co	Other Liabilities. Complete if the organization answersee Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11	

1

2

3

4

3

4

5

Schedule D (Form 990) 2017

9.247.911

9,247,911

9,444,106

9,444,106

9,444,106

Page 4

b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	

2e 3

2a

4a

4h

2a

2h

2c

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

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

Net unrealized gains (losses) on investments

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

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

2 а

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

b

Investment expenses not included on Form 990, Part VIII, line 7b . . .

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

Explanation

4c 5

4c

1

2e

3

Schedule D (Form 990) 2017

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

<u> </u>	orm 990) 2017	Page 5	
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Data	ta - DLN: 93493135116				
SCHEDULE F (Form 990)	Statement o	f Activities	s Outside the United States OMB No 154				
(1 31111 333)	► Complete If the org		Yes" to Form 990, Part IV, I to Form 990.	ine 14b, 15, or 16.	2017		
Department of the Treasury Internal Revenue Service	► Information about So	hedule F (Form 990)	and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection		
Name of the organization				Employer ider	ntification number		
THE ZAKAT FOUNDATION	N OF AMERICA			36-4476244			
	Information on Activit , Part IV, line 14b.	ies Outside the l	Jnited States. Comple	te if the organization a	enswered "Yes" to		
other assistance, to award the gran	s. Describe in Part V the o	r the grants or assi	stance, and the selection	criteria used	✓ Yes □ No her assistance		
3 Activites per Regio	n (The following Part I, line	3 table can be dupl	cated if additional space is	needed)			
(a) Region	(b) Number offices in the region			(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continua Part I	tion sheets to	4 47			4,317,716		
c Totals (add lines 3	a and 3b) Act Notice, see the Instruc	4 47		No 50082W Sched u	4,317,716		

(16)

	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule	F (Form 990) 2017
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part III can be	duplicated if addition	<u>onal space is r</u>	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(4) (5) (6) (7) (8) (9) (10)

(11) (12)

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	✓ Yes	□No

Schedule F (Form 990)	2017 Page 5				
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting met amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to providing any additional information (see instructions).					
Return Reference	Explanation				
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	Zakat Foundation of America provides humanitarian aid and relief worldwide. The Foundation is able to accurately monitor the use of these funds through the following methods Monthly and Seasonal Reporting - Zakat Foundation Field Offices and Local Partners are required to send the central office updated reports on ongoing program developments, changes, and needs. These reports (which include photos) are requested either once a month or once a season depending on the nature of the program Financial Reports - Program finances must be disclosed in detail in each monthly or seasonal report Receipts and Invoices - Zakat Foundation Representatives and Field Offices are required to submit receipts and				

invoices of all materials and services purchased that relate to Zakat Foundation programs. On Location Monitoring - From time to time Zakat Foundation enlists third party supervision or requests that Zakat Foundation staff visit programs for on location inspection

Additional Data

East Asia and the Pacific

Software ID: 17005038 **Software Version:** 2017v2.2 **EIN:** 36-4476244

Name: THE ZAKAT FOUNDATION OF AMERICA

VARIOUS RELIEF

47,540

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America	n	1	program services	VARIOUS RELIEF	158,133

0 program services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) VARIOUS RELIEF 1.891.652 Europe 9 Iprogram services Middle East & North Africa 9 program services IVARIOUS RELIEF 530,021

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America VARIOUS RELIEF 36.290 0 program services South Asia 20 program services IVARIOUS RELIEF 781,484

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) Sub-Saharan Africa VARIOUS RELIEF 872,596 8 program services

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of | (e) Amount of I (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If organization arant cash grant non-cash disbursement assistance appraisal. applicable) assistance other) Central 158,133 WIRE/SHIP Assistance lAmerica East Asia 47,540 WIRE/SHIP Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of i (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) 1.891.652 WIRE/SHIP Europe Assistance Middle East Assistance 530,021 WIRE/SHIP

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of I (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(ıf organization grant cash grant non-cash disbursement appraisal, assistance applicable) assistance other) South America Assistance 36,290 WIRE/SHIP South Asia Assistance 781,484 WIRE/SHIP

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of I section (c) Region (book, FMV, cash non-cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) SubSahrn Africal Assistance 872,596 WIRE/SHIP

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DLI	N: 934931351	.16889
Schedule I (Form 990) Department of the Treasury	Co	Governments omplete if the organiz	Other Assistandand Individual ation answered "Yes," Attach to Form le I (Form 990) and its	S in the Unite on Form 990, Part IV n 990.	d States , line 21 or 22.		0	2017 Open to Public Inspection	
Internal Revenue Service Name of the organization						Employ	ver identific	ation number	
THE ZAKAT FOUNDATION OF A	MERICA					36-44			
Part I General Inform	mation on Grants	and Assistance				<u>'</u>			
the selection criteria used Describe in Part IV the or	d to award the grants ganızatıon's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States	for the grants or assistant		Part IV, line	Yes 21, for any recip	□ No
that received more (a) Name and address of organization or government	e than \$5,000 Part II (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) Descrip noncash ass		(h) Purpose of or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of sec3 Enter total number of oth		-					>		29
For Paperwork Reduction Act Not	tice, see the Instruction	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990	2017

(5) (6) (7)

Grantmaker's Description of How Zakat Foundation of America provides humanitarian aid and relief worldwide. The Foundation is able to accurately monitor the use of these funds through the following Grants are Used methods Monthly and Seasonal Reporting - Zakat Foundation Field Offices and Local Partners are required to send the central office updated reports on ongoing program developments, changes, and needs. These reports (which include photos) are requested either once a month or once a season depending on the nature of the program Financial Reports - Program finances must be disclosed in detail in each monthly or seasonal report Receipts and Invoices - Zakat Foundation Representatives and Field Offices are required to submit receipts and invoices of all materials and services purchased that relate to Zakat Foundation programs. On Location Monitoring -

Additional Data

AJP Educational Foundation

6404 Seven Corners PI St E Falls Church, VA 22044

All Others

PO Box 639 Worth, IL 60482 27-1365284

Software ID: 17005038 **Software Version:** 2017v2.2 **EIN:** 36-4476244

Name: THE ZAKAT FOUNDATION OF AMERICA

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) FIN	(c) IRC section	(d) Amount of cash	(a) Amount of non-	(f) Method of valuation	Г

(a) Name and address of	(0) ====	(c) Inc section	(a) Amount or cash	(C) Amount of non	(1) Method of Valuation	(g) Description of
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	non-cash assistance
or government				assistance	other)	

organization	ıf applıcable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

501(c)(3)

I (d) Amount of cash I (e) Amount of non- I (f) Method of valuation I

10,000

176,375

Sponsorship

(h) Purpose of grant

or assistance

Emergency Relief

(g) Description of

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance CAIR Chicago 36-4469855 501(c)(3) 16.000 Sponsorship 17 N State St Chicago, IL 60602

Advertisina

10,000

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

501(c)(3)

Chicago Public Media Inc

848 E Grand Avenue Chicago, IL 60611

(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 ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance tion

Chicago Theological Seminary 1407 E 60th Street Chicago, IL 60637	36-2167014	501(c)(3)	25,000	0		Education
Chicago Youth Centers	36-2344429	501(c)(3)	9,000	0		Education

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

218 S Wabash Ave Suite 510

Chicago, IL 60604

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Constitutional Law Ctr Muslim 47-1396734 501(c)(3) 70.000 Rights&Liberties 833 E Arapaho Rd Ste 102 Program

Education

6,500

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

501(c)(3)

Richardson, TX 75081

CouncilIslamic Org Gr Chicago

231 S State St Suite 300 Chicago, IL 60604

(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 organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance tıon

Legal Aid

Elijah Muhammad Commemor	20-5749451	501(c)(3)	8,500	0		Educatio
Ctr						
233 Brenner Ct						
Crete, IL 60417						

12,440

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

501(c)(3)

First Defense Legal Aid

1111 N Wells St Ste 308A Chicago, IL 60610

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 81-1707388 501(c)(3) 11.250 Food Security

Foundation 221 Inc. 18249 Garfield Redford, MI 48240

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

Chicago, IL 60629

Inner-City Muslim Action Ntwk 36-4167433 501(c)(3) 12,500 Education 2744 W 63rd Street

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance InterAction 13-3287064 16.491 membership

Food Security

7,500

InterAction 13-3287064 501(c)(3) 16,491 0 mem

1400 16th Street NW

Washington, DC 20036

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

501(c)(3)

Washington, DC 20036

Islamic Center of Detroit
14350 Tireman St

Detroit, MI 48228

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Islamic Circle of North Amer 11-2925751 501(c)(3) 9.500 Sponsorship 16626 89th Avenue Jamaica, NY 11432

Food Security

8,500

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

501(c)(3)

Islamic Cultural Association

35700 W 12 Mile Rd Farmington Hill, MI 48331

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 20-1799252 501(c)(3) 7.500 Food Security Islamic Sctv Boston CulCntr 100 Malcolm X Blvd

Mental Health

341,000

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

501(c)(3)

Roxbury Xing, MA 02120

Khalil Foundation

998 N Lombard Rd Lombard, IL 60148

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Water

Legacy Foundation 370 E 84th Dr Ste 100 Merrillville, IN 46410	35-1872803	501(c)(3)	25,000	0		Clean Water
Medstar Georgetown Medical	52-2218584	501(c)(3)	25,000	0		Mental Health

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

10980 Grantchester Way Columbia, MD 21044

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 91-1148123 501(c)(3) 30.000 Sustainable Livelihood Mercy Corps PO Box 80020

Education

6,600

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

501(c)(3)

Prescott, AZ 86304

450 E 22nd Street Lombard, IL 60148

Mohammed Webb Foundation

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 26-2503530 501(c)(3) 35,500 Muslim American Society Sponsorship 9210 S Oketo Avenue

Refugee resettlement

54,640

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

Bridgeview, IL 60455
Rohingva Culture Center

2740 W Devon Avenue Chicago, IL 60659

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-3089796 501(c)(3) 21.000 Women's Shelter South Suburban Family Shelter PO Box 937

Food security

30,000

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

501(c)(3)

Homewood, IL 60430 Sudanese American Medical Asn 8607 E Mulberry St

Wichita, KS 67226

(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 ıf applıcable grant cash non-cash assistance or assistance other) or government assistance The Praver Center Orland Park 20-1281935 501(c)(3) 15.000 Education 16530 S 104th Avenue

Sponsorship

11,000

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

501(c)(3)

Orland Park, IL 60467
Universal School

7350 W 93rd Street Bridgeview, IL 60455

(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 ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-2714426 501(c)(3) 30.000 Food Security UNRWA USA 1875 Connecticut Ave NW FL10 Washington, DC 20009

Food Security

64,053

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

Yemen Relief & Reconstruction

3216 74th Place SE Mercer Island, WA 98040

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data	a -	DLN: 934	9313	5116	889
Sch	nedule J	Compensati	ion Information	ОМ	B No	1545-0	0047
(For	m 990)	For certain Officers, Directors, T	rustees, Key Employees, and Hig	hest			
			ited Employees	line 22	20	17	7
		► Attach	to Form 990.				
•	tment of the Treasury al Revenue Service		(Form 990) and its instructions in gov/form 990.			o Pul	
Nar	me of the organiza	ation	-	Employer identificati	_		
THE	ZAKAT FOUNDATIO	N OF AMERICA		36-4476244			
Pa	rt I Questi	ons Regarding Compensation		30 4470244			
						Yes	No
1a		piate box(es) if the organization provided any of ection A, line 1a Complete Part III to provide an					
	First-class	or charter travel	Housing allowance or residence for	•			
	_	companions	Payments for business use of person				
		nification and gross-up payments	Health or social club dues or initiation				
	☐ Discretion	ary spending account LJ	Personal services (e g , maid, chauf	feur, chef)			
b		ces in line 1a are checked, did the organization for life the expenses described above? If "No," com		nent or reimbursement	1 b		
2		ition require substantiation prior to reimbursing			2		
	directors, truste	es, officers, including the CEO/Executive Director	r, regarding the items checked in line	e la/			
3		of any, of the following the filing organization use		ne			
		EO/Executive Director Check all that apply Do r d organization to establish compensation of the i		n Part III			
		,					
		ention committee	Written employment contract Compensation survey or study				
		of other organizations	Approval by the board or compensa	tion committee			
_							
4	related organiza	. did any person listed on Form 990, Part VII, Se tion	ction A, line 1a, with respect to the fi	lling organization or a			
а	Receive a sever	ance payment or change-of-control payment?			4a		No
b		receive payment from, a supplemental nonqual	ified retirement plan?	-	4b		No
c	Participate in, o	receive payment from, an equity-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and provide the app	licable amounts for each item in Part	: III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did on the revenues of	•				
а	The organization	17			5a		No
b	Any related orga	anization?			5b		No
	If "Yes," on line	5a or 5b, describe in Part III					
6		ed on Form 990, Part VII, Section A, line 1a, did to ontingent on the net earnings of	the organization pay or accrue any				
а	The organization	٦٦			6 a		No
b	Any related orga				6b		No
	•	6a or 6b, describe in Part III					
7		ed on Form 990, Part VII, Section A, line 1a, did escribed in lines 5 and 6 ⁷ If "Yes," describe in Pa		d	7		No
8		nts reported on Form 990, Part VII, paid or accui litial contract exception described in Regulations		escribe			N.
_		O alial tibe a companion to the control of the cont		Danulahana aratura	8		No
9	53 4958-6(c)?	3, did the organization also follow the rebuttable	presumption procedure described in	Regulations section	9		No
Ear I	Danamuark Badı	ction Act Notice, see the Instructions for Fo	orm 990. Cat No. 5	i0053T S chedule 1 (000)	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(ii) Bonus & incentive (i) Base (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Halıl Demir 129,231 (i) 3,600 22,486 155,317 Exec Director (ii)

	 -	 	 Schedule	J (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPHIC	print - DO NO	T PROCES	S As Fi	led Data -					DI	N: 93	4931	3511	.6889
Schedule L (Form 990 or 990-	Complet	e if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	OS With It nswered "Yes Sc, or Form 99 th to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or 0-EZ.	ines 2! 40b.					1545-	
Department of the Treas Internal Revenue Servic	surv	ormation abo	out Schedu	ile L (Form 99 <u>www.irs.gov</u>) and its inst	ructior	ıs is	at	(Open	to Pu	blic
Name of the orga THE ZAKAT FOUNDA								•	yer ide 6244	entifica	ation r	numbe	:r
	ss Benefit Trar												
	Name of disquali			Relationship be				(c) D	escripi ansact	tion of) Corre	ected? No
4958 3 Enter the am Part II Loa Com repo	nount of tax incurion out of tax, if an ins to and/or instead of the organized an amount of the organized an amount of the organization with organization	y, on line 2, a From Interestation answern Form 990, F (c) Purpose	bove, reimbested Per red "Yes" or Part X, line 5	coursed by the or rsons. In Form 990-EZ, 5, 6, or 22	Part V, line 3			t IV,	line 26	h) ved by	(janızat i)Writt jreeme	ten
			То		amount		Vaal	N.	comn	rd or nittee?	Yes		N-
			10	From			Yes	No	Yes	No	res	ı	No
Total				•	▶ \$								
	nts or Assistar plete if the orga					line 27							
(a) Name of Intere	ested person (b		between n and the	(c) Amount		(d) Type	of assis	stanc	e	(e) Pu	rpose (of assis	stance

answered "Yes" on Forr	n 990, Part IV, line 28a	a, 28b, or 28c.		
(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organiz rever	f ation's
			Yes	No
Relative of Exec Dir	33,515	Compensation		No
	(b) Relationship between interested person and the organization	(b) Relationship between interested person and the organization	between interested transaction person and the organization	(b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) SI (c) Amount of transaction (d) Description of transaction organization (e) SI (d) Description of transaction (e) SI (d) Description of transaction organization (e) SI (d) Description of transaction (e) SI (d) Description of transaction organization organization (e) SI (d) Description of transaction organization organiz

(1) Inssan raini	Relative of Exec Dif	33,313	Compensation	NO
(2) Amına Demir	Relative of Exec Dir	60,052	Compensation	No
(3) Donna Neil-Demir	Relative of Exec Dir	31,023	Compensation	No

Explanation

Schedule I (Form 990 or 990-F7) 2017

Provide additional information for responses to questions on Schedule L (see instructions)

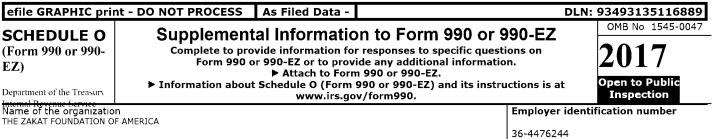
Return Reference

Supplemental Information

Part V

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	9349313	5116	889
	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		I.	ioncasii contii	butions		20	17	7
	▶Complete if the o		organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.			20	1/	'	
		► Attach to Form	990.						
Depart	ment of the Treasury	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.irs</u>	s.gov/form990	Open to) Pub	lic
	l Revenue Service						Inspe		
	e of the organizat AKAT FOUNDATION					Employer identi	fication n	umbei	r
	711771 1 001107111011	or milenden				36-4476244			
Pa	rt I Types	of Property							
			(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on	Method noncash cor	of determi		
			аррисавіе	items contributed	Form 990, Part VIII, line	Tioricasii coi	iti ibution a	mount	.5
					1g				
	Art—Works of art								
	Art—Historical tr								
	Art—Fractional in								
	Books and public Clothing and hou				38,444	I EMV			
3	goods		X		50,44-	1110			
6	Cars and other v	ehicles							
7	Boats and planes	S							
	Intellectual prope	•							
	Securities—Public		X	1	11,000	FMV			
	Securities—Close	•							
11	Securities—Partr or trust interest								
12	Securities—Misce								
13	Qualified conserv	vation							
	contribution—Hi								
14	structures . Qualified conserv								
	contribution—Of								
15	Real estate—Res	idential .							
16	Real estate—Cor	nmercial							
17	Real estate—Oth								
18	Collectibles				F2.004				
19 20	Food inventory Drugs and medic		X	1	53,801 23,180				
21	Taxidermy .	.ai supplies .		1	23,100) FIN V			
	Historical artifact	 ts							
	Scientific specim								
	Archeological art								
25	Other ▶ ()							
26	Other ▶ ()							
	Other ► (· ·							
28	Other ▶ ()				<u> </u>			
29				ition during the tax year for 3, Part IV, Donee Acknowled		29			
	TOT WITHCIT THE OTG	janización completed	1 FUITH 6263	s, Part IV, Donee Acknowled	gement			Yes	N
302	During the year	did the organization	n receive hi	contribution any property r	enorted in Part I lines 1 th	rough 28 that it		res	No
Jua				of the initial contribution, a			pt		
	purposes for the	e entire holding perio	od?				30a		No
h	If "Yes " describ	e the arrangement i	n Part II				500		110
	•	_		olicy that requires the version	of any populational action	hutions?	31		l No
31	· · · · · · · · · · · · · ·	-		olicy that requires the reviev	•		31		No
32a		zation hire or use th		or related organizations to se	olicit, process, or sell nonca	sh 	32a		 _{NI =}
Ь	If "Yes," describ		- •			· · ·			No_
	•		amount in	column (c) for a type of pro	perty for which column (a)	is checked			
	describe in Part	•	wante iii	(5) 101 a cype of pro	F = 1, 101 Innen column (a)	,			
For D		on Act Notice, see the	Instruction	s for Form 990	Cat No 512271	Schadu	le M (Form	000)	(2017)

Schedule M (Form 990) (2017)				
Part II	Supplemental Info	rmation.		
	Provide the informat	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part		
	I, column (b), the nu	imber of contributions, the number of items received, or a combination of both. Also complete		
	this part for any add	itional information.		
Return Reference		Explanation		
		Schedule M (Form 990) (2017)		



Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Child Protection through Orphan Sponsorship(\$1,119,350) - Zakat Foundation identifies struggling families in the United States and around the world. When a crisis strikes, children are the most vulnerable, and we rush to assist them. We provide single-parent and orphaned children with water, shelter, healthcare, food, clothing, and education. Their single parent or caretaker/guardian can enroll children in orphanages run by the Foundation and our program partners. We provide social services to the parents to help develop livelihoods and social/economic inclusion. Our work aligns with UN Sustainable. Development Goal 5 Gender Equality and Goal 10. Reduced Inequalities. OTHER PROGRAM SER VICES 5 Education (\$1,353,202) - To help with the future of our humanity, especially our children, the Organization's development work addresses the crucial links to a brighter future for our globe. Education. Providing school supplies to refugee children, sponsoring entire schools for children in war-torn countries, and building schools from the ground up, the Organization is an active member in laying the foundation of a child's future. Giving IDP's, refugees, and underprivileged adults skills training to earn a living for their families, the Organization helps save families from the calamity of destruction. OTHER PROGR AM SERVICES 6. Other Program Support (\$311,493) - Includes all ancillary program services needed tomaintain and enhance specific program sectors inspired by the Muslim charitable p ractices of zakat and sadaqah (obligatory alms-giving) and by Islams principles of steward ship and service to humanity. Zakat Foundation is a leader in humanitarian aid. The founda tion fosters charitable giving to alleviate the immediate needs of poor communities and to establish long-term development projects that ensure individual and community growth Zaka t. Foundation strives to be an exceptional relief and development organization that deploys sustainable methods and models the spirit of cooperative int

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	Iverse populations in need By leveraging the generosity of hundreds of its donors and thro ugh its intimate knowledge of the needs of many vulnerable communities, the foundation dem onstrates success and impact by * Reacting quickly to immediate needs, * Facilitating long- term planning, * Incubating problem-solving initiatives, * Leading engagement with at-risk, vulnerable and difficult-to-access communities, and, * Engaging in meaningful partnerships with large and highly-regarded relief organizations worldwide Led by Halil Demir, Zakat Fo undation has been on the forefront in some of the most challenging and unstable regions in the world where they serve the most vulnerable communities. Zakat Foundation's Executive Director serves on the council of advisors for the Lilly Family School of Philanthropy, La ke Institute on Faith and Giving, Muslim Philanthropy Initiative, a collaboration with the Mays Family Institute on Diverse Philanthropy He also serves on the boards of ARISE Chic ago and the Council of Islamic Organizations of Greater Chicago (CIOGC) Zakat Foundation of America has led the way for establishment of * Schools, including the Zahraa University which serves refugees on the Turkish-Syrian border who are displace by war and violence and provides a dynamic teaching environment for academics in exile * Vocational training & sustainable livelihood programs* Health clinics, including mental health therapy* Safe hous es for women and children* Refugee resettlement programs* Agricultural development and foo d security projects* Clean water and sanitation efforts, construction of water wellsZakat Foundation also provides Disaster Aid. In the aftermath of natural and mammade disasters, it focuses on the front lines of humanitarian relief, delivering millions of dollars in emergency aid. In this tax year, Zakat Foundation was active in Houston, Texas, Puerto Rico, Jordan, Lebanon, and Turkey Zakat Foundation of America is recognized by Charity Navigat or with 4/4 Stars. We have a Guidestar Gold Seal of Tra

Return Reference	Explanation
Form 990,	be included in titles of numerous exempt organizations, however Zakat Foundation of Americ a is not affiliated with those

Part III, Line
4d Other
Program
Services
Description

Return Reference	Explanation
	The Organization does not have subcommittees The Board handles all matters and has documented same in the Board minutes

Return
Reference

Explanation

Form 990,
Part VI, Line
11b Form
990 Review
Process

Return reviewed by Executive Director prior to filing and made available to the Board for review
Process

Return reviewed by Executive Director prior to filing and made available to the Board for review

Brocess

990 Schedule O, Supplemental Information

Return Reference	Explanation
	Board and staff sign a conflicts of interest annually. If someone raised a possible conflict, the board would discuss if the possible conflict rose to the level of an actual conflict. If there was an actual conflict, the board would record this information in corporate minutes as a disclosure and the board member would be dismissed from the disucssion and the vote on that issue. If a conflict was raised after the fact, the organization would take appropriate steps to disclose and take the legal steps necessary to remedy the conflict.

Return

Reference	
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The Board of Directors annually reviews the Executive Director's performance. The Zakat Foundation of America's Human Resources Manager accesses salary tables through the organization's HR software and shares data with the Board to determine whether compensation is reasonable. Human resources provides reports on the Executive Director's presence and absence and if any issue would arise. The Board of Directors discusses performance, compensation, benefits, and succession planning as needed. The Executive Director has foregone raises for five years even when the board has done a review and found reason to increase compensation.

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	ORGANIZATIONAL EXPANSION AND CHANGES IN STAFF ARE DISCUSSED BY BOARD OF DIRECTORS

Return Explanation
Reference

Form 990,	Available by contacting the Organization's office or through Guidestar com or on the Organization's website
Part VI, Line	
19 Other	
Organization	
Documents	
Publicly	
Available	

Return Reference	Explanation
Form 990, Part I, Line 6 Total Number of Volunteers	Volunteers include institutional groups like student and civic organizations that hold events to pack containers, distribute food, and fundraise for Zakat Foundation of America Zakat Foundation's outreach department educates volunteers on what Zakat Foundation of America does and tallies the number of volunteers and volunteer hours

Return
Reference

Form 990,

Jennifer Becker Harris of Clark Nuber is an additional paid preparer

Part II -Signature Block

990 Schedule O, Supplemental Information

Return

Deference

Reference	
Form 990, Part	Zakat Foundation of America works with financial institutions and money service providers to transfer funds for our cross-
III, Q2	border programs. Enhanced due diligence files and Know Your Customer requirements are constantly changing, so we spend
Statement of	an increasing amount of time communicating our work to financial institutions. This work includes our General Counsel
Program Service	attending meetings at the Treasury Department, State Department, Financial Action Task Force, Tax Exempt and Government

Accomplishments | Entities Conference, and multi-stakeholder dialogues in The Hague and at the World Bank in Washington, D.C. While we

Explanation

haven't made significant changes to our programs as a result yet, this ongoing monitoring of risk is part of our decision making

SCHEDULE R

(Form 990)

Related Organization answers

Department of the Treasury

THE ZAKAT FOUNDATION OF AMERICA

Internal Revenue Service

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

2017

DLN: 93493135116889OMB No 1545-0047

m990. Open to Public
Inspection
Employer identification number

Rame, eddress, and EIN (*a) Rame, eddress, and EIN (*approache) of disregereded entity Primary educity Pri										
PROPERTY MANAGEMENT IL 2 Akat Foundation of America PROPERTY MANAGEMENT IL 2 Candidation of America PROPERTY MANAGEMENT IL 2 Candidation of America 2 Candidation of Ame				Legal domicile (s	state try)			Direct controlling	3	
PO BOX 639 WORTH, IL 60482 PROPERTY MANAGEMENT IL ROBERTY MANAGEME	PO BOX 639	PROPERTY MANAGEMEN	NT	IL				Zakat Foundation of Ameri	ca	_
POR DX 539 WORTH, IL 60482 PROPERTY MANAGEMENT 1L Zakat Foundation of America	PO BOX 639	PROPERTY MANAGEMEN	NT	IL				Zakat Foundation of Ameri	ca	
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Name, address, and EIN of related organization Primary activity Legal comicile (state or foreign country) Exempt Code section Public charry status (if section 501(c)(3)) Direct controlling entity Section 512(b) entity Yes No	PO BOX 639	PROPERTY MANAGEMEN	NΤ	IL				Zakat Foundation of America		
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Public charity status (if section 501(c)(3)) Purct controlling entity Yes No III III III III III III III III III I	PO BOX 639	PROPERTY MANAGEMENT		IL				Zakat Foundation of Ameri	ca	
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Public charity status (if section 501(c)(3)) Purct controlling entity Yes No III III III III III III III III III I										_
or foreign country) (If section 501(c)(3)) entity (1s) controlled entity? Yes No III III III III III III III III III I		Complete if the orga	inizati	on answered	"Yes"	on Form 990,	, Part IV, line 34 b	ecause it had one or	more	
Yes No	(a) Name, address, and EIN of related organization			domicile (state	Exem	(d) npt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co	n 512(b) ontrolled
For Paparwork Paduction Act Notice, see the Instructions for Form 990										
For Paperwork Peduction Act Notice, see the Instructions for Form 990										
For Paperwork Peduction Act Notice, see the Instructions for Form 990										
For Paperwork Peduction Act Notice, see the Instructions for Form 990										
For Panerwork Peduction Act Notice see the Instructions for Form 990										
	For Paperwork Reduction Act Notice, see the Instructions for Form 990	<u> </u>		Cat No. 5013	5Y			Schedule R (Form	990) 2	017

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	alor Pe ging ov er?	(k) ercenta wners
								Yes	No		Yes	No	
Identification of Related Organizated because it had one or more related o						ation answ	ered "Yes	" on Fo	orm 99	90, Part IV,	line 3	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	Secti (13)	(ı) ion 5 cont entity
												V=	s
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Pā	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g		1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	1 p		No
q		1 q		No
	Other transfer of cash or property to related organization(s)	1 .		No

m	n Performance of services or membership or fundraising solicitations by related organization(s)		140
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	1р	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
	(a) (b) (c) (d)		-1
	Name of related organization Transaction Amount involved Method of determining a type (a-s)	amount inv	oivea

Schedule R (Form 990) 2017

Page **3**

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	code V-UBI General or nount in box managing 20 partner? f Schedule K-1		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
													_		
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017		

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017