

EXTENDED TO MAY 15, 2026

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: X Address change. C Name of organization: THE ZAKAT FOUNDATION OF AMERICA. D Employer identification number: 36-4476244. E Telephone number: (708) 233-0555. G Gross receipts \$: 34,973,079. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: X 501(c)(3). J Website: WWW.ZAKAT.ORG. K Form of organization: X Corporation. L Year of formation: 2001. M State of legal domicile: IL.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7 Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer HALIL DEMIR, EXECUTIVE DIRECTOR. Date: 5-14-26. Paid Preparer: MELANIE MCEPEAK. Date: 2026.05.14. Preparer: CHERRY BEKAERT ADVISORY LLC. Date: 09-28-14. Firm's EIN: 88-2730877.

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ZAKAT FOUNDATION OF AMERICA FOSTERS CHARITABLE GIVING TO ALLEVIATE THE IMMEDIATE NEEDS OF DESTITUTE COMMUNITIES AND TO ESTABLISH LONGTERM DEVELOPMENT PROJECTS THAT ENSURE THE INDIVIDUAL AND COMMUNITY GROWTH. THE ORGANIZATION QUICKLY RESPONDS TO EMERGENCIES AND DISASTERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,979,873. including grants of \$ 11,096,566.) (Revenue \$) FOOD SECURITY, ORPHAN CARE AND SUSTAINABILITY PROGRAMS: PROGRAMS INCLUDE THE DISTRIBUTION OF FOOD PACKAGES/BOXES, WHICH PROVIDED FRESH PRODUCE, MEAT, DAIRY, AND HOT MEALS. ZAKAT FOUNDATION OF AMERICA HAS DISTRIBUTED MORE THAN ONE MILLION MEALS IN GAZA DESPITE NUMEROUS RESTRICTIONS, HURDLES, AND RISKS, EVEN FOR THE UN AGENCIES. TO ADDRESS THE REFUGEE CRISIS IN THE USA, ZAKAT FOUNDATION OF AMERICA HAS OPENED A PRIVATELY-RUN 'REFUGEE CENTER' IN PARTNERSHIP WITH THE MAYOR OF THE CITY OF CHICAGO. THE SUSTAINABILITY PROGRAM WAS DESIGNATED FOR FOOD SECURITY AND PROVISIONS OF NUTRITION AND ECONOMIC SUSTAINABILITY THROUGH AGRICULTURE, LIVESTOCK DISTRIBUTION, AND VOCATIONAL TRAINING, SPECIFICALLY FOR WOMEN. THE ORPHAN CARE PROGRAM COMPRISES OF FOOD, CLOTHING, SCHOOLING, ESSENTIAL NEEDS, AND SEASONAL RELIGIOUS FESTIVITY

4b (Code:) (Expenses \$ 10,429,500. including grants of \$ 6,815,813.) (Revenue \$) COMMUNITY DEVELOPMENT AND WATER PROJECTS: RECENTLY, THE ROLE OF THE ORGANIZATION HAS SHIFTED MORE TOWARD EMPHASIZING THE DEVELOPMENT OF COMMUNITY AND TRANSFORMING IT INTO AN INTRA-COMMUNITY INTEGRATED ENVIRONMENT. THIS INCLUDES PROVIDING FRESH AND CLEAN WATER TO COMMUNITIES BY CONSTRUCTING INSTITUTIONAL COMMUNITY CENTERS, SAFE HOUSES (ESPECIALLY FOR WOMEN), SHELTERS, CLINICS, PLACES FOR WORSHIP, AND OTHER DEVELOPMENT PROGRAMS IN THE US AND ABROAD. WATER WELLS AND HAND PUMPS WERE CONSTRUCTED IN ALL REGIONS OF THE WORLD, MAINLY IN SUB-SAHARAN AFRICA AND IN MENA (I.E. MIDDLE EAST AND NORTH AFRICA). THE PURPOSE OF THE WATER PROJECTS IS ACCESS TO FRESH WATER, WHICH IS ESSENTIAL FOR LIFE. ALSO, HELP THEM TO WATER THEIR AGRICULTURAL LAND AND LIVESTOCK, TOWARDS A VISION OF SUSTAINABLE

4c (Code:) (Expenses \$ 4,715,753. including grants of \$ 3,094,875.) (Revenue \$) EMERGENCY RESPONSE PROGRAMS: ZAKAT FOUNDATION OF AMERICA PROVIDES RAPID RESPONSE TO EMERGENCIES CAUSED BY BOTH MAN-MADE AND NATURAL DISASTERS. WE OPERATE BASED ON "RESPONSE, RESCUE, RECOVER," TECHNICALLY KNOWN AS "3XR," PROVIDING ESSENTIAL ITEMS LIKE FOOD, CLOTHES, SHELTER, HYGIENE PRODUCTS, AND WEATHER PROTECTION TO DISASTER VICTIMS BOTH DOMESTICALLY AND INTERNATIONALLY.

THE FOUNDATION HAS BEEN ACTIVE IN VARIOUS REGIONS, INCLUDING THE MIDDLE EAST, WHERE CONFLICTS HAVE CREATED MILLIONS OF VICTIMS AND REFUGEES, PARTICULARLY WOMEN AND CHILDREN. DESPITE PROHIBITIONS ON RELIEF OPERATIONS, THE ZAKAT FOUNDATION MANAGED TO DELIVER HOT MEALS IN

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,240,406. including grants of \$ 3,053,783.) (Revenue \$)

4e Total program service expenses 34,365,532.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational reporting requirements.

Part 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 [X]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
HALIL DEMIR - (708) 233-0555
7421 W 100TH PLACE, BRIDGEVIEW, IL 60455

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HALIL DEMIR EXECUTIVE DIRECTOR	40.00 1.00	X		X				274,116.	0.	28,041.
(2) RAZA FARRUKH DIRECTOR OF DEVELOPMENT	40.00 0.00				X			167,663.	0.	33,434.
(3) MAJEDA NABHAN DIRECTOR, HR, INTERNATIONAL HR	40.00 0.00					X		138,593.	0.	43,997.
(4) IBRAHIM ALDARDASAWI RELIGIOUS AFFAIRS ADVISOR	40.00 0.00					X		128,077.	0.	41,066.
(5) DUNIYA STANIKZAI LEGAL ADVISOR	40.00 0.00					X		123,981.	0.	24,138.
(6) LENA TLEIB REGIONAL DEVELOPMENT CHICAGO	40.00 0.00					X		122,220.	0.	19,917.
(7) AMINA DEMIR COO	40.00 0.00			X				119,206.	0.	16,353.
(8) BERNARD DODGE III MARKETING AND COMMUNICATION DIRECTOR	40.00 0.00					X		125,890.	0.	3,777.
(9) NASREEN AMIRA CFO	40.00 0.00			X				106,294.	0.	9,068.
(10) FUAT YAZAR TREASURER	2.00 0.00	X		X				0.	0.	0.
(11) DR. HASAN ARSLAN PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(12) DR. MEHMET TARHAN VICE PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(13) SAOUSSEN HABALI SECRETARY	2.00 0.00	X		X				0.	0.	0.
(14) FATIMA TUNCER DIRECTOR	2.00 0.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	34,864,321.		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 523,908.		
	h	Total. Add lines 1a-1f		34,864,321.		
Program Service Revenue	2 a	_____	Business Code			
	b	_____				
	c	_____				
	d	_____				
	e	_____				
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,316.		6,316.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real	35,209.		
			(ii) Personal			
	6 b	Less: rental expenses ...		0.		
	6 c	Rental income or (loss)		35,209.		
	d	Net rental income or (loss)		35,209.		35,209.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities		55,466.	
			(ii) Other			
	7 b	Less: cost or other basis and sales expenses		49,153.		
	7 c	Gain or (loss)		6,313.		
	d	Net gain or (loss)		6,313.		6,313.
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	CREDIT CARD REBATES	900099	11,767.		11,767.
	b	_____				
	c	_____				
	d	All other revenue				
	e	Total. Add lines 11a-11d		11,767.		
12	Total revenue. See instructions		34,923,926.	0.	0.	59,605.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,233,554.	5,233,554.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	636,258.	636,258.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	18,191,225.	18,191,225.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	753,302.	679,643.	38,852.	34,807.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	77,597.	70,924.	4,345.	2,328.
7 Other salaries and wages	3,607,074.	3,305,468.	205,562.	96,044.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	82,718.	78,399.	2,848.	1,471.
9 Other employee benefits				
10 Payroll taxes	346,385.	325,602.	13,855.	6,928.
11 Fees for services (nonemployees):				
a Management				
b Legal	112,628.	45,051.	56,314.	11,263.
c Accounting	182,665.		182,665.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,628,754.	1,547,316.		81,438.
12 Advertising and promotion	1,863,902.	1,491,122.		372,780.
13 Office expenses	1,496,240.	958,209.	196,222.	341,809.
14 Information technology	201,318.	163,068.	24,158.	14,092.
15 Royalties				
16 Occupancy	778,512.	605,045.	113,467.	60,000.
17 Travel	370,574.	322,399.	18,529.	29,646.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	32,551.	31,249.		1,302.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	178,423.		178,423.	
23 Insurance	671,775.	611,315.	33,589.	26,871.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING EXPENSES	156,515.			156,515.
b REPAIRS AND MAINTENANCE	128,694.		119,685.	9,009.
c MEALS AND ENTERTAINMENT	60,201.	51,773.	2,408.	6,020.
d AUTOMOBILE EXPENSES	146.	87.	44.	15.
e All other expenses	26,989.	17,825.	7,660.	1,504.
25 Total functional expenses. Add lines 1 through 24e	36,818,000.	34,365,532.	1,198,626.	1,253,842.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	32,766,080.	1	27,907,938.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	1,024,109.	6	1,636,749.
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,071,681.		
	b Less: accumulated depreciation	10b 900,596.	4,043,148.	10c 6,171,085.
	11 Investments - publicly traded securities	121,067.	11	194,354.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	961,722.	15	1,189,419.
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,916,126.	16	37,099,545.	
Liabilities	17 Accounts payable and accrued expenses	791,019.	17	829,117.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	701,551.	25	724,010.
	26 Total liabilities. Add lines 17 through 25	1,492,570.	26	1,553,127.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,423,556.	27	35,546,418.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	37,423,556.	32	35,546,418.
	33 Total liabilities and net assets/fund balances	38,916,126.	33	37,099,545.

Form 990 (2024)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,923,926.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,818,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,894,074.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,423,556.
5	Net unrealized gains (losses) on investments	5	16,936.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,546,418.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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
- b** Were the organization's financial statements audited by an independent accountant? _____
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? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization THE ZAKAT FOUNDATION OF AMERICA	Employer identification number 36-4476244
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,896,601.	19,195,965.	29,480,326.	37,661,233.	34,864,321.	142,098,446.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,896,601.	19,195,965.	29,480,326.	37,661,233.	34,864,321.	142,098,446.
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)						
6 Public support. Subtract line 5 from line 4.						142,098,446.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	20,896,601.	19,195,965.	29,480,326.	37,661,233.	34,864,321.	142,098,446.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1,548.	17,247.	90,060.	41,525.	150,380.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			1,447.	329.		1,776.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,065.	11,044.	11,967.	26,975.	11,767.	86,818.
11 Total support. Add lines 7 through 10						142,337,420.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.83 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.84 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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 organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 1,797.
 2022 AMOUNT: \$ 11,967.
 2023 AMOUNT: \$ 3,368.
 2024 AMOUNT: \$ 11,767.

CASHBACK REWARDS

2020 AMOUNT: \$ 23,268.

REBATES

2021 AMOUNT: \$ 11,044.
 2023 AMOUNT: \$ 23,607.

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE ZAKAT FOUNDATION OF AMERICA

Employer identification number

36-4476244

Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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

2 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,048,729.		1,048,729.
b Buildings		3,675,003.	434,461.	3,240,542.
c Leasehold improvements		1,885,735.	279,090.	1,606,645.
d Equipment		158,436.	122,983.	35,453.
e Other		303,778.	64,062.	239,716.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,171,085.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER OPERATING LEASES	724,010.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	724,010.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

PART X, LINE 2:

THE FOUNDATION HAS BEEN DETERMINED TO BE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR EITHER FEDERAL OR STATE INCOME TAXES.

THE FOUNDATION HAS EVALUATED THE TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE RETURNS FOR THE PRIOR THREE FISCAL YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE; HOWEVER, THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE FOUNDATION BEEN CONTACTED BY THIS JURISDICTION.

BASED ON THE EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS WOULD BE UPHELD UNDER AN EXAMINATION; THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE YEAR ENDED JUNE 30, 2025.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization THE ZAKAT FOUNDATION OF AMERICA	Employer identification number 36-4476244
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA	0	0	GRANTS TO RECIPIENTS		62,329.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		254,968.
EUROPE	1	8	GRANTS TO RECIPIENTS		2,474,823.
MIDDLE EAST & NORTH AFRICA	1	10	GRANTS TO RECIPIENTS		5,447,792.
SOUTH AMERICA	2	3	GRANTS TO RECIPIENTS		238,048.
SOUTH ASIA	2	40	GRANTS TO RECIPIENTS		5,514,487.
SUB-SAHARAN AFRICA	2	9	GRANTS TO RECIPIENTS		4,198,778.
3 a Subtotal	8	70			18,191,225.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	8	70			18,191,225.

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

Schedule F (Form 990) (Rev. 12-2024)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	HUMANITARIAN RELIEF	39,829.		0.		
		CENTRAL AMERICA	HUMANITARIAN RELIEF	22,500.		0.		
		EAST ASIA AND PACIFIC	HUMANITARIAN RELIEF	25,757.		0.		
		EAST ASIA AND PACIFIC	HUMANITARIAN RELIEF	88,791.		0.		
		EAST ASIA AND PACIFIC	HUMANITARIAN RELIEF	40,520.		0.		
		EUROPE	HUMANITARIAN RELIEF	1806722.		0.		
		EUROPE	HUMANITARIAN RELIEF	138,901.		0.		
		EUROPE	HUMANITARIAN RELIEF	105,930.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 62

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (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)
		EUROPE	HUMANITARIAN RELIEF	17,271.		0.		
		EUROPE	HUMANITARIAN RELIEF	100,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	545,832.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	210,432.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	77,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	486,916.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	78,701.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	17,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	6,765.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (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)
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	37,051.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	69,600.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	50,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	53,499.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	100,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN RELIEF	562,545.		0.		
		SOUTH AMERICA	HUMANITARIAN RELIEF	146,352.		0.		
		SOUTH AMERICA	HUMANITARIAN RELIEF	75,196.		0.		
		SOUTH AMERICA	HUMANITARIAN RELIEF	16,500.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (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)
		SOUTH ASIA	HUMANITARIAN RELIEF	560,761.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	791,051.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	214,920.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	433,904.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	626,602.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	157,945.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	267,750.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	359,038.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	87,810.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (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)
		SOUTH ASIA	HUMANITARIAN RELIEF	115,865.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	67,273.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	57,500.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	159,523.		0.		
		SOUTH ASIA	HUMANITARIAN RELIEF	55,638.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	889,881.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	288,149.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	88,490.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	11,000.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (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)
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	51,501.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	25,949.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	50,001.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	29,001.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	38,722.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	193,448.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	14,268.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	516,700.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	502,065.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (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)
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	59,631.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	22,000.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	256,498.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	108,629.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	28,600.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	9,350.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	51,500.		0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN RELIEF	100,050.		0.		

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

Part III can be duplicated if additional space is 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)
GENERAL ASSISTANCE	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	150	12,000.	FINANCIAL INSTITUTION TRANSFER	87,900.	FOOD SECURITY, CLOTHING, SHELTER, HEALTHCARE & EDUCATION	FMV
GENERAL ASSISTANCE	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	480	48,000.	FINANCIAL INSTITUTION TRANSFER	258,000.	FOOD SECURITY, CLOTHING, SHELTER, HEALTHCARE & EDUCATION	FMV
GENERAL ASSISTANCE	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	2,050	152,500.	FINANCIAL INSTITUTION TRANSFER	1106060.	FOOD SECURITY, CLOTHING, SHELTER, HEALTHCARE & EDUCATION	FMV
GENERAL ASSISTANCE	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	2,285	198,501.	FINANCIAL INSTITUTION TRANSFER	1360407.	FOOD SECURITY, CLOTHING, SHELTER, HEALTHCARE & EDUCATION	FMV
GENERAL ASSISTANCE	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1,150	115,000.	FINANCIAL INSTITUTION TRANSFER	745,045.	FOOD SECURITY, CLOTHING, SHELTER, HEALTHCARE & EDUCATION; MEDICAL	FMV

SEE PART V FOR COLUMN (G) DESCRIPTIONS

Schedule F (Form 990) (Rev. 12-2024)

Part 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 the 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 the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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 provide any additional information. See instructions.

PART I, LINE 2:

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:

PROGRESS REPORTS AND HIGHLIGHTS - ZAKAT FOUNDATION'S OVERSEAS OFFICES AND PARTNERS ARE REQUIRED TO SEND REPORTS REGULARLY EVERY MONTH, EVERY QUARTER OR AT THE END OF THE PROJECT DEPENDING ON THE NATURE OF THE PROJECT DETAILING PROGRESS ON THE PROGRAM AND ITS ACHIEVEMENTS ACCORDING TO GRANT AGREEMENT TERMS AND CONDITIONS. ALSO, THEY HAVE TO PROVIDE SUBSTANTIAL EVIDENCES OF IMPACT OF THE PROGRAM ON THE COMMUNITY AND INDIVIDUALS' LIFE INCLUDING PHOTOS, NUMBER OF BENEFICIARIES AND ANY ACKNOWLEDGEMENT OR COVERAGE BY MEDIA, (ELECTRONIC, PRINT, SOCIAL), PUBLIC, OR ANY OTHER SOURCES.

EXPENSE REPORTS - THE OVERSEAS OFFICES REGULARLY PROVIDE EXPENSE REPORTS AND TRANSACTION JOURNALS WITH COPIES OF INVOICES, RECEIPTS AND ANY CONTRACTS WITH VENDORS FOR SUPPLYING GOODS AND SERVICES. PARTNERS SEND THE REPORTS AFTER COMPLETING THE PROJECT, IF, IT IS A ONE-TIME PROJECT (LIKE: WATER-WELL OR HAND-PUMP CONSTRUCTION) OR, IF IT IS AN ON-GOING PROGRAM (LIKE: REFUGEES, ORPHAN AND VULNERABLE CHILDREN CARE, ETC.), THEY PROVIDE THE REPORTS QUARTERLY AND YEARLY; AND ALSO, BEFORE RELEASING THE NEXT INSTALLMENT.

FINANCIAL CONTROL - ZAKAT FOUNDATION OVERLOOKS THE USE OF FUNDS AND GRANTS AND MAKES SURE THE MONEY IS USED FOR THE SPECIFIC PROGRAM IT WAS GIVEN TO, IN VIEW OF FINANCIAL CONTROL STANDARDS IN PLACE. THE ORGANIZATION VIGILANTLY CHOOSES PARTNERS BY KEEPING IN VIEW THE LOCAL AND THE US GOVERNMENTS REGULATIONS IN THIS REGARD.

ON-SITE MONITORING - ZAKAT FOUNDATION STAFF VISIT THE COUNTRIES TO CHECK ON IMPLEMENTATION AND RESULTS OF THE PROGRAMS AND, ALSO, ASSIGNS THIRD-PARTY SUPERVISION, TIME TO TIME, TO ENSURE AND SEE TRUE PICTURE AND THE GROUND REALITIES ON THE PROGRAMS/PROJECTS.

PART II, LINE 1 (ACCOUNTING METHOD):
SCHEDULE F PART II IS REPORTED ON THE ACCRUAL BASIS.

PART III, COLUMN (G):
REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(G) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD SECURITY, CLOTHING, SHELTER, HEALTHCARE & EDUCATION; MEDICAL SUPPLIES

PART III, (ACCOUNTING METHOD):
SCHEDULE F PART III IS REPORTED ON THE ACCRUAL BASIS.

PART IV, LINE 1
FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN IRC SECTION 6038(A)(1)(A).

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

THE ZAKAT FOUNDATION OF AMERICA

Employer identification number
36-4476244

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAIR LA 2180 W CRESCENT AVE STE F ANAHEIM, CA 92801	77-0411194	501(C)(3)	10,000.	0.			SPONSORSHIP
NORTH AMERICAN IMAMS FELLOW 318 W MAIN ST. STE 204 ARLINGTON, TX 76010	88-4184028	501(C)(3)	5,737.	0.			SPONSORSHIP
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE. STE 400 BERKELEY, CA 94704	94-6090626	501(C)(3)	222,250.	0.			DEVELOPMENT/EDUCATION
MASCHICAGO 9210 S. OKETO AVE. BRIDGEVIEW, IL 60455	26-2503530	501(C)(3)	58,800.	0.			2024 CONVENTION SPONSORSHIP
UNIVERSAL SCHOOL 7350 W. 93RD STREET BRIDGEVIEW, IL 60455	36-3556986	501(C)(3)	32,000.	0.			SPONSORSHIP
MOSQUE FOUNDATION 7360 W 93RD ST. BRIDGEVIEW, IL 60455	36-2693172	501(C)(3)	50,000.	0.			2024 SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 38.
- 3** Enter total number of other organizations listed in the line 1 table 47.

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUNA CONVENTION PO BOX 80085 BROOKLYN, NY 11208	13-3699933	501(C)(3)	25,000.	0.			2024 CONVENTION SPONSORSHIP
FIRST WHOLESALE NY INC 1280 DEKALB AVE. BROOKLYN, NY 11221	46-4570794		52,270.	0.			EMERGENCY RELIEF, WINTERIZATION, HEALTH/WELLNESS
THE MUGHAL KITCHEN 217 NORTHLANDS DR CARY, NC 27519	88-0869744		8,887.	0.			FOOD SECURITY
HALALGYRO INC 705 NEWSTEAD WAY CARY, NC 27519	88-3891472		8,090.	0.			FOOD SECURITY
ISLAMIC COMMUNITY CENTER OF ILLINOIS - 6435 BELMONT AVE - CHICAGO, IL 60634	36-3070926	501(C)(3)	15,000.	0.			SPONSORSHIP
THE SALAAM COMMUNITY WELLNESS CENTER - 613 E 67TH ST. - CHICAGO, IL 60637	85-1430192	501(C)(3)	69,048.	0.			SPONSORSHIP
CILEMA JOSEFIA BORJES DIAZ 5419 WEST WARWICK AVE CHICAGO, IL 60641	09-5916617		34,491.	0.			REFUGEE ASSISTANCE
OUR LADY OF THE ROSARY 3935 N MELVINA AVE. CHICAGO, IL 60634	36-2171099	501(C)(3)	16,438.	0.			REFUGEE ASSISTANCE
OSAMA ABDL-HALEEM 3455 W. 73RD PLACE CHICAGO, IL 60629	32-4905700		33,104.	0.			REFUGEE ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFGHAN CULTURAL CENTER INC 6232 NORTH PULASKI ROAD SUIT 101 CHICAGO, IL 60646	92-3420434	501(C)(3)	182,510.	0.			COMMUNITY DEVELOPMENT
DOMINGA GUALNA CHOC 5121 S UNIVERSITY AVE CHICAGO, IL 60615	18-4817924		55,856.	0.			REFUGEE ASSISTANCE
MICHEL CAMILA BARRAGAN 7417 W BELMONT AVE CHICAGO, IL 60634	85-6381010		33,288.	0.			REFUGEE ASSISTANCE
GUIDER GROUP LLC 5020 W BARRY AVE. CHICAGO, IL 60641	81-0937078		57,375.	0.			DEVELOPMENT
PALESTINIAN AMERICAN ATHLETIC ASSOCIATION - 8130 S KOSTNER AVE - CHICAGO, IL 60652	86-3807764	501(C)(3)	10,000.	0.			SPONSORSHIP
JUAN MONTIEL FALCON 850 W MARGATE TERRACE, APT 504 CHICAGO, IL 60640	58-9496364		106,713.	0.			REFUGEE ASSISTANCE
DEPAUL USA INC PO BOX 756 CHICAGO, IL 60690	35-2338110		10,000.	0.			EDUCATION
AHMAD SHAH MANGAL 7526 N RIDGE BLVD APT 2W CHICAGO, IL 60645	89-5908703		29,025.	0.			REFUGEE ASSISTANCE
BRUSH ARCHITECTS LLC 1807 W SUNNYSIDE AVE, STE 2E CHICAGO, IL 60640	04-3547515		37,738.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BONYS LLC (SUPERMERCADO MARTINS) 5155 W ADDISON STREET CHICAGO, IL 60634	81-4138520		397,345.	0.			REFUGEE ASSISTANCE/ FOOD SECURITY
JUSTICE FOR ALL 27 E MONROE ST STE 700 CHICAGO, IL 60603	36-4293503	501(C)(3)	10,000.	0.			SPONSORSHIP
ROHINGYA CULTURAL CENTER 2740 WEST DEVON AVE. CHICAGO, IL 60659	81-0882096	501(C)(3)	162,750.	0.			COMMUNITY DEVELOPMENT
AMERICAN RED CROSS 25688 NETWORK PL. CHICAGO, IL 60673	63-0196605	501(C)(3)	6,155.	0.			COMMUNITY DEVELOPMENT
ALLIED INNOVATION GROUP 5454 S SHORE DR., UNIT 725 CHICAGO, IL 60615	82-1477844		16,564.	0.			COMMUNITY DEVELOPMENT
SKALLI EVENTS LLC 43 GRAYDON TERRACE CLIFTON, NJ 07013	45-4928775		42,000.	0.			COMMUNITY DEVELOPMENT
MEDITERRANEAN GRILL & GROCERY 5114 REVERE ROAD DURHAM DURHAM, NC 27713	46-2003975		8,040.	0.			FOOD SECURITY
PINES MANOR 2085 ROUTE 27 EDISON, NJ 08817	20-1510931		9,437.	0.			COMMUNITY DEVELOPMENT
AVS COMPANIES 750 MORSE AVE. ELK GROVE VILLAGE, IL 60007	36-2740574		5,800.	0.			BOXING MACHINE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QABILA AFGHAN GRILL 799 ELMONT RD. ELMONT, NY 11003	87-2330459		8,550.	0.			FOOD SECURITY
YASIN DEMIRKALE 3895 PICKETT RD FAIRFAX, VA 22031	20-6553037		17,813.	0.			REFUGEE ASSISTANCE
LOVEUSA 1 LLC 3201 ROUTE 27 FRANKLIN PARK, NJ 08824	88-2078930		10,000.	0.			FOOD SECURITY
ORANGE CRESCENT SCHOOL 1 AL-RAHMAN PLAZA GARDEN GROVE, CA 92844	95-3693522	501(C)(3)	30,000.	0.			SPONSORSHIP
THE CONVENIENT WHOLESALERS OF AMERICA - 4151 W 108TH ST. SUITE 13 - HIALEAH, FL 33018	65-0690235		5,792.	0.			FOOD SECURITY
ZAKAT FOUNDATION INSTITUTE INC. 8833 DEWEY LN. HICKORY HILLS, IL 60457	85-0770858	501(C)(3)	520,118.	0.			EDUCATION
CHOICE FOODS 409 PROSPECT ST. HIGHPOINT, NC 27260	27-2418196		22,788.	0.			FOOD SECURITY
NATALY MORENO CID REIM 13523 DELWOOD SPRINGS LN HOUSTON, TX 77044	64-5265684		115,090.	0.			REFUGEE ASSISTANCE
TAJWEED INSTITUTE 16205 WESTHEIMBER RD. APT 250 HOUSTON, TX 77082	35-2479224	501(C)(3)	10,000.	0.			SPONSORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAS TEXAS PO BOX 891252 HOUSTON, TX 77289	20-4761984	501(C)(3)	25,000.	0.			2025 CONVENTION SPONSORSHIP
PERMISSIBLE LAUGHTER MEDIA LLC 9307 CHAMISAL CT. HUMBLE, TX 77396	83-4542120		7,500.	0.			SPONSORSHIP
DHAKA RESTAURANT INC. 168-32 HILLSIDE AVE JAMAICA, NY 11432	61-1769525		5,175.	0.			FOOD SECURITY
MAA SUPERMARKET INC 8781 PARSONS BLVD JAMAICA, NY 11432	82-1978775		16,030.	0.			FOOD SECURITY
SKALLI EVENTS LLC 3111 AERNAL CT. LAND O' LAKES, FL 34639	47-4883027		14,000.	0.			COMMUNITY DEVELOPMENT
DIYANET CENTER OF AMERICA 9610 GOOD LUCK RD. LANHAM, MD 20706	52-1827831	501(C)(3)	30,000.	0.			EDUCATION/FOOD SECURITY
TANZEEL INITIATIVE LLC 187 SIMONTON RD SW LAWRENCEVILLE, GA 30046	33-3138839	501(C)(3)	20,000.	0.			SPONSORSHIP
KHALIL FOUNDATION 998 N. LOMBARD ROAD LOMBARD, IL 60148	47-1313957	501(C)(3)	343,083.	0.			MENTAL HEALTH
TAHANI MEDITERRANEAN GRILL 296 E MONTAUK HIGHWAY LOMBARD, NY 11757	83-4301285		5,480.	0.			FOOD SECURITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KARACHI TANDOORI CATERING 2404 255TH ST. LOMITA, CA 90717	92-2988911		11,250.	0.			FOOD SECURITY
NEO PHILANTHROPY 45 WEST 36TH STREET 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	150,000.	0.			COMMUNITY DEVELOPMENT
UPWARDLY GLOBAL 505 8TH AVE. #1100 NEW YORK, NY 10018	94-3346127	501(C)(3)	56,250.	0.			EDUCATION
ALISUG1 INC 340 GROVE LN NEWARK, DE 19711	99-0990468		6,300.	0.			FOOD SECURITY
CHANDNI RESTAURANT 5748 MOWRY SCHOOL RD. NEWARK, CA 94560	94-3337483		10,300.	0.			FOOD SECURITY
INDIAN SIZZLER 72 E MAIN ST. NEWARK, DE 19711	27-4745437		13,830.	0.			FOOD SECURITY
EVEREST SUPERMARKET 208 CHURCHMAN RD NEWCASTLE, DE 19720	82-5384559		19,668.	0.			FOOD SECURITY
FEED THE CHILDREN PO BOX 270240 OKLAHOMA CITY, OK 73137	73-6108657	501(C)(3)	35,000.	0.			FOOD SECURITY
THE PRAYER CENTER 16530 S. 104TH AVE. ORLAND PARK, IL 60467	20-1281935	501(C)(3)	25,000.	0.			SPONSORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AL-BUKHARI ISLAMIC CENTER 8009 S ORANGE AVE. ORLANDO, FL 32089	87-3245850	501(C)(3)	6,000.	0.			FOOD SECURITY
DARAJAT CO 8009 W 99TH ST PALOS HILLS, IL 60465	86-3389564	501(C)(3)	12,000.	0.			EDUCATION
PALOS ISLAMIC CENTER 12300 S. 80TH AVE. PALOS PARK, IL 60464	26-2503530	501(C)(3)	10,000.	0.			SPONSORSHIP
DOLLARDAYS INTERNATIONAL 2617 S 46TH ST. STE 300 PHOENIX, AZ 85034	38-3786430		14,731.	0.			WINTERIZATION
HASINA JALAL 5300 FIFTH AVE, APT B4 PITTSBURGH, PA 15232	64-7472101		25,680.	0.			REFUGEE ASSISTANCE
NESAR AHMAD OMID 9413 HARRISON ST PLAINES, IL 60016	83-9499755		45,994.	0.			REFUGEE ASSISTANCE
ISLAMIC SOCIETY OF NORTH AMERICA PO BOX 38 PLAINFIELD, IN 46168	36-3940271	501(C)(3)	10,000.	0.			ISNA ATLANTA AND DALLAS CONFERENCE SPONSORSHIP
IHSSAN TAHIR 1602 WASHINGTON ST PRINCETON, TX 75407	54-7911760		12,000.	0.			REFUGEE ASSISTANCE
ISLAMIC ASSOCIATION OF RALEIGH 808 ATWATER ST. RALEIGH, NC 27607	58-1847133	501(C)(3)	6,069.	0.			SPONSORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM LEGAL FUND OF AMERICA 833 E ARAPAHO RD STE 209 RICHARDSON, TX 75081	01-0548371	501(C)(3)	50,000.	0.			COMMUNITY DEVELOPMENT
ROSENBERG COMMUNITY CENTER 6719 KOEBLEN RD. RICHMOND, TX 77469	92-2761955	501(C)(3)	7,450.	0.			SPONSORSHIP AND RAMADAN FOOD
ISLAMIC SOCIETY OF NW SUBURBS OF CHICAGO - 1200 HICKS RD. - ROLLING MEADOWS, IL 60008	36-3200165	501(C)(3)	30,000.	0.			EDUCATION
ANGIE VALENTINA ARBELAEZ GARCIA 2600 HILL STREET COVE ROUND ROCK, TX 78664	14-8210244		49,545.	0.			REFUGEE ASSISTANCE
SILICON VALLEY AFRICAN FILM FESTIVAL - 816 NORTH 1ST ST. SUITE 204 - SAN JOSE, CA 95112	82-3191114	501(C)(3)	10,000.	0.			SPONSORSHIP
HOLYLAND RESTAURANT & CATERING 807 ALDO AVE. #105 SANTA CLARA, CA 95054	81-2922735		47,684.	0.			FOOD SECURITY
MUSLIM COMMUNITY ASSOCIATION 3003 SCOTT BLVD. SANTA CLARA, CA 95054	31-1267559	501(C)(3)	13,920.	0.			SPONSORSHIP
YOHEIDY DEL VALLE DELGADO GOMEZ 300 S ROSELLE RD, APT 113 SCHAUMBURG, IL 60193	02-2310199		13,608.	0.			REFUGEE ASSISTANCE
GENESIS SAMANTHA LUGO JIMENEZ 1023 LEADVILLE DR SMYRNA, TN 37167	00-1736408		17,762.	0.			REFUGEE ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAHITA BAKERY 1334 S MARY AVE. SUNNYVALE, CA 94087	88-9252887		5,011.	0.			FOOD SECURITY
PCMC SOLUTIONS INC 280 E LARCH RD. UNIT 103 TRACY, CA 95304	45-4095660		37,500.	0.			EDUCATION
AMANA SECURITY GROUP 703 N ADDISON RD. VILLA PARK, IL 60181	84-2685591		490,530.	0.			REFUGEE ASSISTANCE
MAS DC 712 H STREET NE PMB 1258 WASHINGTON, DC 20002	56-3885457	501(C)(3)	25,000.	0.			EDUCATION
INTERACTION 1400 16TH STREET NW STE 210 WASHINGTON, DC 20036	13-3287064	501(C)(3)	24,000.	0.			COMMUNITY DEVELOPMENT
SIXTO GABRIEL PEDROZA 501 VICTORIA LN WOOD WOOD DALE, IL 60191	89-7564832		72,901.	0.			REFUGEE ASSISTANCE
CHAPARRAL COUNTRY CORPORATION 4040 WOODSIDE RD. WOODSIDE, CA 94062	27-0939720		5,965.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD SECURITY, HEALTH & EMERGENCY, AND COMMUNITY DEVELOPMENT ASSISTANCE TO INDIVIDUALS	81047	84,229.	523,908.	DOCUMENTARY & FMV/ESTIMATION	CLOTHING, FOOD, AND MEDICAL SUPPLIES
SCHOLARSHIPS FOR INDIVIDUALS	60	0.	28,121.	BOOK	SCHOLARSHIPS PAID DIRECTLY TO EDUCATIONAL INSTITUTIONS ON BEHALF OF STUDENTS

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

PART I, LINE 2:
 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:
 PROGRESS REPORTS AND HIGHLIGHTS - ZAKAT FOUNDATION FIELD OFFICES STAFF IN
 THE US IS REQUIRED TO SEND REPORTS REGULARLY EVERY MONTH, EVERY QUARTER OR
 AT THE END OF THE PROJECT DEPENDING ON THE NATURE OF THE PROJECT DETAILING
 PROGRESS ON THE PROGRAM AND ITS ACHIEVEMENTS. THEY INCLUDE PHOTOS, NUMBER
 OF BENEFICIARIES TO SHOW THE IMPACT OF THE PROGRAM, WHICH, NORMALLY ARE
 RELATED TO COVID-19, OUTREACH, FOOD AND CLOTHING FOR HOMELESS AND NEEDY
 PEOPLE, PROTECTION IN SEVERE WEATHER, ETC. HEAD QUARTERS OF THE
 ORGANIZATION PUBLISHES QUARTERLY AND ANNUAL REPORTS AND NEWSLETTERS,
 INCLUDING PHOTOS AND ANY ACKNOWLEDGEMENT OR COVERAGE BY ANY MEDIA SOURCES.
 EXPENSE REPORTS - THE ORGANIZATION FIELD OFFICES REGULARLY PROVIDE EXPENSE
 REPORTS AND TRANSACTION JOURNALS WITH COPIES OF INVOICES, RECEIPTS AND ANY
 CONTRACTS WITH VENDORS FOR SUPPLYING GOODS AND SERVICES. THEY PROVIDE THE

Part IV Supplemental Information

REPORTS PERIODICALLY.

FINANCIAL CONTROL - ZAKAT FOUNDATION OVERLOOKS THE USE OF FUNDS AND GRANTS AND MAKES SURE THE MONEY IS USED FOR THE SPECIFIC PROGRAM IT WAS GIVEN TO, IN COMPLIANCE OF FINANCIAL CONTROL STANDARDS IN PLACE IN THE COUNTRY.

ON-SITE MONITORING - ZAKAT FOUNDATION EMPLOYEES ARE BASED IN THE FIELD OFFICES WHO, TAKE CARE OF THE OPERATIONS IN THE AREA. THE ORGANIZATION PARTNERS WITH OTHER ORGANIZATIONS FOR OPERATIONS IN OTHER STATES/CITIES AND CLOSELY MONITOR/SUPERVISE THE IMPLEMENTATION OF PROGRAMS/PROJECTS. IN ADDITION, THE ZAKAT FOUNDATION HQ STAFF TRAVEL TO THE PROJECT SITE TO SEE ON-GOING PROGRESS AND CONDUCT EVALUATION OF PROJECTS AND PROGRAMS WHEN THEY ARE COMPLETED.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization THE ZAKAT FOUNDATION OF AMERICA	Employer identification number 36-4476244
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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 aren't 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	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HALIL DEMIR EXECUTIVE DIRECTOR	274,116.	0.	0.	4,131.	23,910.	302,157.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAZA FARRUKH DIRECTOR OF DEVELOPMENT	167,663.	0.	0.	0.	33,434.	201,097.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MAJEDA NABHAN DIRECTOR, HR, INTERNATIONAL HR	138,593.	0.	0.	4,617.	39,380.	182,590.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) IBRAHIM ALDARDASAWI RELIGIOUS AFFAIRS ADVISOR	128,077.	0.	0.	3,842.	37,224.	169,143.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization <p style="text-align:center;">THE ZAKAT FOUNDATION OF AMERICA</p>	Employer identification number <p style="text-align:center;">36-4476244</p>
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) ERTUGRUL USA,	CONTROLL			START-UP		X	1,024,109.	1,636,749.	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 1,636,749.						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DONNA NEIL-DEMIR	RELATIVE OF EXECUTI	31,494.	COMPENSATIO		X
(2) SELMA DEMIR	RELATIVE OF EXECUTI	46,103.	COMPENSATIO		X
(3) AMINA DEMIR	RELATIVE OF EXECUTI	119,705.	COMPENSATIO		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ERTUGRUL USA, LLC

(B) RELATIONSHIP WITH ORGANIZATION: CONTROLLED ENTITY

(C) PURPOSE OF LOAN: START-UP COSTS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DONNA NEIL-DEMIR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(A) NAME OF PERSON: SELMA DEMIR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(A) NAME OF PERSON: AMINA DEMIR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

SCHEDULE L PART IV

THE DIRECTOR OF HUMAN RESOURCES AND THE DIRECTOR OF OPERATIONS REVIEWED

EACH OF THE INDIVIDUALS' RESUMES/CREDENTIALS AND INTERVIEWED THEM

BEFORE HIRING. THEIR COMPENSATION WAS DETERMINED TAKING INTO ACCOUNT

JOB AUTHORITY, RESPONSIBILITY, DESIGNATION AND THE PREVAILING RATE IN

JOB MARKET. THEN, THE REASONABLENESS OF THEIR COMPENSATION IS REVIEWED

AND APPROVED BY THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **THE ZAKAT FOUNDATION OF AMERICA**
Employer identification number: **36-4476244**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		49,507.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	36,741	227,571.	FMV
20 Drugs and medical supplies	X	29,354	200,846.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SCHOOL SUPPLIES)	X	6,839	42,361.	FMV
26 Other (SUPPLIES FOR CO)	X	3,657	3,623.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization THE ZAKAT FOUNDATION OF AMERICA	Employer identification number 36-4476244
--	---

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 COMMUNITIES AND INITIATE THE PROJECTS THAT GET THE VULNERABLE CHILDREN,
 SINGLE MOTHERS, INDIVIDUALS AND COMMUNITIES TO LONG-TERM DEVELOPMENT
 THROUGH EDUCATION AND VOCATIONAL TRAINING TOWARDS ECONOMIC
 SUSTAINABILITY; ADDITIONALLY, RESPOND QUICKLY TO EMERGENCIES AND
 DISASTERS ANYWHERE IN ANY CONTINENT.

990 PART I, LINE 6
 DURING THE YEAR, ZAKAT FOUNDATION DISTRIBUTED FOOD, CLOTHING, SEASONAL
 GOODS, MEDICAL AND SCHOOL SUPPLIES IN OVER 230 CITIES IN THE US, USING
 VOLUNTEERS IN EACH OF THOSE LOCATIONS.

FORM 990, PART II, SIGNATURE BLOCK
 ZAKAT FOUNDATION OF AMERICA FORM 990 WAS PRIMARILY PREPARED BY CHERRY
 BEKAERT ADVISORY LLC. CLARK NUBER REVIEWED IT AS A HIGH-LEVEL REVIEWER
 BEFORE FINALIZING. CLARK NUBER DID NOT PROVIDE ANY INPUT ON THE STATE
 FILINGS AND WILL NOT BE A SIGNER ON THOSE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 ANYWHERE IN THE WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 GIFTS FOR ORPHANS, VULNERABLE CHILDREN, AND SINGLE MOTHERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 LIVING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 COLLABORATION WITH ORGANIZATIONS LIKE THE RED CROSS, RED CRESCENT, THE
 UNITED NATIONS, AND VARIOUS GOVERNMENTS.

ADDITIONALLY, THE FOUNDATION HAS AIDED VICTIMS OF EARTHQUAKES IN
 AFGHANISTAN; FLOODS IN MOROCCO AND LIBYA; HURRICANES IN THE US; AND
 OTHER NATURAL DISASTERS GLOBALLY AND WITHIN THE USA, PROVIDING RELIEF
 TO REFUGEES AND THE HOMELESS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 HEALTHCARE AND EDUCATION PROGRAMS:
 COMPREHENSIVE HEALTHCARE PROGRAMS WERE DELIVERED TO THE POOR, NEEDY,
 DISPLACED, AND ECONOMICALLY DISADVANTAGED PEOPLE ACROSS ALL INHABITED
 CONTINENTS. SERVICES INCLUDED PREVENTIVE TREATMENTS, HEALTH EDUCATION,
 REHABILITATIVE INTERVENTIONS, NUTRITIONAL COUNSELING, CHRONIC ILLNESS
 TREATMENTS, AND DEVELOPMENTAL TREATMENTS FOR CHILDREN WITH SPECIAL
 NEEDS.

THE ZAKAT FOUNDATION PLACES A SPECIAL EMPHASIS ON MENTAL HEALTH
 SERVICES AND HAS ESTABLISHED THE KHALIL CENTER TO ADDRESS MENTAL HEALTH
 ISSUES AMONG THE POOR IN THE US AND ABROAD. ADDITIONALLY, MEDICAL
 SUPPLIES AND GENERAL SANITIZATION ITEMS WERE DISTRIBUTED UNDER THE
 PERSONAL PROTECTIVE EQUIPMENT (PPE) PROGRAM.

Name of the organization THE ZAKAT FOUNDATION OF AMERICA	Employer identification number 36-4476244
---	--

OUR EDUCATIONAL PROGRAMS INCLUDE ESTABLISHING SCHOOLS AND INSTITUTIONS, VOCATIONAL TRAINING CENTERS (VTC), AND HIGHER EDUCATION INITIATIVES. WE ALSO AWARD SCHOLARSHIPS IN COLLABORATION WITH ACCREDITED UNIVERSITIES IN THE US. THESE DEVELOPMENT PROGRAMS AIM TO CREATE A BRIGHTER FUTURE FOR THE COMMUNITY, SPECIFICALLY TARGETING WOMEN, CHILDREN, AND SINGLE PARENTS BY PROVIDING EDUCATION AND TRAINING TO ENABLE ECONOMIC INDEPENDENCE AND SUSTAINABILITY.
EXPENSES \$ 2,240,406. INCLUDING GRANTS OF \$ 3,053,783. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

MALI, GHANA, JORDAN, BANGLADESH, TURKEY, ARGENTINA, PAKISTAN, COLOMBIA

FORM 990, PART VI, SECTION A, LINE 2:

AMINA DEMIR AND HALIL DEMIR HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

TWO CPA FIRMS ARE INVOLVED IN THE PREPARATION AND REVIEW OF THE FORM 990, AS WELL AS THE EXTENSIVE INVOLVEMENT OF THE ORGANIZATION'S MANAGEMENT AND PROFESSIONALS, WITH A FINAL REVIEW BY THE EXECUTIVE DIRECTOR AND BEING MADE AVAILABLE TO THE BOARD FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD AND STAFF SIGN A CONFLICTS OF INTEREST STATEMENT 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 OR EMPLOYEE WOULD BE DISMISSED FROM THE DISCUSSION AND THE VOTE ON THAT ISSUE. IN THE CASE OF A STAFF MEMBER, THEIR SUPERVISOR WOULD BE INFORMED OF THE CONFLICT TO LIMIT THE STAFF'S INDEPENDENT INFLUENCE OR DISCRETION. 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.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR - THE DIRECTOR OF HUMAN RESOURCES OF THE ZAKAT FOUNDATION OF AMERICA GETS HANDS ON WITH THE SALARY TABLE AND SALARY STRUCTURE THROUGH VARIOUS PORTALS AND SOFTWARE AND FORWARDS THEM TO REVIEW IN THE BOARD OF DIRECTORS MEETING TO FIGURE OUT THE REASONABLENESS AND COMPATIBILITY OF THE EXECUTIVE DIRECTOR'S COMPENSATION. THE BOARD ANNUALLY REVIEWS HIS PERFORMANCE TO DETERMINE THE REMUNERATION AND OTHER BENEFITS.

OTHER OFFICERS AND KEY EMPLOYEES - THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IN LINE WITH THE HR DIRECTOR'S EVALUATION OF COMPENSATION IN DECEMBER EVERY YEAR USING THE AVAILABLE AND ACCEPTABLE COMPENSATION TOOLS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,MT,NC,ND,NE,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV,WY

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. FORM 1023 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

SCHEDULE R
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public
Inspection

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

Name of the organization

THE ZAKAT FOUNDATION OF AMERICA

Employer identification number
36-4476244

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ELEVATED ECHELON, LLC					
PO BOX 639					
WORTH, IL 60482	REAL ESTATE HOLDING	ILLINOIS		126,129.	ZAKAT FOUNDATION OF AMERICA
ABUNDANT PROVISIONS, LLC					
PO BOX 639					
WORTH, IL 60482	REAL ESTATE HOLDING	ILLINOIS	21,600.	399,210.	ZAKAT FOUNDATION OF AMERICA
GREATER EVENNESS, LLC					
PO BOX 639					
WORTH, IL 60482	REAL ESTATE HOLDING	ILLINOIS		6,000.	ZAKAT FOUNDATION OF AMERICA
SEED TO MOUNTAIN, LLC					
PO BOX 639					
WORTH, IL 60482	REAL ESTATE HOLDING	ILLINOIS		950,118.	ZAKAT FOUNDATION OF AMERICA

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FOUNDATION REAL ESTATE HOLDINGS, LLC					
7421 W 100TH PLACE					
BRIDGEVIEW, IL 60456	REAL ESTATE HOLDING	ILLINOIS		145,000.	ZAKAT FOUNDATION OF AMERICA
4359 MICHIGAN REAL ESTATE, LLC					
7421 W 100TH PLACE					
BRIDGEVIEW, IL 60456	REAL ESTATE HOLDING	ILLINOIS		2,045,433.	ZAKAT FOUNDATION OF AMERICA

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(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	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ERTUGRUL USA, LLC - 99-0808231 PO BOX 2246 BRIDGEVIEW, IL 60455	HOLD CULTURAL EVENTS TO SPREAD THE WORD OF ZAKAT'S MISSION	IL	THE ZAKAT FOUNDATION OF AMERICA	C CORP	471,365.	129,152.	100%	X	

Part V 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ERTUGRUL USA, LLC	D	1,636,749	CASH VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

