Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

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

Open to Out to

| | Δ | For the 2 | 017 calend | lar year, or tax | vear heginn | nina | 2017 | , and endin | <u>~</u> | | | |
|--------------|--------------------|-----------------|-----------------------------------------------|-----------------------|--------------------|-----------------------------|---------------------------------------|-----------------|------------------------------|---------------------------------------|----------------|-------------------------|
| | | Check if app | | C | year beginn | g | , 2017 | , and cham | | D Employer | identific | cation number |
| | ь | | | _ | | /\ | (اـ م | | İ | | | |
| | | H | ſ | BAITULMAA | L, INC. | 7+r | ita | | | 20-09 | | |
| | | X Name o | | PO BOX 16 | | , v v | | | | E Telephone | | |
| | | Initial re | eturn | IRVING, T | X /3016 | | | | L | 972-2 | <u> 257-</u> 2 | 2564 |
| | | Final retu | ırn/termınated | | | | | | | | | |
| | | Amende | ed return | | | | | | | G Gross rec | eipts \$ | 4,574,791. |
| | | Applica | ition pending | F Name and add | ress of principal | officer | | | H(a) Is this a | group return f | or subor | |
| | | | | Same As C | Above | | | \sim | H(b) Are all s If 'No,' a | ubordinates in | cluded? | Yes No |
| 1. | Π | Tax-exem | | X 501(c)(3) | 501(c) (|) ◀ (insert no) | 4947(a)(1) or | r (527) | If 'No,' a | ttach a list (s | ee instru | ictions) — |
| 3/ | . | Website | <u>' </u> | w.baitulm | . ' | , (1110011110) | 10 17 (0)(1) 01 | | H(a) Croup o | xemption num | hor 🛌 | |
| 1/2 | <u>-</u> | | rganization | X Corporation | Trust | Association Other | · · · · · · · · · · · · · · · · · · · | Year of formati | | - 1 | | al domicile TX |
| J , | iD2 | | Summan | | Trust | Association Other | | Tear or formati | on 2004 | 111 314 | ie oi ieg | ar domicile 1A |
| | (Pa | 1 Brie | ofly describ | o the organiza | tion's missio | on or most significa | ot activities a | | | | | |
| | | 1 511 | | | | | Lactivities Se | ee_Sched | iule_O_ | | | |
| 0 0 | ce | | | | | | | | - | | | |
| 2018 | ПaП | | | | | | | | | | | |
| | Governance | 3 Ch. | ock this ho | | | discontinued its op | | | | 0/ of its n | | |
| 4 | ó | | | | | ning body (Part VI, | | Josea or mo | ne man 25 | ו או או הייס ו | 3 | _ |
| 7 | જ | | | • | • | of the governing be | • | e 1b) | | - | 4 | |
| ပ | Activities | | | | - | calendar year 2017 | | • | | - | 5 | 10 |
| DE | Σį | | | of volunteers | | | | | | - | 6 | 15 |
| | ct | | | | | art VIII, column (C) | Hine 72-13 | 1 | | <u> </u> | 7a | 0. |
| | • | b Net | unrelated | business taxa | ble income fi | rom Form 990sT (lir | E-34/1-10 | <i>l</i> z., | | | 7b | 0. |
| 9 | | | | | | 1 HE | | <u> जिं</u> | Pr | ior Year | | Current Year |
| ANN SANN | | 8 Cor | ntributions | and grants (Pa | art VIII, line | 1h) | RIDE | \ <u>\s\</u> | | 438,56 | 7 | 4,574,791. |
| AIN | Revenue | | | ice revenue (P | | . 1 11 1 1 | 0 th 5018 | 1881 | 1 | 130,00 | | 1,0,1,,31. |
| 325 325 | ver | | | | |), lines 3, 4, and 7c |)= | اسلي | | - | | |
| (J) | æ | | | | | es 5, 60+8c, 9c, 10 | | اسسا | | | | |
| œ | | 12 Total | al revenue | - add lines 8 | through 11 (| (must equal Parti | Jaeolumn (A), I | ine 12) | 9 | 438,56 | 7. | 4,574,791. |
| 10 | | 13 Gra | ints and si | milar amounts | paid (Part I) | (, column (A), lines | 1-3) | | | 831,80 | | 3,680,476. |
| () | | 14 Ber | nefits paid | to or for memb | ers (Part IX | , column (A), line 4 |) | | | • | | |
| 7 | | 15 Sal | aries, othe | r compensatio | n, employee | benefits (Part IX, o | olumn (A), lines | s 5-10) | | 573,96 | 1. | 338,302. |
| VOV | ses | | | | | olumn (A), line 11e) | | · | | 0.0,30 | | 000,002. |
| ~ | Expense | | | _ | | | | 01 454 | | | | |
| | X | | | | - | ımn (D), line 25) ► | | 01,454. | 1 | | | |
| G | _ | | | | | es 11a-11d, 11f-24e | | | | 471,73 | | 641,889. |
| 2 | | | - | | | qual Part IX, colum | n (A), line 25) | | 9, | 877,50 | 9. | 4,660,667. |
| 2018 | | 19 Rev | enue less | expenses. Sul | otract line 18 | 3 from line 12 | | | <u> </u> | -438,94 | 2. | -85,876. |
| (C O | ots or lances | | | | | | | | Beginning | of Current | | End of Year |
| | | | | Part X, line 16 | - | | | | | 873,71 | | 764,132. |
| | Net As: Fund Ba | 21 Total | al liabilities | s (Part X, line | 26) | | | | | 58,29 | 3. | 34,587. |
| | ξŽ | 22 Net | assets or | fund balances | . Subtract lin | ne 21 from line 20 | | | | 815,42 | 1. | 729,545. |
| | Pa | ītill S | Signatur | e Block | | | | | • | · · · · · · · · · · · · · · · · · · · | | |
| | | | of perjury, I de | clare that I have ex- | amined this return | n, including accompanying | schedules and state | ements, and to | the best of my | knowledge ar | nd belief, | it is true correct, and |
| | comp | olete Declara | ation of prepai | er (other than office | er) is based on a | Il information of which pre | parer has any knowle | edge | | | | |
| | | | _1 | | 34 | | | | | 10 | 13 o | 118 |
| | Sig | ın | Signatur | e of officer | | | | | Date | • | | |
| | He | | ► MAZE | N M MOKHI | 'AR | | | | Execu | tive Di | rect | tor |
| | _ | | | print name and title | | | | | | | | |
| | | | Print/Type p | reparer's name | | Preparer's signature | | Date | | Check X | ıf Pl | TIN |
| | Pai | id | GREGG | S BOSSEN | | GREGG S BOSS | EN | 1 | , | self-employed | | 01444127 |
| | | parer | Firm's name | | | N CPA PC | | | | | | |
| | Us | e Only | Firm's addre | | _ | T, SUITE C | | | | Firm's EIN | 58-2 | 2361357 |
| | | - | | | TA, GA 3 | | | | | | | 392-9513 |
| | | | 1 | ********* | , | | | | 1. | | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

| | 990 (2017) BAITU | | | | 20-0 | 942434 _ | Page 2 |
|-----|------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------|-----------------------|
| Par | | _ | m Service Accomp | | - | | |
| | | | | to any line in this Part II | <u>. </u> | | <u> </u> |
| 1 | Briefly describe the or | _ | 's mission | | | | |
| | See_Schedule_C | | | | | - | |
| | | | | | | | |
| | | | | | | - | |
| 2 | Did the organization un- | dertake any | significant program servi | ces during the year which v | vere not listed on the prior | | _ |
| | Form 990 or 990-EZ? | | | | | Yes | X No |
| | If 'Yes,' describe thes | | | | | _ | _ |
| 3 | = | | | nt changes in how it con | ducts, any program services? | Yes | X No |
| | If 'Yes,' describe thes | - | | | | | |
| 4 | Section 501(c)(3) and and revenue, if any, for | tion's progi 501(c)(4) (or each pro | ram service accomplish organizations are requir ogram service reported. | nents for each of its thre ed to report the amount o | e largest program services, as of grants and allocations to oth | measured by o ers, the total e | expenses. xpenses, |
| 4 a | (Code) (| Expenses | \$ 1,410,546. | including grants of \$ |) (Revenue | \$ |) |
| | Poverty and R | elief A | | | tted to assist fami. | lies and | |
| | | | | | and human suffering | | onding |
| | | | | | eople. The goal of | | am_is |
| | to assist in | poverty | <u>reduction, and </u> | <u>provide the po</u> | or_with_access_to_p | coduct. | |
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| | | | | | | | |
| | | | | | | | |
| 4 b | (Code) (| Expenses | \$ 1,159,800. | including grants of \$ |) (Revenue | \$ |) |
| | Health & Medi | cal Ass | istance - Baitu | lmaal, Inc. pro | vides medical assist | ance, med | dical |
| | | | | | inception Baitulmaa | | |
| | | | | | der_for_communities | | |
| | | | | | et the treatment the | | |
| | | | | | rgency medical aid | | |
| | this category | | | s, Baituimaai, . | Inc. recognizes the | need to s | support_ |
| | Lilis Category | _or_aru | <u>. </u> | | | | |
| | | | | | | | |
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| | | | | - | | | - |
| | | | | | | | |
| 4 0 | | (Expenses | | including grants of \$ |) (Revenue | |) |
| | | | | | lessly to aid those | | |
| | | | | | hat their background | | |
| | | | | | <u>, shelter or medica</u> | | |
| | | | | | tever it can to supp | | Le_in |
| | ruell rime of | <u>need.</u> Baitulm | A disaster oft | en leaves commun | nities_destroyed_and _will_continue_to_be | i reering | |
| | hone and comf | ort in | nerilous times | Raitulmaal In | c. always responds | 5, <u>a sour</u> | in need |
| | | | | | aid to survive. | o aleas. | m_meea_ |
| | | | approcure - | mase rery on | | | |
| | | | | | | | - |
| | | | | | | | |
| | | | | | | | |
| 40 | Other program service | | | See Schedule | | | |
| | (Expenses \$ | | , 214. including grant | |) (Revenue \$ | |) |
| | Total program service | expenses | ► 4,086, | | | | 000 (0017) |
| BAA | | | , | TEEA0102L 12/05/17 | | Form | 1 990 (2017) |

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Page 3

PartIIV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete

- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI
 - b Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII
 - c Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.

| | | Yes | No |
|---|--------|-----|----|
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| | 2 | X | |
| | | | |
| | 3 | | X |
| | 4 | | Х |
| | 5 | | х |
| | 6 | | Х |
| | ` 7 | | х |
| | 8 | | X |
| | 9 | | х |
| | 10 | | Х |
| | | | |
| | 11 a | Х | |
| | 11 b | | х |
| | 11 c | | Х |
| | 11 d | | х |
| | 11 e | Х | |
| | 11 f | | Х |
| | 12a | х | _ |
| | 12b | | х |
| | 13 | | Х |
| | 14a | Х | |
| | 14b | Х | |
| у | 15 | Х | |
| | 16 | | х |
| | 17 | | Х |
| | 18 | | х |
| | 19 | | х |

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Part IV Checklist of Required Schedules (continued)

| | | _ | Yes | No |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|--------|
| 20 a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | X |
| 24 8 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | х |
| ١ | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| • | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| (| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| 1 | b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| 1 | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | х |
| | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | х |
| | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | х |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | x_ |
| 38 | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| BA | | Form | 990 (| (2017) |

| 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 | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|--------------------------------------------------|
| Check it Schedule O contains a response of note to any line in this Fart V | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 14 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10 | X | |
| 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 10 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 21 | X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 8 | 1 | X |
| b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 31 | , | |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | х |
| b If 'Yes,' enter the name of the foreign country. ▶ | | ļ | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 t | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 0 | : | |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 2 | | х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 61 | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | _ | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | <u> </u> | X |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 1 | | ^` |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | <u> </u> | ' | |
| Form 8282? | 7 0 | ; | X |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 € | : | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 9 | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 71 | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | | | |
| organization have excess business holdings at any time during the year? | 8 | ļ | ļ |
| 9 Sponsoring organizations maintaining donor advised funds. | <u></u> | | <u> </u> |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | + | L |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 8 | <u> </u> | Ļ., |
| 10 Section 501(c)(7) organizations. Enter. | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11. Section 501(2)(12) agranizations. Enter: | _ | ١, | |
| 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders | | | |
| <u></u> | | ١, | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b | 12. | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 12 a | ' | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | \dashv | | |
| a is the organization licensed to issue qualified health plans in more than one state? | 13 a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | .5 | ' | |
| b Enter the amount of reserves the organization is required to maintain by the states in | | | |
| which the organization is licensed to issue qualified health plans | | 1 | |
| c Enter the amount of reserves on hand | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 t | 1 | |
| BAA TEEA0105L 08/08/17 | Forr | n 990 (| (20 <u>17)</u> |

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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year lf there are material differences in voting rights among members 1 a 6 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 h 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7 a 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? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a a The governing body? 8ь X 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 in Schedule O q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this was done 12c 13 X 13 Did the organization have a written whistleblower policy? 14 Х 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 See Schedule O Х 15 a X b Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a b 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? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Own website Another's website Upon request Other (explain in Schedule O) Describe in 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 See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records: MAZEN M MOKHTAR PO BOX 166911 IRVING TX 75016 (972) 257-2564

| orm | 990 | (2017) | BAITULMAAL. | INC. |
|-----|-----|--------|-------------|------|
| | | | | |

20-0942434

2ana **7**

Part VIIN 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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

| <u> </u> | | Γ | | (C) | ١ | | _ | | | |
|-----------------------------------|---------------------------------------------------------------------|-----------------------------------------------|-----------------------|---------|--------------|---------------------------------|----------|-------------------------------------|------------------------------------------|----------------------------------------------------------|
| (A) Name and Title | (B) Average hours per | ge is both an officer and a director/trustee) | | | | | 1 | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other compensation |
| | week (list any hours for related organiza- tions below dotted line) | individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | relatéd organizations (W-2/1099 MISC) | from the organization and related organizations |
| (1) ABDUL KHABEER | 2 | | | | | | | | | |
| Chairman | 0 | X | | Х | | | | 0. | 0. | 0. |
| (2) IQBAL HUSSAIN | 2 | | | | | | | | | |
| Vice President | 0 | X | | X | | Ш | | 0. | 0. | 0. |
| (3) ABDULAZIZ GHEDI | 2 | | | | | | | | | |
| Treasurer | 0 | X | | Х | | | | 0. | 0. | <u>0.</u> |
| (4) ASH ROBINSON | 1 | | | | | | | _ | _ | |
| Director | 0 | Х | | | | Ш | | 0. | 0. | 0. |
| (5) MASUD IMRAN | 1 | ., | | | | | | • | • | 0 |
| Director (6) UGAS MOHAMED JILLAOW | 1 | Х | | | | | | 0. | 0. | 0. |
| Director | | x | | | | | | 0. | 0. | 0 |
| (7) SULEIMAN ALGHANEM | 40 | ^ | H | _ | | \vdash | \vdash | 0. | 0. | 0. |
| EXECUTIVE DIRECTOR | - 30 - | 1 | | | x | | | 80,000. | 0. | 0. |
| (8) | | | | | 7. | | | 00,000. | <u> </u> | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | - | | | - | | | | | |
| (13) | | | | | - | | | | | <u> </u> |
| (14) | | | | | | | | | | |
| | | L | لمسيا | | | | | | | |

| Rartivill Section A. Officers, Directors, In | | ney | | | | es, . | anc | a nignest Con | ipensaleu Emp | loyees (continuea) |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------|------------|----------------|------------------------------|---------------|-------------------------------------|------------------------------------------|--------------------------------------------------------------------------|
| (A) Name and title | Average hours per | box. | , unte | ess pe | sition more | than is both or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | 1 | or director | | Officer | | Highest compensated employee | <u> </u> | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | : |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1 b Sub-total c Total from continuation sheets to Part VII, Secti | ion A | · · · · | | · | | | > | 80,000. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | > | 80,000. | 0. | 0. |
| 2 Total number of individuals (including but not limited from the organization ▶ 0 | to those I | listed | abo | ve) | who | recei | ved | | 00 of reportable com | pensation |
| 3 Did the organization list any former officer, direct | ctor or tru | istee | kev | v en | nnlo | vee | or h | nighest compensa | ted employee | Yes No |
| on line 1a ⁹ If 'Yes,' complete Schedule J for suc | ch individu | ıal | - | | | - | | | | 3 X |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual | er than \$1 | 150,00 | 00? | If " | Yes, | ' con | nple | te Schedule J for | TOTT | 4 X |
| 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye | ie comper s,' comple | nsatio | n fr | om dule | any J fo | unre or suc | elate ch p | ed organization or person | ındıvıdual | 5 X |
| Section B. Independent Contractors 1 Complete this table for your five highest comper | sated ind | enen | den | t co | ntra | ctors | ths | at received more t | han \$100 000 of | |
| compensation from the organization Report compensation | nsation fo <u>r</u> | the c | alen | idar | yea | endi | ing v | with or within the o | rganization's tax yea | |
| (A) Name and business add | lress | | | | | | | Description | of services | (C) Compensation |
| | | | | | | | | | | |
| | | | | _ | | | | | | |
| 2 Total number of independent contractors (including | | uted t | o the | ose | liste | d abo | ve) | who received more | than | |
| \$100,000 of compensation from the organization | | TECA | 3100' | 001 | 00/17 | | | | | Form 990 (2017 |
| BAA | | TEEA |) 108L | . 08/ | 08/17 | • | | | | Form 990 (2017) |

| · ••• | . • • | Check if Schedule O | | espoi | nse or note to an | y line in this Part V | TIL | | П |
|--------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------|-------------------|--------------|--------------------------|-----------------------|----------------------------------------|-----------------------------------------|------------------------------------------------------|
| | | | | vi | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts, Grants Amounts | b | Federated campaigns Membership dues Fundraising events | - | 1 a 1 b | | | | | |
| i.Giff | | Related organizations Government grants (contributi | <u> </u> | 1 d 1 e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gifts, q similar amounts not included Noncash contributions included | grants, and above | 11 | 4,574,791. 2,067,677. | | | | |
| <u>8</u> € | h | Total. Add lines 1a-1f | | | Business Code | 4,574,791. | | | ., |
| Program Service Revenue | 2 a b c d | | | | | | | | |
| rogr | | All other program service | ce revenue | _ | | | | | |
| | <u>g</u> 3 | Total. Add lines 2a-2f Investment income (inc | ludina divide | ends. | | | | | |
| | 4 5 | other similar amounts) Income from investmen Royalties | · · | • | • | | | | |
| | b | Gross rents Less: rental expenses Rental income or (loss) | (7)1001 | | (1) 1 0100101 | | | | |
| | d | Net rental income or (lo | ss) | | • | | | | |
| | | Gross amount from sales of assets other than inventory | (i) Securitie | es | (ii) Other | | | , | |
| | | Less: cost or other basis and sales expenses Gain or (loss) | | - | | | | | |
| | - | Net gain or (loss) | | ſ | | ·=- | | | |
| Other Revenue | 8 a | Gross income from fund (not including \$ | | | | | | | |
| the | | Less direct expenses | um fumdraiau | b [| ante ► | | | | |
| 0 | | Net income or (loss) from Gross income from gam See Part IV, line 19 | | Ī | ents | - | | , | |
| | | Less direct expenses | | ь | | | | | <u> </u> |
| | | Net income or (loss) fro | | Г | ies • | | | | |
| | | Gross sales of inventory and allowances Less cost of goods sole | | ns a b | | | | | |
| | С | Net income or (loss) from | | nven | | | | | |
| | 11 a | Miscellaneous Reven | ue | + | Business Code | | <u> </u> | | |
| | lla b c | | | | | | | | |
| | | All other revenue | | | | | | | |
| | | Total Add lines 11a-11 | | | * | 4 574 701 | | | |

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 (D) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and general expenses Program service expenses expenses² Grants and other assistance to domestic organizations and domestic governments See Part IV. line 21 805,537 805,537 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 2,874,939 2,874,939 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 80,000 40,000 20,000 20,000. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages 229,757 102,508 27,915 99,334. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2,500 2,000 250 250. 10 Payroll taxes 26,045 11,586 2,988 11,471. 11 Fees for services (non-employees) a Management **b** Legal c Accounting 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 Schedule O) 2,750 37.364 135,077. 175,191 Advertising and promotion 14,137 28,860 656. 14,067. 13 Office expenses Information technology 14 1,383 1,383 15 Royalties 33,768 21,312 2,663 9,793. Occupancy 16 17 Travel 83,531 291. 83,240. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 7,413 7,413 23 Insurance 2.066 2,066 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). a BAD DEBT 206,424 206,424 b CREDIT CARD FEES 52,194 52,194 c Printing and Publications 22,739. 28,667 5,473 455 6,851 d BANK CHARGES 6.851 9,995. 5,483. e All other expenses 15,541 63 25 Total functional expenses. Add lines 1 through 24e 4,086,729 172,484 4,660,667 401,454. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ If following SOP 98-2 (ASC 958-720)

| | | Check if Schedule O contains a response or note to | any I | ne in this Part X | | | |
|-----------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|---------------------------------------|------|---------------------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 487,252. | 1 | 705,379. |
| | 2 | Savings and temporary cash investments | | | • | 2 | · · · · · · · · · · · · · · · · · · · |
| | 3 | Pledges and grants receivable, net | | Ī | 238,497. | 3 | |
| | 4 | Accounts receivable, net | | - | | 4 | 32,135. |
| | 5 | Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L | officer: mploye | s, directors, es. Complete | · · · · · · · · · · · · · · · · · · · | | |
| | | | | <u></u> | | ' 5 | |
| | 6 | Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete | ersons 3)(B), a (9) volu Part I | (as defined under and contributing untary employees' I of Schedule L | | 6 | |
| S. | 7 | Notes and loans receivable, net | | Ī | | 7 | |
| Assets | 8 | Inventories for sale or use | | <u> </u> | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10 a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a | 64,006. | | | |
| | b | Less, accumulated depreciation | 10 b | 38,984. | 32,435. | 10 c | 25,022. |
| | 11 | Investments - publicly traded securities | | 30,301. | 32, 133. | 11 | 25,022. |
| | 12 | Investments – other securities. See Part IV, line 11 | | 1 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | Ţ | · | 14 | · |
| i | 15 | Other assets. See Part IV, line 11 | | <u> </u> | 115,530. | 15 | 1,596. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 34) | | 873,714. | 16 | 764,132. |
| \neg | 17 | Accounts payable and accrued expenses | | | 26,577. | 17 | 7,542. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| ŝ | 21 | Escrow or custodial account liability. Complete Part | IV of S | chedule D | <u>-</u> | 21 | |
| Liabilities | 22 | Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L | ers, dırı d dısqu | ectors, trustees, alified persons. | | 22 | |
| Ξ, | 23 | Secured mortgages and notes payable to unrelated the | nird pai | ties - | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | | <u>}_</u> | 15,166. | 24 | 10,833. |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | • | L | 16,550. | 25 | 16,212. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 58,293. | 26 | 34,587. |
| es | | Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34. | re 🟲 | X and complete | _ | | |
| aŭ | 27 | Unrestricted net assets | | | 815,421. | 27 | -1,781,973. |
| 39 | 28 | Temporarily restricted net assets | | | | 28 | 2,511,518. |
| d E | 29 | Permanently restricted net assets | | | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), cl and complete lines 30 through 34. | neck he | re ► | | | |
| ģ | 30 | Capital stock or trust principal, or current funds | | j" | | 30 | |
| 8 | 31 | Paid-in or capital surplus, or land, building, or equipment of the surplus of the | nent fu | nd [| | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income | , or oth | er funds | | 32 | |
| et | 33 | Total net assets or fund balances | | Ī | 815,421. | 33 | 729,545. |
| ~ | 34 | Total liabilities and net assets/fund balances | | Ī | 873,714. | 34 | 764,132. |
| BA | Α | | | <u>•</u> | • | | Form 990 (2017) |

| Forn | 1990 (2017) BAITULMAAL, INC. | 20-094243 | 4 | Pa | ige 12 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|------|--------|
| Pai | t XI Reconciliation of Net Assets | | - | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | \Box |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,5 | 74,7 | 791. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,6 | 60,6 | 567. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | _ | 85,8 | 376. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8 | 15,4 | 121. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 in Schedule O). | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 7 | 29,5 | 545. |
| Pa | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | _ | | 1 |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | viewed on a | | | |
| | were the organization's financial statements audited by an independent accountant? | | 2 b | Х | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a set basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis | eparate | | | |
| , | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, | 2 c | Х | |
| _ | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133? | gle | 3 a | | х |
| | olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits | d audit | 3 Ь | | |
| BAA | | | Form | 990 | (2017) |

SCHEDULE A (Form 990 or 990-EZ)

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

2017

Open to Public Inspection

| Name o | ame of the organization Employer identification number | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------|--------------------------|--------------------------------------------|-----------------------|---------------------------------------------------|-------------------------------------------------|--|--|
| BAITULMAAL, INC. 20-0942434 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | | | | | |
| Parl | | | | | | | | | ctions. | | |
| The c | rga | nization is not a private found | lation because it is (| For lines 1 throi | ugh 12, d | check o | nly one | box.) | | | |
| 1 | L | A church, convention of church | es, or association of ch | nurches describe | d ın <mark>sect</mark> i | on 170(| b)(1)(A)(| i). | 121 | | |
| 2 | | A school described in section 1 | 70(b)(1)(A)(ii). (Attach | Schedule E (Fori | m 990 or | 990-EZ) | .) | | 111 | | |
| 3 | | A hospital or a cooperative h | ospital service organi | zation describe | d in sec | tion 170 |)(b)(1)(A | \)(iii). | U ' | | |
| 4 | | A medical research organiza | tion operated in conju | inction with a h | ospital d | escribe | d in sec | tion 170(b)(1)(A)(iii). | Enter the hospital's | | |
| | | name, city, and state | | | | | | | | | |
| 5 | | An organization operated for section 170(b)(1)(A)(iv). (Co | | ge or university | owned | or opera | ated by | a governmental unit o | described in | | |
| 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 | Г | A community trust described | ın section 170(b)(1)(| A)(vi). (Complet | te Part II | .) | | | | | |
| 9 | Ē | An agricultural research organi | | | | | oniunctio | on with a land-grant col | leae | | |
| · | | or university or a non-land-gran | | | | | | | | | |
| 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 | Г | An organization organized ar | nd operated exclusive | ly to test for pu | ıblıc safe | ty See | section | 509(a)(4). | | | |
| 12 | | An organization organized ar or more publicly supported o lines 12a through 12d that de | rganizations describe | d in section 50 | 9(a)(1) o | rsectio | n 509(a) |)(2). See section 509(| a)(3). Check the box in | | |
| а | | Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A | on operated, supervised quiarly appoint or elect | d, or controlled b | y its sup | ported o | rganızat | ion(s), typically by givin | g the supported | | |
| b | | Type II. A supporting organize management of the supporting must complete Part IV, Section 11. | ation supervised or c organization vested in | | | | | | | | |
| С | | Type III functionally integrated. organization(s) (see instruction | . A supporting organizat | ion operated in collete Part IV, Se | onnection ections A | with, ar | nd function | onally integrated with, its | s supported | | |
| d | | Type III non-functionally integr functionally integrated. The c instructions). You must com | organization generally | must satisfy a | distribut | nection ion requ | with its s uiremen | supported organization(t and an attentivenes: | s) that is not s requirement (see | | |
| e | | Check this box if the organize integrated, or Type III non-fu | ation received a writte | en determinatio | n from t | ne IRS f | that it is | a Type I, Type II, Ty | pe III functionally | | |
| f | Er | nter the number of supported of | organizations | ,, , | | | | | | | |
| g | Pr | ovide the following information | n about the supported | d organization(s | s) | | | | | | |
| • | ı) Na | ame of supported organization | (ii) EIN | (III) Type of organ (described on line above (see instru | es 1 10 📗 | (iv) li organizat in your g docun | on listed overning | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | } | Yes | No | | | | |
| | | | | | | | | | | | |
| (A) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (E) | | | | | | | | | | | |
| 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.)

| Sec | tion A. Public Support | | | | - | | | |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|----------------------------------|-----------------------|-----------------|--------|----------------------------|
| begiı | ndar year (or fiscal year nning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | 7 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.') | 1,654,470. | 8,118,027. | 14613980. | 9,438,567. | 4,574,7 | 91. | 38,399,835. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | , | 0. |
| | Total. Add lines 1 through 3 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) | 1,654,470. | 8,118,027. | 14613980. | 9,438,567. | 4,574,7 | 91. | 38,399,835. 24,195,057. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 14,204,778. |
| Sec | tion B. Total Support | | | | L = .= | | | |
| Cale: begi | ndar year (or fiscal year nning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 201 | 7 | (f) Total |
| 7 | Amounts from line 4 | 1,654,470. | 8,118,027. | 14613980. | 9,438,567. | 4,574,7 | 91. | 38,399,835. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | 0. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | | 0. |
| 11 | Total support. Add lines 7 through 10 | | | | | | | 38,399,835. |
| 12 | Gross receipts from related activ | rities, etc. (see in | structions) | | | | 12 | 0. |
| | First five years. If the Form 990 is organization, check this box and | stop here | | ird, fourth, or fifth | tax year as a section | on 501(c)(3) | | ▶ [] |
| Sec | tion C. Computation of Pu | | | | | | | |
| 14 | Public support percentage for 20 | • | • • • • • • • • • • • • • • • • • • • • | e 11, column (f)) | | | 14 | 36.99 % |
| 15 | Public support percentage from | · | · | | | L | 15 | 35.79 % |
| 16a | 33-1/3% support test—2017. If t and stop here. The organization | he organization d qualifies as a pu | id not check the b blicly supported or | ox on line 13, an rganization | d line 14 is 33-1/3 | 3% or more, | check | this box |
| b | 33-1/3% support test—2016. If the and stop here. The organization | ie organization di qualifies as a pu | d not check a box blicly supported o | on line 13 or 16a rganization | a, and line 15 is 3 | 3-1/3% or m | ore, c | check this box |
| 17a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts' | meets the 'facts-a | and-circumstances | s' test, check this | box and stop her | re. Explain ir | า Part | : VI how |
| b | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts-a | and-circumstances | s' test, check this | box and stop her | re. Explain ir | n Part | 15 is 10% VI how the |
| 18 | Private foundation. If the organi | zation did not che | ck a box on line 1 | 13, 16a, 16b, 17a | , or 17b, check th | is box and s | ee ins | structions - |
| | | | | | | | | |

Page 3 Schedule A (Form 990 or 990-EZ) 2017 BAITULMAAL, INC. 20-0942434 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 (c) 2015 Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b **Public support.** (Subtract line 7c from line 6.) Section B. Total Support (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain Part VI). 13 Total support. (Add fines 9, 10c, 11, and 12). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, cleck this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2016 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 왕 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 /33-1/3% support tests-2017. 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-2016. 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.

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

| Sec | tion A. All Supporting Organizations | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a | | |
| t | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | | |
| C | : Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | | | |
| 5a | a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part Vi , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| ŀ | 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? | 5b | | |
| | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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 filling organization's supported organizations? If 'Yes,' provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | |
| . 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | _ | |
| 9: | a 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))? If 'Yes,' provide detail in Part VI . | 9a | | |
| 1 | b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI | 9b | | |
| | c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI . | 9c | | - |
| 10 | a 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)? If 'Yes,' answer 10b below | 10a | | |
| | b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | | - |

| Scher | lule A | (Form 990 or 990-EZ) 2017 BAITULMAAL, INC. 20-094243 | : / 1 | F | age : |
|--------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|--------------|
| Par | | Supporting Organizations (continued) | | | aye : |
| 11 | Uaa t | an arganization appointed a gift or contribution from any of the following process? | | Yes | No |
| | | ne organization accepted a gift or contribution from any of the following persons? Son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| ű | gover | ning body of a supported organization? | 11a | | |
| b | A fam | uly member of a person described in (a) above? | 11b | | |
| С | A 359 | 6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |
| Sect | ion I | 3. Type I Supporting Organizations | | _ | |
| 1 | or ele Part \ If the direct | e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'I how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, | - | Yes | No |
| | • • | ed to such powers during the tax year. | 1 | | |
| 2 | that o | e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such it carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization. | 2 | | |
| Sect | | C. Type II Supporting Organizations | 1 | <u> </u> | |
| | | 2, 1, 3 | | Yes | No |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees the of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the | | | |
| | | orting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| Sect | ion I | D. All Type III Supporting Organizations | | Γ | |
| | | | | Yes | No |
| 1 | organ year, | e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organ | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | organ | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By re voice all tin | ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at less during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard | 3 | | |
| Sect | | . Type III Functionally Integrated Supporting Organizations | 1 | l . , | L |
| | | the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| | | | | | |
| a | \equiv | ne organization satisfied the Activities Test. Complete line 2 below | | | |
| b c | = | ne organization is the parent of each of its supported organizations. Complete line 3 below ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | nstruc | tions) | |
| • | _ | T 1 A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | |
| 2 | Activi | ties Test Answer (a) and (b) below. | | Yes | No |
| а | suppo organ | ibstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported itzations and explain how these activities directly furthered their exempt purposes, how the organization was inside to those supported organizations, and how the organization determined that these activities constituted | | | |
| | | antially all of its activities. | 2a | | <u> </u> |
| b | Did th | e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for | | | |
| | the o | ganization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement. | 2b | | - |
| _ | · | | | | |
| | | t of Supported Organizations. Answer (a) and (b) below. | | _ | _ |
| а | Did the | e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |

3b

| | dule A (Form 990 or 990-EZ) 2017 BAITULMAAL, INC. | | | 42434 | Page |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------|--------------------------------------|------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nizati | ions | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization | on No s mus | v. 20, 1970 (explain in t complete Sections A | n Part VI). See through E. | |
| Sec | tion A — Adjusted Net Income | | (A) Prior Year | (B) Currer (option | |
| 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 | | | |
| Sec | tion B – Minimum Asset Amount | | (A) Prior Year | (B) Currer (option | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). | | | | |
| а | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| - | Fair market value of other non-exempt-use assets | 1c | | | |
| C | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | - | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by .035. | 6 | | | • |
| 7 | Recoveries of prior-year distributions | 7 | | | · |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sec | tion C — Distributable Amount | | | Current | Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | |
| 2 | Enter 85% of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

6

BAA

5 Income tax imposed in prior year

temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) So | upporting Organiza | tions (continued) | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------------------------------------|
| Sec | tion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pu | ırposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | of supported organization | s, | |
| 3 | Administrative expenses paid to accomplish exempt purposes of s | upported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions. | | , | |
| | Total annual distributions. Add lines 1 through 6 | | | |
| | Distributions to attentive supported organizations to which the organizat in Part VI). See instructions. | ion is responsive (provide | details | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sec | tion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| | From 2013 | 1 | | |
| | From 2014 | 1 | | |
| | From 2015 | | | |
| | From 2016 | | | |
| 1 | f Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| <u></u> | Applied to 2017 distributable amount | | | |
| | Carryover from 2012 not applied (see instructions) | , | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7 \$ | | | , |
| a | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| | Remainder, Subtract lines 4a and 4b from 4, | | | |
| | Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | r V |
| 6 | Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2013 | | | |
| | Excess from 2014 | , | · | , |
| | Excess from 2015 | • | | |
| | Excess from 2016 | 1 | | , |
| e | Excess from 2017 | 4 | | _ |
| | | * | | |

BAA

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 BAITULMAAL, INC.

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 D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

D 3 T//// 1/3 3 T

Employer identification number

| | BAITULMAAL, INC. | | | 20-0942434 |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------|
| Par | Organizations Maintaining Dono Complete if the organization ans | or Advised Funds or Other wered 'Yes' on Form 990, | Similar Funds Part IV, line 6. | or Accounts. |
| | | (a) Donor advised fui | nds | (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 do are the organization's property, subject to the | | | r advised funds Yes No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | rs, and donor advisors in writing tof the donor or donor advisor, o | that grant funds or for any other pur | rpose conferring |
| D | till Conservation Easements. | | | |
| rai | Complete if the organization ans | wered 'Yes' on Form 990 | Part IV line 7 | |
| - 1 | Purpose(s) of conservation easements held b | | | |
| • | Preservation of land for public use (e.g., r | · _ ` _ | | historically important land area |
| | Protection of natural habitat | ecreation or education) | | certified historic structure |
| | Preservation of open space | L | rreservation of a | certified historic structure |
| 2 | | | | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year | ield a qualified conservation contri | oution in the form of | |
| | | | - | Held at the End of the Tax Year |
| | Total number of conservation easements | | | 2 a |
| | Total acreage restricted by conservation ease | | | 2 b |
| C | : Number of conservation easements on a certi | fied historic structure included in | (a) | 2 c |
| C | Number of conservation easements included i structure listed in the National Register | n (c) acquired after 7/25/06, and | not on a historic | 2 d |
| 3 | Number of conservation easements modified, trantax year ► | nsferred, released, extinguished, or | terminated by the o | rganization during the |
| 4 | Number of states where property subject to conse | ervation easement is located > | | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easement | | ınspection, handlır | ng of violations, Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, handling of violations, a | nd enforcing conser | vation easements during the year |
| 7 | Amount of expenses incurred in monitoring, insper ►\$ | ecting, handling of violations, and e | nforcing conservation | on easements during the year |
| 8 | Does each conservation easement reported or | n line 2(d) above satisfy the requ | irements of section | n 170(h)(4)(B)(ı) |
| | and section $170(h)(4)(B)(ii)^{7}$ | | | ∐ Yes |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements. | | | |
| Par | Complete if the organization ans | ctions of Art, Historical Tr wered 'Yes' on Form 990, | reasures, or Ot Part IV, line 8. | her Similar Assets. |
| 1 a | If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar | eld for public exhibition, education, | or research in furthe | statement and balance sheet works of erance of public service, provide, |
| b | If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items | r SFAS 116 (ASC 958), to report or public exhibition, education, or re | in its revenue states esearch in furtherand | tement and balance sheet works of art, ce of public service, provide the |
| | (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, hamounts required to be reported under SFAS | nistorical treasures, or other similar | assets for financial | gain, provide the following |
| а | Revenue included on Form 990, Part VIII, line | | | ► \$ |
| | Assets included in Form 990, Part X | | | ▶ \$ |
| | | | | |

Page 2

| Part III Organizations Maintai | ning Collection | is of Art, Histo | rical Treasures, or | Other Similar Assi | ets (conti | inuea) |
|--------------------------------------------------------------------------|--------------------------------|----------------------------------------|---------------------------------------|------------------------------|--------------------|------------|
| 3 Using the organization's acquisition items (check all that apply) | , accession, and oth | er records, check ar | ny of the following that ar | e a significant use of its o | collection | |
| a Public exhibition | | d Loan o | or exchange programs | | | |
| b Scholarly research | | e Other | | | | |
| c Preservation for future gener | ations | | | | | |
| 4 Provide a description of the organiz Part XIII | ation's collections a | nd explain how they | further the organization's | s exempt purpose in | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | ian to be maintain | ed as part of the o | rganization's collection | · | Yes | No |
| Part IV Escrow and Custodia Ine 9, or reported an | Arrangements amount on Forr | s. Complete if to m 990, Part X, | he organization and line 21. | swered 'Yes' on For | m 990, F | art IV, |
| 1 a Is the organization an agent, trus on Form 990, Part X? | itee, custodian or o | other intermediary | for contributions or othe | er assets not included | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII and co | mplete the followi | ng table | • | _ | |
| | | | | [| Amount | |
| c Beginning balance | | | | 1 c | | |
| d Additions during the year | | | | 1 d | | |
| e Distributions during the year | | | | 1 e | | |
| f Ending balance | | | | 1 f | | |
| 2 a Did the organization include an a | | | | · L | Yes | ∐ No |
| b If 'Yes,' explain the arrangement | in Part XIII Check | there if the explan | ation has been provide | d on Part XIII | | |
| | | | | | | |
| Part V Endowment Funds. C | | | | | 1 | |
| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four | years back |
| 1 a Beginning of year balance | | | | | | |
| b Contributions | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | <u> </u> | |
| g End of year balance. | | | | | | |
| Provide the estimated percentage | - | | e 1g, column (a)) held | as | | |
| a Board designated or quasi-endowm | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | |
| b Permanent endowment ► | % | _ | | | | |
| c Temporarily restricted endowmer | | [%] | | | | |
| The percentages on lines 2a, 2b, as | nd 2c should equal 1 | 00% | | | | |
| 3a Are there endowment funds not in to organization by | he possession of the | e organization that a | ire held and administered | for the | Ye | s No |
| (i) unrelated organizations. | | | | | 3a(i) | |
| (ii) related organizations | | | | | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the rela | = | · | | | 3b | |
| 4 Describe in Part XIII the intended | | ization's endowme | ent funds | | | |
| Part VI Land, Buildings, and | | | | | | |
| Complete if the organi | zation answere | d 'Yes' on Forr | n 990, Part IV, line | 11a. See Form 990 | 0, Part X | , line 10. |
| Description of property | | ost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Bool | k value |
| 1 a Land | | | | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | | | | | |
| d Equipment | | | 55,198. | 30,176. | | 25,022. |
| e Other | | | 8,808. | 8,808. | | 0. |
| Total. Add lines 1a through 1e (Colum | nn (d) must equal F | orm 990, Part X, o | | P | | 25,022. |
| BAA | <u> </u> | | · · · · · · · · · · · · · · · · · · · | Schedu | ıle D (Form | |

| Part VII Investments – Other Securities. | | N/A | J42454 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|-----------------------------|
| Complete if the organization answered | 'Yes' on Form 990 | | 990, Part X, line 12 |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or en | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) (D) | | | |
| (E) | | | |
| (F) | | | |
| <u>(G)</u> | | | - |
| (H) | | | |
| (l) | - | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12) | | | |
| Part VIII Investments – Program Related. Complete if the organization answered | Naclas Faus 000 | N/A | 000 D-+ V I 12 |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or er | 990, Part X, line 13 |
| | (b) book value | (c) Method of Valuation Cost of el | id-or-year market value |
| <u>(1)</u> (2) | | | |
| (3) | , , | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | - | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. | N / 7 | | |
| 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) Des | scription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (4) | | - | |
| (5) | | | - |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) (10) | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| Total. (Column (b) must equal Form 990, Part X, column (E | 3) line 15.) | | • |
| Part X Other Liabilities. | o) line 15) | | |
| Complete if the organization answered 'Yes' on Fo | orm 990, Part IV, line 11 | e or 11f. See Form 990, Part X, line 2 | 25 |
| (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | | | |
| (2) PAYROLL LIABILITIES (3) | 16,21 | 2. | |
| (4) | | | |
| (5) | _ | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | _ | |
| (11) | 10.01 | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 2. Liability for uncertain tax positions in Part XIII, provide the text of the foo | ► 16,21: | | la habilita for manuface |
| tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h | ias been provided in Part XIII | anciai statements that reports the organization | s nationally for unicertain |

| Schedule D (| (Form 990) | 2017 | BAITULMAAL, | INC. |
|---------------------|------------|------|-------------|------|
| | | | | |

20-0942434

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| <u>Part XI_</u> Reconciliation of Revenue per Audited Financial State | | • | |
|-------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|----------------------------------------|
| Complete if the organization answered 'Yes' on Form 99 | 90, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | 4,574,791. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a Net unrealized gains (losses) on investments | 2 a | | |
| b Donated services and use of facilities | 2 b | | |
| c Recoveries of prior year grants | 2 c | | |
| d Other (Describe in Part XIII) | 2 d | | |
| e Add lines 2a through 2d | • | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | 4,574,791. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b | | |
| c Add lines 4a and 4b | 1 | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12) | 5 | 4,574,791. |
| Part XII Reconciliation of Expenses per Audited Financial State | ements With Expens | ses per Return. | |
| Complete if the organization answered 'Yes' on Form 99 | 90, Part IV, line 12a. | | |
| Total expenses and losses per audited financial statements | • | 1 | 4,660,667. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | 2 b | | |
| c Other losses | 2 c | | |
| d Other (Describe in Part XIII.) | 2 d | | |
| e Add lines 2a through 2d | <u> </u> | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | 4,660,667. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | ······································ |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b | | |
| c Add lines 4a and 4b | | 4 c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. | e 18) | 5 | 4,660,667. |
| | | | |

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

BAA

Schedule **D** (Form 990) 2017

SCHEDULE F (Form 990)

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

Schedule F (Form 990) 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BAITULMAAL, INC.

Employer identification number

20-0042434

| Part I General Information Form 990, Par | ion on Activiti t IV, line 14b. | es Outside th | e United States. Comple | te if the organizatio | |
|---------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1 For grantmakers. Does the | organization ma | intain records to stance, and the s | substantiate the amount of its selection criteria used to award | grants and other assista I the grants or assistance | ance, e ² XYes No |
| 2 For grantmakers. Describe in United States Part | | zation's procedure | s for monitoring the use of its gra | ants and other assistance | outside the |
| 3 Activities per Region (The | following Part I | line 3 table can b | ne duplicated if additional space | e 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 |
| MIDDLE EAST AND NORTH | | | | | |
| (1) AFRICA | 1 | | PROGRAM SERVICES | MEDICAL SUPPLIES | 847,818. |
| (2) SUB-SAHARAN AFRICA | | | PROGRAM SERVICES | MEDICAL SUPPLIES | 0. |
| (3) SOUTH ASIA | | , | DDOCDAM CEDUTCEC | MEDICAL CUDDLIEC | 1 025 140 |
| MIDDLE EAST AND NORTH | | | PROGRAM SERVICES | MEDICAL SUPPLIES DISASTER AND | 1,835,142. |
| (4) AFRICA | • | | GRANTS | | 101 070 |
| (7 ALKICA | | | GRANTS | POVERTY RELIEF DISASTER AND | 191,979 |
| (5) SOUTH ASIA | 1 | 1 | GRANTS | | |
| (9) 300111 A31A | | | GRANIS | POVERTY RELIEF | 0. |
| (6) SUB-SAHARAN AFRICA | 1 | | GRANTS | DISASTER AND POVERTY RELIEF | 0. |
| (7) | <u> </u> | | GIANTS | TOVERTI REBIEF | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | - | |
| (12) | _ | | | | |
| (13) | | | | | |
| (14) | | | | | , |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 3 | 1 | | | 2,874,939. |
| b Total from continuation sheets to Part I | 3 | <u>-</u> | | | <u> </u> |
| c Totals (add lines 3a and 3b) | 3 | 1 | | | 2 874 939 |

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

20-0942434

Schedule F (Form 990) 2017 BAITULMAAL, INC

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.

(i) Method of valuation (book, FMV, appraisal, other) FMV FMV FΜV (h) Description of noncash assistance MEDICINE/SUPP MEDICAL SUPPLIE MEDICAL SUPPLIE (g) Amount of noncash assistance 1,563,193. cash disbursement (f) Manner of WIRE WIRE WIRE 847,818. WIRE 191,979. 271,949. (e) Amount of cash grant (d) Purpose of grant EARTHOUAKE RELIEF AID RELIEF AID RELIEF AID DISASTER CRISIS RELIEF EBOLA NEPAL (c) Region MIDDLE EAST EAST AFRICA SOUTH ASIA SOUTH ASIA (b) IRS code section and EIN (if applicable) (a) Name of organization € 8 € 60 <u>E</u> (12) (13) (14) (15) ල 9 9 8 8 ච (16) _

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

3 Enter total number of other organizations or entities BAA

7

Schedule F (Form 990) 2017

9

TEEA3502L 08/10/17

Page 3

Schedule F (Form 990) 2017 BAITULMAAL, INC.

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 | (d) Amount of | (e) Manner of | (f) Amount of | (g) Description of | (h) Method of |
|---------------------------------|------------|------------|---------------|---------------|---------------|--------------------|----------------------------|
| | | | | disbursement | | | FMV, appraisal, other) |
| (5) | | | | | , | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| <i>ω</i> | | | | | | | : |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | Į. |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | - | | |
| ВАА | | | | | | Schedule F | Schedule F (Form 990) 2017 |

| Sche | dule F (Form 990) 2017 BAITULMAAL, INC. | 20-0 | 942434 | Page 4 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|---------------|
| Par | t IV Foreign Forms | | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). | / | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) | | Yes | X 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 Corporations (see Instructions for Form 5471) | Certaın | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a quelecting fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | alıfıed | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865). | gn | Yes | X 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 (s Instructions for Form 5713, do not file with Form 990) | | Yes | X No |

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Schedule F (Form 990) 2017

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 - Grantmakers Explanation For Monitoring Use of Funds Outside US

PARTNER ORGANIZATION SUBMITS FORMAL GRANT PROPOSAL THAT INCLUDES PROGRAM IDENTIFICATION, COST ANALYSIS AND BUDGET, NEED ASSESSMENT AND IMPLEMENTATION PROPOSAL IS REVIEWED BY THE BOARD OF DIRECTORS AND UPON CONDITIONAL APPROVAL, GRANTEE WILL BE INSTRUCTED TO COMPLY WITH THE ANTI-TERRORISM SCREENING AND COMPLY WITH USA SANCTION IN COMMUNICATION WITH BAITULMAAL, INC. UPON SUCCESSFUL COMPLETION OF ANTI-TERRORISM SCREENING, FUNDING IS RELEASED AND SENT VIA WIRE TRANSFER. AFTER FUNDS ARE RELEASED, BAITULMAAL, INC. MAINTAINS ON-GOING CONTACT WITH THE GRANTEE THROUGHOUT PROJECT IMPLEMENTATION TO ENSURE THAT ELEMENTS OF THE PROJECTS ARE ON SCHEDULE AND MANAGED ACCORDING TO PLAN. IF THE PROJECT IS A LONG-TERM PROJECT (EXCEEDS 2 MONTHS) THEN REGULAR UPDATES ARE REQUESTED ALONG WITH VISUAL DOCUMENTATION AND A COMPREHENSIVE REPORT AT THE COMPLETION. IF AT ANY TIME DURING THE GRANT AGREEMENT A DISCREPANCY IS DETECTED AND ADEQUATE EXPLANATION HAS NOT BEEN PROVIDED BY THE GRANTEE WITH 30 DAYS, THEN BAITULMAAL, INC. HAS WITHIN ITS CONTRACTUAL RIGHT TO CONDUCT AN AUDIT OF THE GRANTEE. IF IT IS DETERMINED THAT THE GRANT HAS BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE PROPOSAL, BAITULMAAL, INC. MAY SEND A WRITTEN REQUEST DEMANDING REFUND IN FULL AMOUNT IN QUESTION FROM THE GRANTEE. ADDITION, BAITULMAAL, INC., MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS TO GRANTEE UNTIL ALL ISSUES ARE RESOLVED.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

BAITULMAAL, INC.

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

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

| 5 | l |
|---|---|
| N | |
| | ı |

OMB No 1545-0047

► Go to www.rrs.gov/Form990 for the latest information

Employer identification numbe 20-0942434 **≥**

X Yes

| | īđ | See Part |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Partil 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? | 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States |
| 1 | 1 | |

Partill 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.

| (h) Purpose of grant or assistance | POVERTY RELIEF AID | EDUCATIONAL | EDUCATIONAL | EDUCATION | POVERTY RELIEF | DISASTER RELIEF | EDUCATION | EDUCATION | 2 |
|-------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------|--------------------------|------------------|------------------------------------------------------------------------|------------------------------------------|---------------------|-------------------------------|---------------------------------------------------------------------------------------------------|
| (g) Description of noncash assistance | | | | | | WATER, CLEANING AND HYGIENE SUPPLY | | | • |
| (f) Method of valuation (book, FMV, appraisal, other) | | | | | | FMV | | | |
| (e) Amount of non-cash assistance | 0. | 0. | 0. | 0 | 0. | 618,418. | 0. | 0. | |
| (d) Amount of cash grant | 15,550. | 000'9 | 37,500. | 7,111. | 10,000. | 0. | 5,200. | 15,000. | n the line 1 table |
| (c) IRC section (if applicable) | | | | | | | | | rganizations listed II |
| (b) EIN | 27-1718925 | 27-1365284 | 26-2503530 | 68-0226437 | | 68-0480736 | | | i) and government or |
| 1 (a) Name and address of organization or government | (1) <u>ONENATION RELIEF</u> | (2) AJP EDUCATIONAL FOUNDATION - 10101 S ROBERTS ROAD PALOS HILLS, IL 60465 | (3) MAS- CHICAGO CHAPTER | (4) MASJID ANNUR | (5) ISLAMIC_CENTER_OF_DETROIT 14350_TIREMAN_ST DETROIT, MI 48228 | (6) MATTHEW 25 MINISTRIES | (7) ICNA CONVENTION | (8) ISLAMIC CENTER OF WHEATON | 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table |

Schedule I (Form 990) (2017)

TEEA3901L 08/10/17

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

questions on mation.

2017
Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No 1545 0047

BAITULMAAL, INC

20-0942434

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

BAITULMAAL, INC. INSTITUTES COMPASSIONATE PROJECTS WORLDWIDE TO IMPROVE THE LIVES OF DISASTER VICTIMS, UNDERPRIVILEGED CHILDREN, THE SICK, ELDERLY, WIDOWS, ORPHANS AND NEEDY FAMILIES REGARDLESS OF RACE, NATIONALITY OR RELIGION. OUR ACTIVITIES ARE BASED ON PRINCIPLES OF ISLAMIC TEACHINGS, WHICH STRESS THE DIGNITY AND SANCTITY OF HUMAN LIFE. BAITULMAAL'S GOAL IS TO RESTORE DIGNITY AND INSTIL HOPE IN COMMUNITIES HIT HARD BY POVERTY AND DISASTER.

Form 990, Part III, Line 1 - Organization Mission

BAITULMAAL, INC. INSTITUTES COMPASSIONATE PROJECTS WORLDWIDE TO IMPROVE THE LIVES OF DISASTER VICTIMS, UNDERPRIVILEGED CHILDREN, THE SICK, ELDERLY, WIDOWS, ORPHANS AND NEEDY FAMILIES REGARDLESS OF RACE, NATIONALITY OR RELIGION. OUR ACTIVITIES ARE BASED ON PRINCIPLES OF ISLAMIC TEACHINGS, WHICH STRESS THE DIGNITY AND SANCTITY OF HUMAN LIFE. BAITULMAAL'S GOAL IS TO RESTORE DIGNITY AND INSTIL HOPE IN COMMUNITIES HIT HARD BY POVERTY AND DISASTER.

Form 990, Part III, Line 4d - Other Program Services Description

Seasonal Campaign - Baitulmaal, Inc. institutes annual projects that provide relief to those in need at specific times of the year in coordination with the special religious observances and holidays found in the Islamic calendar. People in need often anticipate the generosity of Baitulmaal, Inc. donors during these special times and Baitulmaal, Inc. takes great pride in facilitating these special contributions. During Ramadan, Baitulmaal, Inc. hosts the Feed a Family Campaign that brings food packages to families in need across the globe. Each food package contains staple food items to help families who rely on these donations year to year. During Eid-ul-Adha, Baitulmaal, Inc. hosts a meat distribution campaign to deliver the meat that was prepared as part of this religious holiday celebrated by

millions of Muslims across the entire planet.

Employer identification number

20-0942434

Form 990, Part III, Line 4d - Other Program Services Description

Education & Awareness: - Baitulmaal, Inc. believes that children are the future, and all children have the right to quality education. We strive to improve the condition of our youth through various educational initiatives across the globe. Baitulmaal, Inc. is committed to supporting worthy educational projects through the establishment of schools, providing supplies to facilitate learning, hiring qualified teacher, and implementing accountability metrics and exams to ensure the success and development of these programs.

Sustainable Development - Baitulmaal, Inc. is committed to providing sustainable solutions to educate and empower women, children and the most needy to become self-sufficient. Through various projects like vocational training for women, orphan sponsorship, community poultry farms, education services and water management services, Baitulmaal, Inc. is able to leave people in a better situation than when it found them with hope for a future.

Family & Orphan Sponsorship - Family Sponsorship: Baitulmaal, Inc. sponsors impoverished needy families in Jordan Palestine and Pakistan - mainly widows and children. It is a monthly

sponsorship where we provide these families with basic living needs such as food, water, rent, utilities and education. The goals of the program are:

- (1) Provide regular financial assistance to needy families in order to help them alleviate some of their daily struggles.
- (2) Provide the basic living necessities food, water, shelter, clothing, utilities, etc.
- (3) Break the cycle of poverty, and provide stability (short-term and long-term).

20-0942434

Form 990, Part III, Line 4d - Other Program Services Description

Orphan Sponsorship: The goal of Baitulmaal, Inc.'s Orphan Sponsorship Program is dedicated to improving the lives of orphaned, abandoned, and disadvantaged children in the Middle East, Asia and Africa. Baitulmaal, Inc.'s mission is to provide these children with food, nutrition, health, hygiene, school supplies, clothing and other necessities. Baitulmaal, Inc. is committed to providing them with opportunities, means and hope. Baitulmaal, Inc. strives to fulfill its humanitarian cause and see their sponsored orphans through adulthood, with happier, secure and brighter futures.

Our'an in Braille - Our'an in Braille for the Blind is one of the most active projects Baitulmaal, Inc. sponsors. Many sets have been printed and distributed on behalf of the sponsors and donors, to the blind Muslims and community centers all across the alobe.

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

FORM 990 IS REVIEWED BY THE TEAM OF PRESIDENT, TREASURER AND EXECUTIVE DIRECTOR PRIOR TO THE FILING OF THE FORM 990. A COPY OF FORM 990 IS PROVIDED TO ALL VOTING BOARD MEMBERS PRIOR TO FILING WITH IRS.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management COMPENSATION FOR SENIOR MANAGEMENT IS APPROVED BY THE BOARD OF DIRECTORS. REVIEWS THE RECOMMENDED COMPENSATION BASED ON MARKET CONDITIONS AND COMPARABLE SALARY DATA PRIOR TO APPROVAL.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available UPON REQUEST

BAITULMAAL, INC.

20-0942434

Page ż

Schedule I (Form 990) (2017)

Partill 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.

| | 505000000000000000000000000000000000000 | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 | | | | | |
| 2 | | | | | • |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 9 | | | | | |
| 7 | | | | | |
| PartiV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | de the information | required in Part I, | line 2; Part III, co | umn (b); and any other | additional information. |

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

- 1) BAITULMAAL, INC. ONLY ACCEPTS GRANT APPLICATIONS FROM US NON-PROFIT ORGANIZATIONS
- THAT ARE ABLE TO DEMONSTRATE RECEIPT OF FEDERAL TAX EXEMPT STATUS FROM IRS
- 2) PROPOSAL IS REVIEWED BY BOARD OF DIRECTORS AND SUBJECT TO THEIR APPROVAL
- 3) UPON APPROVAL, FUNDING IS RELEASED AND SENT VIA CHECK OR A BANK DEPOSIT PROCESS
- 4) AFTER THE FUNDS ARE RELEASED, BAITULMAAL, INC. MAINTAINS ONGOING CONTACT WITH THE
- GRANTEE THROUGHOUT PROJECT IMPLEMENTATION TO ENSURE THAT THE ELEMENTS OF THE PROJECT
- ARE ON SCHEDULE AND MANAGED ACCORDING TO PLAN

IF THE PROJECT IS A LONG-TERM PROJECT (EXCEEDS 2 MONTHS) THEN REGULAR UPDATES ARE

REQUESTED ALONG WITH VISUAL DOCUMENTATION AND A COMPREHENSIVE REPORT AT THE

BAA

Schedule I (Form 990) (2017)

DLN: 93493124009217 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No 1545-0047

| - | ment of the T l Revenue Se | | | al security numbers on this form as it m t Form 990 and its instructions is at <u>ww</u> | | | G | pen to Public Inspection |
|--------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------|----------------------------------|-------------------|-----------------------------|
| A F | or the 20: | 16 c <u>al</u> | endar year, or tax year begin | ning 01-01-2016 , and ending 12- | 31-2016 | | | |
| B Check if applicable ☐ Address change ☐ Name change | | Die | C Name of organization AHED INTERNATIONAL INC | | | D Employer 20-09424 | | cation number |
| | tial return | | Doing business as | | | | | |
| □detur | n/terminate | | Number and street (or P O box if ma | all is not delivered to street address) Room/s | suite | E Telephone | number | |
| | iended retur plication per | | PO BOX 166911 | | | (972) 257 | 7-2564 | |
| | | | City or town, state or province, coun IRVING, TX 75016 | try, and ZIP or foreign postal code | | G Gross rece | into ¢ Q | 428 567 |
| | | H | F Name and address of principa | l officer | H(a) 1 | s this a group retu | | 436,367 |
| | | | | | s | ubordinates? | | □Yes ☑ No |
| | | | | | | are all subordinates ncluded? | 5 | ☐ Yes ☑ No |
| I Ta | k-exempt st | atus | ✓ 501(c)(3) | insert no) 4947(a)(1) or 527 | I | f "No," attach a list | | • |
| J W | ebsite: 🕨 | www | baitulmaal org | | H(c) (| Group exemption n | umber | > |
| K Forr | n of organiza | ation | Corporation Trust Associated | ciation Other ► | L Year of | formation 2004 | 1 State | of legal domicile TX |
| Pa | rt I S | umm | ary | | | | | |
| Governance | AHED UNDE RELIG | INTER | ILEGED CHILDREN, THE SICK, E OUR ACTIVITIES ARE BASED ON | DMPASSIONATE PROJECTS WORLDWID LDERLY, WIDOWS, ORPHANS AND NEE PRINCIPLES OF ISLAMIC TEACHINGS, | DY FAMILII | ES REGARDLESS O | F RACE | , NATIONALITY OR |
| XO5 | | | | | | | | |
| × | | | | continued its operations or disposed of g body (Part VI, line 1a) | | | ets 3 | 5 |
| Activities & | | | | the governing body (Part VI, line 1b) | | | 4 | 5 |
| | 5 Total | | | | | | 5 | 10 |
| | 6 Total | 6 Total number of volunteers (estimate if necessary) | | | | 6 | 15 | |
| | | | | VIII, column (C), line 12 | | | 7a | 0 |
| | b Netu | unrelat | ed business taxable income from | n Form 990-T, line 34 | | Prior Year | 7b | Current Year |
| | 8 Cont | ributio | ns and grants (Part VIII, line 1h) | | | 14,613,98 | 0 | 9,438,567 |
| en C | l | Program service revenue (Part VIII, line 2g) | | | | 1.7010750 | 1 | 0,100,007 |
| Ravenua | l | | | lines 3, 4, and 7d) | | 26,30 | 5 | 0 |
| ш. | 11 Othe | r reve | nue (Part VIII, column (A), lines | 5, 6d, 8c, 9c, 10c, and 11e) | | | | 0 |
| | 12 Total | l reven | ue—add lines 8 through 11 (mus | st equal Part VIII, column (A), line 12) | | 14,640,28 | 5 | 9,438,567 |
| | | | sımılar amounts paid (Part IX, c | , ,, | | 13,821,65 | 5 | 8,831,809 |
| | | | nd to or for members (Part IX, co | , , , | | | _ | 0 |
| Ses | | alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | | 318,86 | 9 | 573,961 |
| Expenses | _ | | | mn (A), line 11e) | | | - | 0 |
| 五 | | tal fundraising expenses (Part IX, column (D), line 25) ►613,800 :her expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | | 444,83 | 1 | 471,739 |
| _ | | | penses Add lines 13–17 (must equal Part IX, column (A), line 25) | | | 14,585,34 | _ | 9,877,509 |
| | 19 Reve | venue less expenses Subtract line 18 from line 12 | | | 54,93 | 9 | -438,942 | |
| Net Assets or Fund Balances | | | | | Begin | ning of Current Yea | ır | End of Year |
| SS Bak | 20 Total assets (Part X, line 16) | | | | | 1,312,64 | 5 | 873,714 |
| E E | 21 Total liabilities (Part X, line 26) | | | | | 58,282 | | 58,293 |
| | | | or fund balances Subtract line 2 | 1 from line 20 | | 1,254,36 | 3 | 815,421 |
| knowl | penalties | of per | | ned this return, including accompanyin Declaration of preparer (other than off | | | | |
| | \ *: | **** | | | | 2017-05-04 | | |
| Sign | S | ignature | e of officer | | | Date | | |
| Here | . 1 | <u>BDELA</u> Z | IZ GHEDI Treasurer | | | | | |
| | | | orint name and title | | | | | |
| Paid | t | Print/Type preparer's name Gregg S Bossen Preparer's signature Gregg S Bossen Date Check ✓ if self-employed | | | | IN 1444127 | , | |
| Preparer | | Firr | n's name ► GREGG S BOSSEN CPA | SSEN CPA PC Firm's EIN | | | | |

Use Only

Firm's address ► 50 Lenox Pointe Northeast Suite C

Atlanta, GA 30324

Phone no (404) 892-9513

☑ Yes ☐ No

| Form | 990 (2016) | | | | | Page 2 |
|------|--------------------------------|-----------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|
| Par | t IIII Statement | t of Program Se | rvice Accomplis | hments | | |
| | Check if Sch | edule O contains a i | esponse or note to | any line in this Part III | | 🗹 |
| 1 | Briefly describe the | organization's miss | ion | • | | |
| UND | ERPRIVILEGED CHİLD | REN, THE SICK, EL | DERLY, WIDOWS, O | RPHANS AND NEEDY F | IMPROVE THE LIVES OF DISASTER AMILIES REGARDLESS OF RACE, N CH STRESS THE DIGNITY AND SAN | ATIONALITY OR |
| 2 | _ | , - | | vices during the year w | which were not listed on | ☐ Yes ☑ No |
| | If "Yes," describe th | ese new services or | n Schedule O | | | |
| 3 | Did the organization services? | cease conducting, | or make significant | changes in how it cond | lucts, any program | ☐ Yes ☑ No |
| | If "Yes," describe th | ese changes on Sch | nedule O | | | |
| 4 | | nd 501(c)(4) organi | zations are required | to report the amount | e largest program services, as mea of grants and allocations to others, | |
| 4a | (Code |) (Expenses \$ | 5,502,147 | ıncludıng grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | . , | | | <u>, </u> |
| 4b | (Code |) (Expenses \$ | 1,986,703 | ıncludıng grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | | |
| 4c | (Code |) (Expenses \$ | 664,509 | ıncludıng grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | | |
| 4d | Other program serv | rices (Describe in Sc | hedule O) | | | |
| | (Expenses \$ | 893,267 | including grants of | \$ |) (Revenue \$ |) |
| 4e | Total program ser | rvice expenses 🕨 | 9,046,6 | 26 | | |
| 46 | - Iotai piograili sei | vice expenses | 5,040,0 | 20 | | Form 990 (|

Yes

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11b

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11d

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11f

12a

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14a

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Page 3

No

Nο

No

No

Νo

Nο

No

Nο

Form **990** (2016)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Checklist of Required Schedules

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . .

or X as applicable

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

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

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

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

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

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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

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

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20Ь | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. | | | |

Page 4

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Nο

25a

25b

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28b

28c

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35a

35h

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Yes

Form 990 (2016)

Yes

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

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

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

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

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

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

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

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

organization? If "Yes," complete Schedule R, Part V, line 2

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

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

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

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

| | t V Statements Regarding Other IRS Filings and Tax Compliance | | | Page 3 |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|----------------|
| FGI | Check if Schedule O contains a response or note to any line in this Part V | | | П |
| | Check in Deneatate of Contains a response of note to any line in this yark vir. 1. 1. 1. 1. 1. | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by | | | |
| | this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| 2- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3a 3b | | No |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | -50 | | 110 |
| та | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | |
| | | 4a | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| | , | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | | 30 | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | 6a | | No |
| | solicit any contributions that were not tax deductible as charitable contributions? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services | 7a | | No |
| | provided to the payor? | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Na |
| a | If "Yes," indicate the number of Forms 8282 filed during the year | /c | | No |
| a | If fes, indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| | | 7e | | No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | | | |
| | 1098-C? | 7h | | No |
| 8 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | No |
| 02 | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | No |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| | against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | No |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 2 | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for | | | |
| a | additional information the organization must report on Schedule O | 13a | | No |
| b | Enter the amount of reserves the organization is required to maintain by the states in | | | |
| | which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| D | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | orm on | 0 (2016 |
| | | | J | - LZUIU |

| | 990 (2016) | | | Page |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|------|
| Par | TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | "No" respo | nse to l | _ |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u> </u> | <u> </u> | ✓ |
| Se | ction A. Governing Body and Management | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year label 1a | 5 | Yes | No |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee? | ner 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervolor of officers, directors or trustees, or key employees to a management company or other person? . | rision 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body? | nore 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | r 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following | · by | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | . 8b | Yes | |
| 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 in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Rev | enue Code | ∍.) | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t form? | the 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | <u> </u> | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise tooflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 7 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | nt | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | <u></u> | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | . 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participa in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exenstatus with respect to such arrangements? | | | |
| Se | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o available for public inspection. Indicate how you made these available. Check all that apply | nly) | | |
| | ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in 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 • KHALID MOLAT PO BOX 166911 TRVING TX 75016 (972) 257-2564 | | | |

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated compensation hours per than one box, unless person compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Individual to director Officer Highest compensated employee organizations MISC) MISC) related Institutional below dotted organizations emplo line) trustee P 2.00 (1) UGAS JILLAOW Х Х n Ω Chairman 0 00 2 00 (2) IQBAL HUSSAIN Х Х 0 Vice President 0 00 2 00 (3) ABDELAZIZ GHEDI Х Ω Х 0 Treasurer 0 00 2 00 (4) MASUD IMRAN Х 0 0 Director 0 00 2 00 (5) ASHLEY ROBINSON Х 0 0 00 40 00 (6) SULEIMAN ALGHANEM X 80.000 0 EXECUTIVE DIRECTOR 0 00

| Form | 1 990 (2016) | | | - | | | | | | | | | | Page 8 | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|---------------------------|----------------|-------------------------|-------------------------------|--------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------|--------------------------------------|-----------------------------------|--|
| Par | t VIII Section A. Officers, Direc | tors, Trustee: | s, Key I | Emp | loye | es, | and I | High | nest Con | npensate | d Employees (| cont | inued) | | |
| | (A) Name and Title | (B) Average hours per week (list any hours | than o | one bo oth a direct | ox, ι in of | t che unles ficer | and a | son | Repo compe fror organiza | (D) (E) portable pensation om the ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization (W- ization | | | Estima amount o compen from | ated of other sation the | |
| | | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated emptoviee | Former | 2/1099 | 9-MISC) | 2/1099-MISC |) | organizat relat organiza | ed | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| c T | Sub-Total Total from continuation sheets to P Total (add lines 1b and 1c) | Part VII, Sectio | | | | | * | | | 80,000 | | | | | |
| 2 | Total number of individuals (including | g but not limited | l to thos | | | | e) who | rece | eived moi | re than \$1 | 00,000 | | | | |
| | of reportable compensation from the | organization > | <u> </u> | | | | | | | | | | T ., | | |
| 3 | Did the organization list any former | officer, director | or trust | ee. k | ev e | mple | ovee. o | or his | ahest con | npensated | emplovee on | | Yes | No | |
| | line 1a? If "Yes," complete Schedule | • | | • | • | • | • • | • | • • | | • • | 3 | | No | |
| 4 | 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | the | | | N- | | | | | |
| 5 | | | | | | | vidual for | 5 | | No No | | | | | |
| Se | ection B. Independent Contract | tors | | | | | • | | | | | | | 140 | |
| 1 | Complete this table for your five high from the organization Report compe | nest compensate | | | | | | | | | | npen | sation | - | |
| | , , | (A) and business addre | | • | | | | | | | (B) ription of services | | (C) Compensation | | |
| | | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

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| | VIII S | tatement o | f Revenue | | | | | | rage 3 |
|-----------------------------------------------------------|---------------------------|---------------------------------------|-----------------------|------------------------|---------------------------------------|-----------------------------|--------------------------------|-----------------------------------------|----------------------------------------------|
| | | | | a respo | nse or note to an | y line in this Part VI | II | | 🗆 |
| | | | | • | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1a Fede | rated campaig | nns | 1a | | | revenue | | 512-514 |
| ats Ints | | bership dues | = | 1b | | | | | |
| rar | | · | | | | | | | |
| % G A ∃ | | raising events | | 1c | | | | | |
| ≝ ≥ | | ed organization | | 1d | | | | | |
| ons, Gifts, Grants Similar Amounts | | nment grants (d | | 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | ner contributions imilar amounts i | | 1f | 9,438,567 | | | | |
| tributio Other (| above | : :ash contributi | ione included | | · · · · · · · · · · · · · · · · · · · | | | | |
| ΞÓ | in lin | | ions included | 6,83 | <u>6,877</u> | | | | |
| Cont and | h Total. | Add lines 1a- | 1f | | • | 9,438,567 | | | |
| ı | | | | | Busines | | | | |
| F- | 2a | | | | | | | | |
| æ | b — | | | _ | | | | | |
| a Ce | c — | | | | | | | | |
| <u>(</u> | d | | | _ | | | | | |
| E | е —— | | | | | | | | |
| Program Service Revenue | f All oth | er program se | ervice revenue | ! | | 0 | l | | 1 |
| 4 | g Total. | Add lines 2a-2 | 2f | . 1 | <u> </u> | | | | |
| | | | including divid | | nterest, and other | | o | | |
| | | , | nent of tax-exe | | ond proceeds | • | 0 | | |
| | 5 Royaltı | es | | | | ▶ | 0 | | |
| | | | (ı) Rea | I | (II) Personal | | | | |
| | 6a Gross | rents | | | | | | | |
| | b Less | rental expenses | | | | | | | |
| | | | | | | | | | |
| | c Rental (loss) | income or | | | | | | | |
| | d Net re | ental income o | or (loss) | • | | _ | 0 | | |
| | | | (ı) Securi | ties | (II) Other | | | | |
| | 7a Gross a from sa | iles of | | | | | | | |
| | assets (than in | | | | | | | | |
| | b Less o | cost or | | | | \dashv | | | |
| | | pasis and expenses | | | | | | | |
| | c Gain o | r (loss) | | | | | | | |
| | | | | | > | | 0 | | |
| ø. | | | fundraising ev | ents of | | | | | |
| ž F | contrib | outions report | ed on line 1c) | | | | | | |
| e | | | | - } | | \dashv | | | |
| ÷ ه | | direct expense come or (loss) | es) from fundrais | b sina eve | ents 🕨 | | 0 | | |
| Other Revenue | 9a Gross | income from | gaming activit | | | | | | |
| 0 | See Pa | art IV, line 19 | | _ [| | | | | |
| | b Loca | direct expense | 25 | a b | | \dashv | | | |
| | | | es) from gamıng | L | es • | | 0 | | |
| | 10a Gross | sales of inven | ntory, less | | | | | | |
| | return | s and allowan | ices | a | | | | | |
| | bless | cost of goods | sold | ь | | \dashv | | | |
| | | |) from sales of | L | ory > | | 0 | | |
| | 1100 | Miscellaneous | | 11170110 | Business Code | | | | |
| | 11a | | | | | | | | |
| | | | | | | | <u></u> | | |
| | b | | | | | | | | |
| | | | | | | | | | |
| | с | | | | | | | | |
| | | | | | | | | | |
| | | er revenue | | | | | | | |
| | e Total. | Add lines 11a | a-11d | | • | | 0 | | |
| | 12 Total | r evenue. See | e Instructions | | | 9,438,5 | 67 | | |
| | | | | | | 2,100,0 | | - | Form 990 (2016) |

d BAD DEBT

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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 ▶ ☐ If following SOP 98-2 (ASC 958-720)

| For | m 990 (2016) | | | | Page 10 |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|----------------------------|
| | art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete all complete | olumns All other orga | anızatıons must comp | elete column (A) | |
| | Check if Schedule O contains a response or note to any | line in this Part IX | | | 🗆 |
| Do 7b, | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 624,084 | 624,084 | | |
| 2 | 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | 8,207,725 | 8,207,725 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 80,000 | 40,000 | 20,000 | 20,000 |
| e | Goompensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 447,758 | 87,252 | 52,065 | 308,441 |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 6,090 | 2,500 | 1,340 | 2,250 |
| 10 | Payroll taxes | 40,113 | 9,626 | 5,617 | 24,870 |
| 11 | . Fees for services (non-employees) | | | | |
| | a Management | 0 | | | |
| | b Legal | 0 | | | |
| | c Accounting | 7,950 | | 7,950 | |
| | d Lobbying | 0 | | | - |
| | e Professional fundraising services See Part IV, line 17 | 0 | | | |
| | f Investment management fees | 0 | | | |
| | g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 90,935 | 955 | 7,060 | 82,920 |
| 12 | Advertising and promotion | 33,605 | 16,802 | | 16,803 |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 1,302 | | 1,302 | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 55,647 | 24,628 | 3,078 | 27,941 |
| 17 | ' Travel | 118,517 | 173 | 18,385 | 99,959 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | . Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 8,498 | | 8,498 | |
| 23 | Insurance | 873 | | 873 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| | a CREDIT CARD FEES | 38,427 | | 38,427 | |
| | b Printing and Publications | 31,251 | 3,216 | 535 | 27,500 |
| | c Postage and Shipping | 30,194 | | 29,184 | 1,010 |

29,665

24,875

9,877,509

29,665

9,046,626

22,769

217,083

2,106

613,800

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Page **11**

873,714

26,577

15.166

16.550

58,293

815.421

815,421

873.714 Form **990** (2016)

Form 990 (2016)

16

17

18

19

20

21

23

24

26

27

28

29

30

31

32

33 34

Liabilities 22

Fund Balances

Assets or

Net

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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

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

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

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

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

| 1 Cash-non-interest-bearing | 1,036,175 | 1 | 487,252 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|---------|
| 2 Savings and temporary cash investments | | 2 | 0 |
| 3 Pledges and grants receivable, net | 127,994 | 3 | 238,497 |
| 4 Accounts receivable, net | | 4 | 0 |
| 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | 0 |
| | | | |

| | _ | ricages and grants receivable, net | | • | 121,001 | - | 200,101 |
|--------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------|----------|-----|---------|
| | 4 | Accounts receivable, net | | | | 4 | 0 |
| | 5 | Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L | | | | 5 | 0 |
| S | 6 | Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L | n 4958 itions d | s(c)(3)(B), and of section 501(c)(9) | | 6 | 0 |
| et | 7 | Notes and loans receivable, net | | | | 7 | 0 |
| Assets | 8 | Inventories for sale or use | | | | 8 | 0 |
| A | 9 | Prepaid expenses and deferred charges | | | | 9 | 0 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 64,006 | | | |
| | L | Lane and the desired demonstrates | 10h | 21 571 | 1 20.506 | 40- | 22.425 |

| ets | 7 | section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net | ations o | f section 501(c)(9) | | 6 | 0 |
|-----|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|---------|-----|---------|
| SS | 8 | Inventories for sale or use | | • | | 8 | 0 |
| Ø | 9 | Prepaid expenses and deferred charges | | | | 9 | 0 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 64,006 | | | |
| | ь | Less accumulated depreciation | 10 b | 31,571 | 39,596 | 10c | 32,435 |
| | 11 | Investments—publicly traded securities . | | | | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line | e 11 . | | | 13 | 0 |
| | 14 | Intangible assets | | | | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | | 108,880 | 15 | 115,530 |

1,312,645

34,154

19,499

4.629

58.282

1.254.363

1,254,363

1.312.645

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| Form | 990 (2016) | | | | Page 12 |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|-----|----------------|
| Par | t XI Reconcilliation 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 | | 9, | .438,567 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 9, | 877,509 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | - | 438,942 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1, | ,254,363 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | | 815,421 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| - | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | on a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basıs, | | | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | 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? | | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |

За

3b

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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 in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 16000303

Software Version: 2016v3.0 **EIN:** 20-0942434

Name: AHED INTERNATIONAL INC

Form 990 (2016)

Form 990, Part III, Line 4a:

Disaster Relief AHED International. Inc. has worked tirelessly to aid those suffering from calamities both man-made and otherwise no matter what their background Whether it is through providing food supplies, basic necessities, shelter or medical treatment, AHED International, Inc. is committed to doing whatever it can to support people in their time of need. A disaster often leaves communities destroyed and feeling helpless and AHED International. Inc. has always been, and will continue to be, a source of hope and comfort in perilous times. AHED International, Inc. always responds to areas in need that have not received assistance and must rely on aid to survive

Form 990, Part III, Line 4b: Poverty and Relief Aid AHED International, Inc. is committed to assist families and communities around the world, to alleviate poverty and human suffering by responding to relief and development needs of disadvantaged people. The goal of the program is to assist in poverty reduction, and provide the poor with access to product

Seasonal Campaign AHED International, Inc. institutes annual projects that provide relief to those in need at specific times of the year in coordination with the special religious observances and holidays found in the Islamic calendar. People in need often anticipate the generosity of AHED Inc. donors during these special times and AHED.

International, Inc takes great pride in facilitating these special contributions. During Ramadan, AHED International, Inc. hosts the Feed a Family Campaign that brings food packages to families in need across the globe. Each food package contains staple food items to help families who rely on these donations year to year. During Eid-ul-Adha, AHED International. Inc. hosts a meat distribution campaign to deliver the meat that was prepared as part of this religious holiday celebrated by millions of Muslims across.

Form 990, Part III, Line 4c:

the entire planet

| efile | GR/ | APHIC prii | nt - DO NOT PROCESS | As Filed Data - | | | DLN: 9 | 3493124009217 |
|--------|-------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------|------------------|-----------------------------------------------|-------------------------------------------------|
| SCH | IED | ULE A | Public | Charity Statu | s and Pul | olic Supp | ort | OMB No 1545-0047 |
| (For | m 990 | | | organization is a sect | ion 501(c)(3) d | organization o | | 2016 |
| 990E | (Z) | | | 4947(a)(1) nonexe ▶ Attach to Form | | | | 2010 |
| • | | the Treasury | ► Information abo | out Schedule A (Form | | | ıctions is at | Open to Public Inspection |
| Name | of th | ne Service ne organiza | tion | <u>www.ii.s.g</u> | <u>00/10/11/990</u> . | | Employer identific | <u> </u> |
| AHED I | NTERN | IATIONAL INC | | | | | 20-0942434 | |
| Pai | | | for Public Charity Sta | | | | See instructions. | |
| | rganız | | private foundation because | • | • | , | (A)(') | |
| 1 | | • | onvention of churches, or a | | | . , , , | (A)(I). | |
| 2 | | | scribed in section 170(b) | | , | | | |
| 3 | | • | or a cooperative hospital se | - | | | | |
| 4 | | name, city, | esearch organization opera and state | | | | | |
| 5 | | | ition operated for the bene (iv). (Complete Part II) | efit of a college or unive | rsity owned or op | perated by a gov | ernmental unit descri | bed in section 170 |
| 6 | | A federal, s | tate, or local government | or governmental unit de | scribed in sectio | on 170(b)(1)(A | A)(v). | |
| 7 | ✓ | section 17 | ation that normally received (O(b)(1)(A)(vi). (Comple | te Part II) | | | unit or from the gener | al public described in |
| 8 | | A communi | ty trust described in sectio | on 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 | | | ural research organization ant college of agriculture | | | | | ege or university or a |
| 10 | | from activit | ation that normally received les related to its exempt for income and unrelated bus see section 509(a)(2). | inctions—subject to cer iness taxable income (le | tain exceptions, a | and (2) no more | than 331/3% of its su | pport from gross |
| 11 | | • | ation organized and operat | | r public safety S | ee section 509 | (a)(4). | |
| 12 | | more public | ation organized and operat ly supported organizations through 12d that describe | described in section 5 | 09(a)(1) or sec | ction 509(a)(2 |). See section 509(a | |
| а | | Type I. A so | supporting organization open n(s) the power to regularly Part IV, Sections A and I | erated, supervised, or co appoint or elect a majo | ontrolled by its s | upported organı | zation(s), typically by | |
| b | | Type II. A manageme | supporting organization sunt of the supporting organition of the supporting organitions Applete Part IV, Sections Applete | ipervised or controlled i zation vested in the sar | | | | |
| С | | Type III f | unctionally integrated. A programming property of the contraction (s) (see instruction) | supporting organizatio | | | | ted with, its |
| d | | Type III n functionally | on-functionally integrat integrated The organizati You must complete Page 1 | ed. A supporting organion generally must satis | ization operated fy a distribution i | in connection wi | th its supported organ | |
| e | | Check this | box if the organization rece or Type III non-functional | eived a written determir | nation from the II | | /pe I, Type II, Type II | I functionally |
| f | Enter | | of supported organization | | | | | |
| g | | | ing information about the | supported organization(| s) | | | |
| (i)Na | ame of | f supported o | organization (ii)EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv Is the organiz your governir | ation listed in | Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | <u> </u> | | | | | |
| | | | | | | | | |
| Total | | | tion Act Notice, see the | | Cat No 11285 | | Schedule A (Form 9 | |

| Sch | edule A (Form 990 or 990-EZ) 2016 | | | | | | Page 2 |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------|--------------------|------------------|
| P | art II Support Schedule for | | | | | | |
| | (Complete only if you ch | | | | | | under Part |
| _ | III. If the organization fa | ails to qualify un | der the tests list | ed below, pleas | e complete Part | III.) | |
| | ection A. Public Support | T | <u> </u> | | | <u> </u> | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | 1,678,033 | 1,654,470 | 8,118,027 | 14,613,980 | 9,438,567 | 35,503,077 |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to | | | | | | 0 |
| 4 | the organization without charge | 1,678,033 | 1,654,470 | 8,118,027 | 14,613,980 | 9,438,567 | 35,503,077 |
| | Total. Add lines 1 through 3 The portion of total contributions by each person (other than a | 1,078,033 | 1,034,470 | 0,110,027 | 14,013,980 | 9,438,307 | 33,303,077 |
| | governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 22,795,554 |
| | Public support. Subtract line 5 from line 4 | | | | | | 12,707,523 |
| <u>S</u> | ection B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 7 | | 1,678,033 | 1,654,470 | 8,118,027 | 14,613,980 | 9,438,567 | 35,503,077 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and | | | | | | 0 |
| 9 | income from similar sources Net income from unrelated business activities, whether or not the | | | | | | 0 |
| 10 | business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | 0 |
| 11 | Total support. Add lines 7 through | | | | | | 35,503,077 |
| 12 | Gross receipts from related activities, | etc (see instructio | ns) | | | 12 | |
| 13 | First five years. If the Form 990 is fo | or the organization | 's first, second, thi | rd, fourth, or fifth | tax year as a secti | on 501(c)(3) orga | nization, |
| | check this box and stop here | | | | | ▶ □ | |
| S | ection C. Computation of Public | | | | | | _ |
| 14 | Public support percentage for 2016 (lin | ne 6, column (f) dı | vided by line 11, c | olumn (f)) | | 14 | 35 790 % |
| 15 | Public support percentage for 2015 Sc | hedule A, Part II, l | ıne 14 | | | 15 | 38 950 % |
| 16a | 33 1/3% support test—2016. If the | organization did r | not check the box o | on line 13, and line | e 14 is 33 1/3% or | more, check this b | ox |
| b | and stop here. The organization quali 33 1/3% support test—2015. If th | • | | | nd line 15 is 33 1/3 | 3% or more, check | this |
| 17a | box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organizatio in Part VI how the organization meets | t— 2016. If the org n meets the "facts | ganization did not o -and-circumstance | check a box on line s" test, check this | box and stop her | e. Explain | ▶□ |
| b | organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization | ation meets the "f | acts-and-circumsta | ances" test, check | this box and \boldsymbol{stop} | here. | ▶□ |
| 18 | supported organization Private foundation. If the organizati | on dıd not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | and see | ▶ □ |

| Section A. Public Support | | | | | | |
|-----------------------------|-----------------|-------------------|--------------------|-------------------|-------------------|----------------|
| the organization fails to o | qualify under t | he tests listed b | pelow, please co | mplete Part II. |) | |
| (Complete only if you ch | ecked the box | on line 10 of Pa | art I or it the or | ganization railed | a to qualify unde | er Part II. If |

| | the organization rans to | 9 | | ээлэл, рассо ос | | / | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|--------------------------------|-------------------|
| Se | ection A. Public Support | | | | | | |
| | Calendar year | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| _ | (or fiscal year beginning in) | . , | | , , | | , , | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not | | | | | | |
| | include any "unusual grants") | | | | | | |
| 2 | | | | | | | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| | | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business | | | | | | |
| | under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| 5 | to or expended on its behalf The value of services or facilities | | | | | | |
| 9 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| | · ' ' | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | |
| | 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| - | ection B. Total Support | | | | | | |
| | | | | | | | |
| | Calendar year | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 9 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, | (a) 2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 9 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f) Total |
| 9 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f) Total |
| 9 L0a | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 L0a | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 L0a | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 LOa b | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 LOa b | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 LOa b | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 LOa b | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e)2016 | (f)Total |
| 9 l0a b c 11 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 9 LOa b | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 9 l0a b c 11 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 9 l.Oa b c 11 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 9 l.Oa b c 11 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 9 10a b c 111 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, | | | | | | |
| 9 10a b c 111 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo | | | | | | ganization, |
| 9 10a b c 11 12 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here | r the organization | 's first, second, th | | | | |
| 9 10a b c 11 12 13 14 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here | r the organization | 's first, second, th | nird, fourth, or fift | | ection 501(c)(3) or | ganization, |
| 9 10a b c 11 12 13 14 <u>Se</u> | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public Section C. Computation C. Computation C. Computation C. Computation C. Computation C. Computation C. | r the organization Support Perce e 8, column (f) d | 's first, second, the intage invided by line 13, | nird, fourth, or fift | | ection 501(c)(3) or | ganization, |
| 9 10a b c 11 12 13 14 S6 15 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage from 2015 S | r the organization Support Perce e 8, column (f) d chedule A, Part I: | 's first, second, the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o | nird, fourth, or fift | | ection 501(c)(3) or | ganization, |
| 9.0a b c 11 12 13 14 S6 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public section D. Computation of Investe | r the organization Support Perce e 8, column (f) d chedule A, Part I: nent Income | 's first, second, the intage ivided by line 13, II, line 15 Percentage | olumn (f)) | h tax year as a se | ection 501(c)(3) or | ganization, |
| 9 l0a b c 11 12 13 14 Se 15 16 Se | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public S Public support percentage from 2015 S | r the organization Support Perce e 8, column (f) d chedule A, Part I: nent Income | 's first, second, the intage ivided by line 13, II, line 15 Percentage | olumn (f)) | h tax year as a se | ection 501(c)(3) or | ganization, |
| 9 l0a b c 11 12 13 14 Se 15 16 Se 17 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public section D. Computation of Investe | r the organization Support Perce e 8, column (f) d chedule A, Part I: ment Income 6 (line 10c, colu | 's first, second, the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o | olumn (f)) | h tax year as a se | 15 16 | ganization, |
| 9 l0a b c 11 12 13 14 Se 15 16 Se 17 | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public section Public support percentage for 2016 (lin Public support percentage from 2015 Section D. Computation of Investi Investment income percentage from 2015 | r the organization Support Perce e 8, column (f) d chedule A, Part I: ment Income .6 (line 10c, colui 015 Schedule A, | 's first, second, the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o | column (f)) | h tax year as a se | 15 16 17 18 | ganization, ▶□ |
| 9 l0a b c 11 12 13 14 Se 15 16 Se 17 18 19a | Calendar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public section D. Computation of Investi Investment income percentage for 2015 | r the organization Support Perce e 8, column (f) d chedule A, Part I: ment Income .6 (line 10c, colui 015 Schedule A, organization did r | 's first, second, the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o | column (f)) | h tax year as a se | 15 16 17 18 133 1/3%, and line | ganization, ▶□ |

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ightharpoons

ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--|---|
| | describe the designation If historic and continuing relationship, explain | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described | | | |
| | ın section 509(a)(1) or (2) | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | | | |
| | below | 1 - ' | | l |

| | (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) | L |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| | W 20010 305 (4)(1) 01 (2) | L |
| | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | Ĺ |
| | below | ſ |
| • | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | |

| | III Section 309(a)(1) or (2) | 2 | i |
|----|-------------------------------------------------------------------------------------------------------------------------------|----|---|
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | | |
| | below | 3a | |
| b | the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | |
| | determination | 3b | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3с | Ī |

| | below | 3a | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the | | |
| | determination | 3b | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3с | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |
| | checked 12a or 12b in Part I, answer (b) and (c) below | 4a | |
| | Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented | \Box | |

| | | 30 | l |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3с | |
| a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | 4a | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections | · | |
| | 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | |
| | | | |

| | to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes | 4c | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by | | |
| | amendment to the organizing document) | 5a | |
| 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? | 5b | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 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 | | |

6

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9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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))? If "Yes,"

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

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

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

| Par | ** Supporting Organizations (continued) | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| | governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | |
| C- | ection B. Type I Supporting Organizations | | | |
| se | ection B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of | ır 🗀 | 1.03 | "" |
| | elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa | | | |
| | VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or | | | |
| | trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such | | | |
| | powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that | | | |
| | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | | | |
| | organization | 2 | | |
| | | | • | • |
| Se | ection C. Type II Supporting Organizations | | Yes | N. |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees | of [| res | No |
| 1 | were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | or | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s) | | | |
| | | | | |
| | | 1 | | |
| | | | | • |
| Se | ection D. All Type III Supporting Organizations | | Τ., | |
| | Did the appropriate any would be each of the grown what a manufacture has the last through a COL manufacture. | , | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of | | | |
| | 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? | <u> </u> | - | <u> </u> |
| 2 | Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement | n 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization | " | | |
| | maintained a close and continuous working relationship with the supported organization(s) | <u> </u> | | |
| _ | Divinion of the valeting described in (2) did the surround of | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t | | | |
| | year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| | | | 1 | |
| | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr | actions) | | |
| a | | | | |
| b | | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (| see instru | ictions) |) |
| | | | | |
| 2 | Activities Test Answer (a) and (b) below. | _ | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the | | | |
| | supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was | 3 | | |
| | responsive to those supported organizations, and how the organization determined that these activities constituted | <u> </u> | | |
| | substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the | | | |
| | organization's position that its supported organization(s) would have engaged in these activities but for the organization | s | | |
| _ | involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | _ | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI. | of 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its | <u> </u> | 1 | |
| , | supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | 3b | | |
| | | , | 1 | |

| - | Add lifles 1 till odgif 5 | | | |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|--------------------------------|
| 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) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |

| d | Total (add lines 1a, 1b, and 1c) | 1d | |
|---|------------------------------------------------------------------------------------------------------------------------------|----|--------------|
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| | | | |
| | Section C - Distributable Amount | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



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As Filed Data -

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OMB No 1545-0047

Supplemental Financial Statements

Open to Public

(Form 990)

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6

► 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. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service 20-0942434

Inspection Name of the organization **Employer identification number** AHED INTERNATIONAL INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) 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? ☐ Yes 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D Schedule D (Form 990) 2016

| Par | | Organizations Ma | aintaining Col | ections of | of Art, | Histori | cal Ti | reası | ıres, or | Other | Similar i | Assets (| contir | nued) | |
|------|--------------|---------------------------------------------------------|---------------------------------|--------------|------------|--------------------|----------|------------------|-------------|-------------|-------------------------|-------------|---------|----------|--------|
| 3 | | the organization's acq (check all that apply) | uisition, accessior | n, and other | records | , check | any of | the fo | llowing th | nat are a | significan | t use of it | s colle | ection | |
| а | | Public exhibition | | | | d | | Loan | or excha | nge prog | ırams | | | | |
| b | | Scholarly research | | | | e | | Othe | r | | | | | | |
| c | | Preservation for future | e generations | | | | | | | | | | | | |
| 4 | Provide Part | de a description of the o | organızatıon's coll | ections and | l explain | how the | ey furtl | ner the | e organiza | ation's ex | kempt pur | pose in | | | |
| 5 | | ig the year, did the orga is to be sold to raise fur | | | | | | | | | ular | □ Y | es | □ N | o |
| Pai | rt IV | Escrow and Cust Complete if the org X, line 21. | | | " on Fo | rm 990 | , Part | IV, lı | ne 9, or | reporte | ed an am | ount on | Form | 990, | Part |
| 1a | | e organization an agent ded on Form 990, Part) | | an or other | ınterme | diary for | contri | bution | s or othe | r assets | not | □ Y | es | □ N | o |
| ь | If "Y∈ | es," explain the arrange | ement in Part XIII | and comple | ete the f | ollowina | table | | Г | | | Amount | | | _ |
| c | | nning balance | | | | | | | | 1c | | | | | _ |
| d | _ | ions during the year | | | | | | | | 1d | | | | | _ |
| е | | butions during the year | r | | | | | | | 1e | | | | | _ |
| f | | ng balance | | | | | | | | 1f | | | | | _ |
| 2a | | he organization include | an amount on Fo | rm 990, Par | τ X, line | 21, for | escrow | or cu | ıstodıal ad | ccount lia | ability? | □ Y | es | □ N | — О |
| b | If "Ye | es," explain the arrange | ement in Part XIII | Check here | e if the e | explanati | on has | been | provided | I in Part 3 | XIII | | | | |
| Pa | rt V | Endowment Fund | ds. Complete ıf | the organ | ızatıon | answer | ed "Y | es" oı | n Form 9 | 990, Par | t IV, lıne | 10. | | | |
| | _ | | | (a)Currer | nt year | (b) P | rior yea | r | (c)Two ye | ars back | (d)Three y | ears back | (e)F | our year | s back |
| | _ | ing of year balance . | | | | | | | | | | | | | |
| | | outions | | | | | | | | | | | | | |
| | | estment earnings, gair | | | | | | | | | | | | | |
| | | or scholarships | | | | | | | | | | | | | |
| | | expenditures for facilitie ograms | es | | | | | | | | | | | | |
| f | Admını | strative expenses . | | | | | | | | | | | | | |
| g | End of | year balance | | | | | | | | | | | | | |
| 2 | | de the estimated percei | • | nt year end | balance | e (line 19 | g, colu | mn (a |)) held as | 5 | | | | | |
| а | Board | d designated or quasi-e | endowment 🟲 | | | | | | | | | | | | |
| b | Perm | anent endowment 🟲 | | | | | | | | | | | | | |
| С | Temp | orarily restricted endov | wment 🟲 | | | | | | | | | | | | |
| | | percentages on lines 2a, | | • | | | | | | | | | | | |
| 3a | | here endowment funds | not in the posses | sion of the | organiza | tion that | t are h | eld an | d adminis | stered fo | r the | | ſ | Yes | No |
| | _ | nrelated organizations | | | | | | | | | | 3 | a(i) | 103 | |
| | | elated organizations . | | | | | | | | | | _ | a(ii) | | |
| b | If "Ye | es" on $3a(\Pi)$, are the rel | lated organization | | | | | ? . | | | | . | 3b | | |
| 4 | Descr | ribe in Part XIII the inte | ended uses of the | organizatio | n's endo | wment f | unds | | | | | | | | |
| Pai | rt VI | Land, Buildings, | | | _ | 000 | | - > (| | ~ = | 000 5 | | | | |
| | Descri | Complete if the org | ganization answ (a) Cost or oth | | | m 990, or other | | _ | | | m 990, P epreciation | art X, III | | ok value | |
| | Descri | priori or property | (investme | | (1) (1) | or other | DU313 (C | ocher, | (C)/Accu | maiatea a | cpreciation | | (4)50 | ok vala | |
| 1a | Land | | | | | | | | | | | | | | |
| b | Buildin | gs | | | | | | | | | | | | | |
| c | Leaseh | old improvements | | | | | | | | | | | | | |
| d | Equipn | nent | | | | | į | 55,198 | | | 22,76 | 3 | | | 32,435 |
| | | | | | | | | 8,808 | | | 8,808 | 8 | | | |
| Tota | ıl. Add | lines 1a through 1e (Co | olumn (d) must ed | qual Form 9 | 90, Part | X, colur | nn (B) | , line . | 10(c)) . | | > | | | | 32,435 |

| | nvestments—Other Securities. Complete if the oriee Form 990, Part X, line 12. | rganızat | ion answ | vered 'Yes' on Form 9 | 90, Part IV, line 11b. |
|--------------------------|------------------------------------------------------------------------------------------------------------|---------------|--------------------------|--------------------------|------------------------------------------|
| | (a) Description of security or category (including name of security) | | (b) Book value | | nod of valuation of-year market value |
| (1)Financial de | erivatives | | raide | 3350 31 3114 | or year market raide |
| (2)Closely-held (3)Other | d equity interests | · · | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col (B) line 12) | • | | | |
| | Investments—Program Related. Complete if the See Form 990, Part X, line 13. | organiza | ation ans | swered 'Yes' on Form | 990, Part IV, line 11c. |
| | (a) Description of investment | (b) Bo | ok value | | hod of valuation of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | | • | | | |
| | Other Assets. Complete if the organization answered 'Yes (a) Description | s' on Forr | n 990, Pa | rt IV, line 11d See Forn | (b) Book value |
| (1) DONATED I | INVENTORY FOR DISTRIBUTION DEPOSIT | | | | 113,934 1,596 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ | · · | · · | rm 990. Part IV. line | ▶ 115,530 11e or 11f. |
| | ee Form 990, Part X, line 25. (a) Description of liability | | | ook value | |
| (1) Federal inc | | | (5) 5 | OUR VALUE | |
| | | | | | |
| PAYROLL LIABI | ILITIES | | | 16,549 | |
| Rounding (3) | | | | 1 | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (| b) must equal Form 990, Part X, col (B) line 25) | ▶ | | 16,550 | |
| | uncertain tax positions In Part XIII, provide the text of the | | to the or | | tements that reports the |

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

Explanation

Schedule D (Form 990) 2015

Part XIII

Return Reference

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,

| Schedule D (Fo | orm 990) 2015 | Page 5 | |
|----------------|-------------------|----------------------------|----------------------------|
| Part XIII | Supplemental Info | rmation <i>(continued)</i> | |
| Ret | urn Reference | Explanation | |
| | | | Schedule D (Form 990) 2016 |

| efile GRAPHIC print - DC | : 93493124009217 | | | | | | | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|--|--|--|
| SCHEDULE F (Form 990) | Statement of | Activities | ited States | OMB No 1545-0047 | | | | | |
| (1 0 000) | ► Compl | ete if the organization | on answered "Yes" to Form | 990, | 2016 | | | | |
| | _ | • | 14b, 15, or 16. | | | | | | |
| Department of the Treasury Internal Revenue Service | | | See separate instructions. and its instructions is at wi | vw.irs.gov/form990. | Open to Public Inspection | | | | |
| Name of the organization AHED INTERNATIONAL INC | | | | Employer ide | ntification number | | | | |
| ARED INTERNATIONAL INC | | | | 20-0942434 | | | | | |
| Part I General Inform Form 990, Part | | es Outside the l | Jnited States. Comple | ete if the organization a | answered "Yes" to | | | | |
| other assistance, the grato award the grants or a 2 For grantmakers. Des | other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No | | | | | | | | |
| 3 Activites per Region (The | e following Part I, line | 3 table can be dupl | cated if additional space is | needed) | | | | | |
| (a) Region | (b) Number of offices in the region | | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is program service, describe specific type of service(s) in region | a (f) Total expenditures for and investments in region | | | | |
| (1) See Add'l Data | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| 3a Sub-total b Total from continuation sh Part I | | 3 1 | | | 6,679,229 | | | | |
| c Totals (add lines 3a and 3 For Paperwork Reduction Act No | | ons for Form 990 | . Cat | No 50082W Sched u | 6,679,229 le F (Form 990) 2016 | | | | |

| Schedule 1 (101111 330 | , | | | | | | | rage z |
|---------------------------------|-------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| Part II Grants IV, line | and Other As 15, for any rec | ssistance to Organ cipient who received | izations or Entities more than \$5,000. | es Outside the Uni . Part II can be dupl | i ted States. Comple licated if additional s | ete if the organization of the space is needed. | on answered "Yes" t | o Form 990, Part |
| 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) |
| (1) See Add'l Da | ata | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| 2 ⁵⁾ Enter total nur | mber of recipient | t organizations listed the grantee or coul | above that are recog | nized as charities by | the foreign country, | recognized as tax- | | 6 |
| (6) Cxcmpc b, and | | ar the grantee or coa. | Provided a s | 301(0)(3) 040 | avaiency receir | Γ΄΄ | <u> </u> | |
| 3 Enter total nur | mber of other or | ganizations or entities | • • • • • • • • • • • • • • • • • • • | · · · · · · · · · · · · · · · · · · · | · · · · · · | <u> </u> | 1 | |
| | 1 | | | <u> </u> | | | Schedule | F (Form 990) 2016 |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

(3) (4)

(5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14)

(15) (16) (17) (18) Page 3

Schedule F (Form 990) 2016

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

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

| Sche | dule F (Form 990) 2016 | | Page 4 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | | |
| | Instructions for Forms 3320 and 3320 My | \square Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | | |
| | Corporations (see Instructions for Form 5471) | ☐ Yes | ☑ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | | |
| | | ☐ Yes | ✓ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form | П., | . |
| | 5713) | ∐ Yes | ✓ No |

Schedule F (Form 990) 2016 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting 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). Return Explanation Reference PARTNER ORGANIZATION SUBMITS FORMAL GRANT PROPOSAL THAT INCLUDES PROGRAM IDENTIFICATION. Part I. Line 2 -Grantmakers COST ANALYSIS AND BUDGET, NEED ASSESSMENT AND IMPLEMENTATION LOGISTICS PROPOSAL IS REVIEWED Explanation For BY THE BOARD OF DIRECTORS AND UPON CONDITIONAL APPROVAL, GRANTEE WILL BE INSTRUCTED TO COMPLY Monitoring Use WITH THE ANTI-TERRORISM SCREENING AND COMPLY WITH USA SANCTION IN COMMUNICATION WITH AHED

of Funds INTERNATIONAL, INC. UPON SUCCESSFUL COMPLETION OF ANTI-TERRORISM SCREENING, FUNDING IS RELEASED. Outside US AND SENT VIA WIRE TRANSFER AFTER FUNDS ARE RELEASED, AHED INTERNATIONAL, INC. MAINTAINS ON-GOING CONTACT WITH THE GRANTEE THROUGHOUT PROJECT IMPLEMENTATION TO ENSURE THAT ELEMENTS OF THE PROJECTS ARE ON SCHEDULE AND MANAGED ACCORDING TO PLAN. IF THE PROJECT IS A LONG-TERM PROJECT (EXCEEDS 2 MONTHS) THEN REGULAR UPDATES ARE REQUESTED ALONG WITH VISUAL DOCUMENTATION AND A COMPREHENSIVE REPORT AT THE COMPLETION IF AT ANY TIME DURING THE GRANT AGREEMENT A DISCREPANCY IS DETECTED AND ADEQUATE EXPLANATION HAS NOT BEEN PROVIDED BY THE GRANTEE WITH 30 DAYS. THEN AHED INTERNATIONAL. INC. HAS WITHIN ITS CONTRACTUAL RIGHT TO CONDUCT AN AUDIT OF THE GRANTEE IF IT IS DETERMINED THAT THE GRANT HAS BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE PROPOSAL, AHED INTERNATIONAL, INC. MAY SEND A WRITTEN REQUEST DEMANDING REFUND IN FULL AMOUNT IN QUESTION FROM THE GRANTEE IN ADDITION, AHED INTERNATIONAL, INC , MAY INVOKE ITS RIGHT TO

WITHHOLD ANY FUTURE GRANTS TO GRANTEE UNTIL ALL ISSUES ARE RESOLVED.

Additional Data

SUB-SAHARAN AFRICA

SOUTH ASIA

 Software ID:
 16000303

 Software Version:
 2016v3.0

 EIN:
 20-0942434

Name: AHED INTERNATIONAL INC

MEDICAL SUPPLIES

MEDICAL SUPPLIES

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | | | |
|-------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | | |
| MIDDLE EAST AND NORTH AFRICA | 1 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES | 6,679,229 | | | | |

0 PROGRAM SERVICES

0 PROGRAM SERVICES

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | | | |
|-------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------|--|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | | |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | | DISASTER AND POVERTY RELIEF | 0 | | | | |
| SOUTH ASIA | 1 | 1 | | DISASTER AND POVERTY RELIEF | 0 | | | | |
| SUB-SAHARAN AFRICA | 1 | 0 | | DISASTER AND POVERTY RELIEF | 0 | | | | |

(i) Method of l(b) IRS code (f) Manner of (g) Amount of (h) Description of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash non-cash organization and EIN(If cash grant grant disbursement assistance assistance appraisal, applicable) other) EBOLA CRISIS MEDICINE/SUPPLI FMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States

IEARTHOUAKE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of ' (h) Description . (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If organization grant cash grant non-cash disbursement assistance appraisal. applicable) assistance other) **IEUROPE** RELIEF AID 48,014 WIRE MIDDLE EAST, RELIEF AID 1.176.974 WIRE 6.679.229 MEDICAL lFM∨

INA

SUPPLIE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (g) Amount of (f) Manner of valuation ' (d) Purpose of l (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ASISA DISASTER 159,773 WIRE IRELIEF ISUB-SAHARAN RELIEF AID 143.735 WIRE lafr

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493124009217 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **2016** Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** AHED INTERNATIONAL INC. 20-0942434 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eliqibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance See Additional Data Table (1)(2)(3)(4)

(6)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2016

Part III

(2) (3) (4)

(5)

(6) (7) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV Return Reference **Explanation**

1)AHED INTERNATIONAL, INC. ONLY ACCEPTS GRANT APPLICATIONS FROM US NON-PROFIT ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE RECEIPT OF Grantmaker's Description of How

FEDERAL TAX EXEMPT STATUS FROM IRS2)PROPOSAL IS REVIEWED BY BOARD OF DIRECTORS AND SUBJECT TO THEIR APPROVAL3)UPON APPROVAL, FUNDING IS Grants are Used RELEASED AND SENT VIA CHECK OR A BANK DEPOSIT PROCESS4)AFTER THE FUNDS ARE RELEASED, AHED INTERNATIONAL, INC. MAINTAINS ONGOING CONTACT

WITH THE GRANTEE THROUGHOUT PROJECT IMPLEMENTATION TO ENSURE THAT THE ELEMENTS OF THE PROJECT ARE ON SCHEDULE AND MANAGED ACCORDING TO PLAN IF THE PROJECT IS A LONG-TERM PROJECT (EXCEEDS 2 MONTHS) THEN REGULAR UPDATES ARE REQUESTED ALONG WITH VISUAL DOCUMENTATION AND A COMPREHENSIVE REPORT AT THE COMPLETION IF AT ANY TIME DURING THE GRANT AGREEMENT A DISCREPANCY IS DETECTED AND ADEQUATE EXPLANATION HAS NOT BEEN PROVIDED BY THE GRANTEE WITH 30 DAYS, THEN AHED INTERNATIONAL, INC HAS WITHIN ITS CONTRACTUAL RIGHT TO CONDUCT AN AUDIT OF THE GRANTEE IF IT IS DETERMINED THAT THE GRANT HAS BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE PROPOSAL. AHED INTERNATIONAL, INC. MAY SEND A

Page 2

Additional Data

FOUNDATION

AMJA ONLINE PO BOX 7132 FOLSOM, CA 95763

10101 S ROBERTS ROAD PALOS HILLS, IL 60465

75-2994817

 Software ID:
 16000303

 Software Version:
 2016v3.0

 EIN:
 20-0942434

Name: AHED INTERNATIONAL INC

me: ARED INTERNATIONAL INC

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------|------------|----------------------------------|-----------------------------|------------------------------------------|-------------------------------------------------------------|----------------------------------------|------------------------------------|--|--|
| (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 | | |
| AJP EDUCATIONAL | 27-1365284 | | 10,000 | 0 | | | EDUCATIONAL | | |

8,000

EDUCATIONAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 8.760 DISASTER RELIEF IRVING, TX 75016

WATER WELLS

30,270

AMOUD FOUNDATION PO BOX 165614

COLUMBIA HEIGHT, MN 55421

ARAHA

3900 JACKSON ST

41-1989714

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance BAITULMAAL WELFARE GROUP 13.044 FMV 100 HYGIENE KITS AND

| PO BOX 166911 IRVING, TX 75016 | | 20,0 | BLANKETS | |
|----------------------------------------------|---|--------|-----------------------------------|--|
| DAY OF DIGNITY 2922 MARTIN LUTHER KING JR | 0 | 41,293 | HYGIENE KITS, BLANKETS AND SUPPLY | |

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

DALLAS, TX 75215

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 6.695 FMV 150 HYGIENE KITS HOPE FOR THE HOMELESS 6020 W HIGHWAY 377 TOLAR, TX 76476 EDUCATION

ISLAMIC CENTER OF 8,000 WHEATON 900 E GENEVA ROAD

WHEATON, IL 60187

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 26-2503530 76,000 EDUCATIONAL BRIDGEVIEW, IL 60455

EDUCATION

7,500

MAS- CHICAGO CHAPTER 9210 S OKETO AVE

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

MAS NEW YORK CHAPTER

1933 BATH AVE BROOKLYN, NY 11214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| MATTHEW 25 MINISTRIES 11060 KENWOOD ROAD CINCINNATI, OH 45242 | 68-0480736 | 22,360 | 0 | | | DISASTER RELIEF |
|---------------------------------------------------------------------|------------|--------|---|-----|-----------------|-----------------|
| MUSLIM COMMUNITY CENTER | 75-2580088 | 8,000 | 0 | FMV | 75 HYGIENE KITS | SUSTAINABLE |

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

7600 GLENVIEW DR RICHLAND HILLS, TX 76118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 27-1718925 5.774 ONENATION RELIFE POVERTY RELIEF AID PO BOX 166911

DISASTER RELIEF

41,200

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

IRVING, TX 75062
PURE HAND FOR MANKIND

PO BOX 941112 PLANO, TX 75094 45-4810098

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 10.000 RAHMA FOUNDATION IBANGLADESH POVERTY PO BOX 165004 RELIEF

PO BOX 165004
IRVING, TX 75016

SYRIAN AMERICAN MEDICAL
SOC

NEDICAL SUPPLIES

MEDICAL SUPPLIES

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

POBox 1015 Canfield, OH 44406

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 11.000 SYRIA DISASTER SYRIAN FORUM USA 10S510 KINGERY HWY 5 RELIEF WILLOWBROOK, IL 60524

DISASTER RELIEF

120,697

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

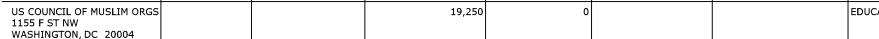
UNITED MUSLIM RELIEF

1180 CAMERON ST ALEXANDRIA, VA 22314 27-3175543

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 19.250 IFDUCATION

2016 BROCHURES

5,739



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

XPRESS GRAPHICS

17226 S FIGUEROA ST GARDENA, CA 90260

| efil | e GRAPHIC pr | int - DO NOT PR | ROCESS | As Filed Data - | | DLN | l: 9349312 | 4009 | 217 |
|----------|-----------------------------------------------|-----------------------------|-------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------|--------|-------|
| | IEDULE M | | | loncash Contri | hutions | | OMB No 1 | .545-0 | 047 |
| (For | m 990) | ▶Complete if the | | ons answered "Yes" on Fo | | 9 or 30. | 20 | 16 |) |
| | | ► Attach to Form | _ | | | | | | |
| | tment of the Treasury al Revenue Service | ▶Information abo | out Schedu | le M (Form 990) and its i | nstructions is at <u>www.ir</u> : | s.gov/form99 | Open to | | |
| | e of the organizat | | | | | Employer ide | ntification n | umbei | |
| AHED | INTERNATIONAL IN | C | | | | 20-0942434 | | | |
| Pa | rt I Types | of Property | | | | | | | |
| | | | (a) Check ıf applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | noncash (| (d) od of determi contribution a | | s |
| 1 | Art—Works of art | t | | | 1g | | | | |
| 2 | Art—Historical tre | | | | | | | | |
| 3 | Art—Fractional in | iterests | | | | | | | |
| 4 | Books and public | ations | | | | | | | |
| 5 | Clothing and hou | | x | | 1,759,33 | 5 FMV | | | |
| _ | goods Cars and other v | | | | | | | | |
| 6 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual prope | | | | | | | | |
| 9 | Securities—Public | | | | | | | | |
| 10 | Securities—Close | | | | | | | | |
| 11 | Securities—Partr | | | | | | | | |
| | or trust interest | | | | | | | | |
| | Securities—Misce | | | | | | | | |
| 13 | Qualified conserved contribution—Histructures | storic | | | | | | | |
| 14 | Qualified conserv | | | | | | | | |
| | contribution—Of | | | | | | | | |
| 15 16 | Real estate—Res | | | | | | | | |
| 17 | Real estate—Cor | | | | | | | | |
| 18 | Collectibles . | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medic | al supplies . | Х | 2 | 5,077,54 | 2 FMV | | | |
| 21 | Taxidermy . | | | | | | | | |
| 22 | Historical artifact | is | | | | | | | |
| 23 | Scientific specim | | | | | | | | |
| 24 | Archeological art | | | | | | | | |
| 25 | Other • (| · · | | | | | | | |
| 26 27 | Other ► (| | | | | + | | | |
| 28 | Other • (| • | | | | + | | | |
| | • | • | he organiza | tion during the tax year for | contributions | 1 1 | | | |
| | | | | 3, Part IV, Donee Acknowled | | 29 | | | |
| | | | | | | | | Yes | No |
| 30a | During the year | , dıd the organızatıo | n receive by | contribution any property r | reported in Part I, lines 1 th | nrough 28, that | | | |
| | ıt must hold for | at least three years | from the da | ate of the initial contribution | , and which is not required | to be used | | | |
| | for exempt purp | oses for the entire h | nolding perio | od? | | | . 30a | ' | No |
| b | | e the arrangement i | | | | | | | |
| 31 | | | | aliev that requires the record | v of any non-standard sont | ributions? | 31 | | No |
| | _ | _ | | olicy that requires the reviev | · | | 31 | | 140 |
| | contributions? | | ird parties o | or related organizations to so | olicit, process, or sell nonca | ssh · · · · | 32a | | No |
| | If "Yes," describ | | | column (a) for a t | manufacture of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t | | | | |
| 33 | _ | • | amount in | column (c) for a type of pro | perty for which column (a) | іѕ спескеа, | | | |
| | describe in Part | II on Act Notice see the | T | - f F 000 | Cat No. 512271 | C-I | edule M (Form | | 2016 |

| Schedule M (Form 990) (2016) | Page 2 | | | | | | |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Part II Supplemental Info | | | | | | | |
| | 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 add | itional information. | | | | | | |
| Return Reference | Explanation | | | | | | |
| | Schedule M (Form 990) (2016) | | | | | | |

| efile GRAPHIC print - DO NOT PROCESS As Filed | | | As Filed Data - | | DLN: | 93493124009217 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------|
| SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury | | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | | | | |
| Name of the org AHED INTERNATIO | anizatio NAL INC | n | | | | fication number |
| 990 Schedule | e O, Su | ıpplemental Informatio | n | | 20-0942434 | |
| Return Reference | | | | Explanation | | |
| Form 990, Part III, Line 4d Other Program Services Description | assist by responding and utritional, responding and utritional, responding and RAM Supplied arrows, AHE cations by edutate least and supplied arrows. | families and communities aroused and the lives of orphaned, abando Africa AHED International, Inc. strives to fulfill its humanic did the did not be provided by the lives of orphaned, abando Africa AHED International, Inc. scownitted to providing the lives of orphaned, abando Africa AHED International, Inc. scownitted to providing the lives of orphaned, abando Africa AHED International, Inc. scownitted to providing the lives of orphaned, abando Africa AHED International, Inc. scownitted to providing the lives to fulfill its humanic dulthood, with happier, secure lie Quran in Braille for the Blining secure and medications to many contributions a priority. In order for unity to be healthy and get the stipends, emergency medical ED recognizes the need to sup & Awareness AHED Inc. belief to quality education. We strived to applicational initiatives across the did and projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects through the educational projects the producation and projects through the educational projects the producation and projects through the education and projects the producation and projects through the education and projects the producation and projects through the education and pro | and the world, to alleve the needs of disadvant, and provide the potal or or or or or or or or or or or or or | ater, shelter, clothing, utility (short-term and long-term) onsorship Program is dedicated ged children in the Middle East, A de these children with food, ner necessities AHED Internatis, means and hope AHED Internatis, means and hope AHED Internatistributed on behalf of the sponsors all across the globe OTHER Face provides medical assistance, non AHED has made health and it uplifted, they must have the to thrive Through monthly presoupport for clinics in refugee campaid OTHER PROGRAM SERVICES and OTHER PROGRAM SERVICES the future, and all children have indition of our youth through vis committed to supporting wortols, providing supplies to facilic countability metrics and exams | g or c c sponsors I It to Imp As na S 6 Quran PROG medical medi c p CES 8 Edu | |

Return Explanation

990 Schedule O, Supplemental Information

| Form 990, | FORM 990 IS REVIEWED BY THE TEAM OF PRESIDENT, TREASURER AND EXECUTIVE DIRECTOR PRIOR TO T |
|---------------|--------------------------------------------------------------------------------------------|
| Part VI, Line | HE FILING OF THE FORM 990 A COPY OF FORM 990 IS PROVIDED TO ALL VOTING BOARD MEMBERS PRIO |
| 11b Form | R TO FILING WITH IRS |
| 990 Review | |
| Process | |

990 Schedule O, Supplemental Information Return Explanation

Reference

| Form 990, Part VI, Line | COMPENSATION FOR SENIOR MANAGEMENT IS APPROVED BY THE BOARD OF DIRECTORS THE BOARD REVIEW S THE RECOMMENDED COMPENSATION BASED ON MARKET CONDITIONS AND COMPARABLE SALARY DATA PRIOR |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15a | TO APPROVAL |
| Compensation | |
| Review & | |
| Approval | |
| Process - | |
| CEO, Top | |
| Management | |

Return Reference
Form 990, Part VI, Line
UPON REQUEST

990 Schedule O, Supplemental Information

Part VI, Line
19 Other
Organization
Documents
Publicly
Available

DLN: 93493126009675

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

| A Fo | r the | 2014 cal | endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014 | | | | |
|--------------------------------|------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|----------------|----------------------------|
| | | pplicable | C Name of organization BAITULMAAL INC | | D Employ | yer iden | tification number |
| Add | | _ | | | 20-09 | 42434 | |
| Naı | me cha | nge | Doing business as | | | | |
| Init | ıal retu | m | | | E Telepho | ne numt | per |
| Fin- | | nınated | Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 166911 | 3 | (972) | 257-2 | 564 |
| ✓ Am | | | City or town, state or province, country, and ZIP or foreign postal code | | (372) | 237-2 | 304 |
| _ | | pending | IRVING, TX 75016 | | G Gross re | eceipts \$ | 8,128,853 |
| i Uhi | nication | rpending | F. Nama and address of managed officers | | | | |
| | | | F Name and address of principal officer | | Is this a group subordinates? | return | for ┌ Yes ┌ No |
| | | | | | Suborumaces | | |
| | | | | H(b) | Are all subordin | nates | ┌ Yes No |
| | x-exen | npt status | ✓ 501(c)(3) | | included? If "No." attach | a list (| (see instructions) |
| | | <u> </u> | w baitulmaal org | | • | | |
| | | | | H(c) | Group exempti | on num | nber F |
| | | | Corporation Trust Association Other ► | L Yea | ar of formation 200 | 04 M | State of legal domicile TX |
| Pa | rt I | Sum | mary | | | | |
| Governance | | BAITUL UNDERF NATION | escribe the organization's mission or most significant activities MAAL INSTITUTES COMPASSIONATE PROJECTS WORLDWIDE TO I PRIVILEGED CHILDREN, THE SICK, ELDERLY, WIDOWS, ORPHANS A MALITY OR RELIGION OUR ACTIVITIES ARE BASED ON PRINCIPLE GNITY AND SANCTITY OF HUMAN LIFE | ND NE | EDY FAMILIES | REGA | RDLESS OF RACE, |
| Ē | | | | | | | |
| 70X | , | Check + | nis box 📭 if the organization discontinued its operations or disposed of | more t | han 25% of its | net acc | sets |
| | - | CHECK II | is box F ₁ in the organization discontinued its operations of disposed of | more c | | nec as. | 3003 |
| Activities & | 3 | Number | of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot\cdot$ | | | 3 | 6 |
| Ĭ | 4 | Number | of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 6 |
| 2 | | | mber of individuals employed in calendar year 2014 (Part V, line 2a) . | | | 5 | 4 |
| | | | mber of volunteers (estimate if necessary) | | | 6 | 12 |
| | | | related business revenue from Part VIII, column (C), line 12 | | | 7a | 0 |
| | ь | Net unre | lated business taxable income from Form 990-T, line 34 | | Poil W | 7b | |
| | 8 | Contri | butions and grants (Part VIII, line 1h) | | Prior Year 1,654,4 | 70 | 8,118,027 |
| 횰 | 9 | | Im service revenue (Part VIII, line 2g) | | 1,054,4 | 70 | 0,110,027 |
| Rayenue | 10 | - | tment income (Part VIII, column (A), lines 3, 4, and 7d) | 3.: | | 50 | -177 |
| 걆 | 11 | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 15,8 | 552 | 10,826 |
| | 12 | | revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | | 4 672 6 | | 0.400.676 |
| | 42 | | and anylon and and (Bart IV, aslama (A) lines 1, 2) | | 1,673,6 | | 8,128,676 |
| | 13 14 | | ts paid to or for members (Part IX, column (A), lines 1-3) | | 1,108,748 | | 7,286,318 |
| | 15 | | es, other compensation, employee benefits (Part IX, column (A), lines | | | | |
| \$ | 13 | 5-10 | | | 165,878 | | 203,672 |
| Expenses | 16a | Profes | sional fundraising fees (Part IX, column (A), line 11e) | | | | 0 |
| ੜੇ | ь | Total fu | ndraising expenses (Part IX, column (D), line 25) 🕨 152,721 | | | | |
| ш | 17 | Other | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 269,4 | 69 | 251,069 |
| | 18 | Total | expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 1,544,0 | 95 | 7,741,059 |
| | 19 | Reven | ue less expenses Subtract line 18 from line 12 | . 129,577 | | | 387,617 |
| \$ 8 | | | | Beg | inning of Currer | nt | End of Year |
| Net Assets or Fund Balances | 30 | T 64-1 | accate (Part V. line 16) | - | Year | 77 | |
| Ass dBs | 20 21 | | assets (Part X, line 16) | | 835,3 19,6 | _ | 1,235,159 |
| 変要 | 22 | | ssets or fund balances Subtract line 21 from line 20 | | 815,7 | _ | 1,198,478 |
| | 1111 | | ature Block | | 0107. | | 1/150/170 |
| Unde my ki | r pena nowled | lties of dge and | perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other than nowledge | | | | |
| | | **** | ** | | 2015-05-06 | | |
| Sign | 1 | I B | ature of officer | | Date | | |
| Here | | SHEI | K HASSAN NAZIR Treasurer | | | | |
| | | Туре | or print name and title | | | | |
| | | | Print/Type preparer's name Preparer's signature Da Gregg S Bossen CPA Gregg S Bossen CPA | te | Check If | PTIN P01444 | 127 |
| Paid | | F | Firm's name ► GREGG S BOSSEN CPA PC | | self-employed Firm's EIN 🕨 | | |
| | pare | er | | | | | 12 |
| Use | On | ly ˈ | Firm's address ► 1904 MONROE DR NE Suite 260 | | Phone no (404) | o92-95 | 13 |
| M - · · | -b - T - | ٠٠- ١٠ ح | ATLANTA, GA 303244858 | | 1 | | |
| May 1 | .ne IR | 5 aiscus | ss this return with the preparer shown above? (see instructions) | | | | ✓ Yes No |

| art IV | Checklist of | Required | Schedules |
|--------|--------------|----------|-----------|
| | | | |

| | | | Yes | No |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1 | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square} | 9 | | No |
| LO | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | Νo |
| l 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII" | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f E}$ | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | No |
| L2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| L3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| L4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| L5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Yes | |
| L6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| L 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| L8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| L9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\footnote{5}$ | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
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| Note, If the sum of lines 1a and 2 as is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b In 17 Yes, This is third a Form 990-T for this year? If "Po" to time 3b, provide an explanation in Schedule C. 3b In 18 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a hinancial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5c In "Yes," where the name of the foreign country such as a bank account, securities account, or other financial accounts? 5c In "Yes," where the name of the foreign country such as a bank account, securities account, or other authority accounts? 5c In "Yes," where the name of the foreign country such as a bank account, securities account, or other authority accounts? 5c In "Yes," where the name of the foreign country such as a bank account, securities account, or other authority accounts? 5c In "Yes," where the name of the foreign country such as a bank account, securities account, or other authority accounts? 5c In "Yes," where the name of the foreign country such as a bank account, securities account, or other authority accounts? 5c In "Yes," where the name of the foreign country such as a bank account, securities account, or other authority accounts? 5c In "Yes," where the name of the foreign country such as a bank account, securities accounts, or other authority where a such as a such as a bank account, securities accounts, or other authorities and accounts and accounts. 5d Dut the organization such accounts and the section 170(c). 5d Dut the organization have a namely sposs receipts the are namely greater than \$1,00,000, and did the organization have accounts and the value of the goods or services provided. 7d In "Yes," did the organization have account account and the value of the provided accounts and partly for goods and services provid | ∠a | Tax Statements, filed for the calendar year ending with or within the year covered | | | |
| b If Yes," has it field a Form 990-1 for this year? If 'Wor' oline 3b, provide an explanation in Schedule 0. a At any time during the calendar year, did the organization have an interest, no, a significant or other financial accounts in foreign country (such as a bank account, securities account, or other financial accounts of the financial accounts in foreign country bese instructions for filing requirements for Finice N Form 114, Report of Foreign Bank and Financial Accounts (FSAR). b Uf Yes, "enter the name of the foreign country bese instructions for filing requirements for Finice N Form 114, Report of Foreign Bank and Financial Accounts (FSAR). b Ud any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If Yes," to line 5a or 5b, did the organization file Form 8886-17. b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax dedictible as charable contributions? b If Yes," did the organization incide with every solicitation a nexpress statement that such contributions or gifts were not tax dedictible? Organization state may receive deductible contributions under section 170(c). D If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If Yes," did the organization notify the donor of the value of the goods or services provided? To D of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8289 as required? If If Yes," indicate the number of Forms 8282 filed during the year. c D of the organization of the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To D of the organization of the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If I How organization is a provide the property of the payor of th | b | | 2b | Yes | |
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| over, a hancial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FRAS). If "Yes," enter the name of the foreign country (Pase) in the security of the property of the p | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | N |
| See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) is Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 58 | la | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | 4a | | N |
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| organization solicit any contributions that were not tax deductible as charitable contributions? b if if Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? d If "Yes," indicate the number of Forms \$282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? g If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 3 Did the sponsoring organization make any taxable distributions under section 4966? 9a No Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(7) organizations. Enter a Gross income from their sources (Do not net amounts due or paid to other sources against amounts due or received from them) b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities section 501(c)(29) qualified | - | | 5c | | |
| were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Do It the organization receive a payment in excess of \$7.5 made partly as a contribution and partly for goods and services provided to the payor? Do It the organization notify the donor of the value of the goods or services provided? Do It the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$2.82? If "Yes," indicate the number of Forms 82.82 filed during the year | | organization solicit any contributions that were not tax deductible as charitable contributions? | | | N |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8 282? If "Yes," indicate the number of Forms 8 282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To Hif the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? To Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter In Initation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Did Gross income from members or shareholders Did Gross income from members or shareholders Did Gross income from members or shareholders Did Gross income from members or shareholders Did Gross income from other sources (00 not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a) (13) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Note. See the instructions for additional information the organization must report on Schedule O Difference or a differ | | were not tax deductible? | | | |
| services provided to the payor? | | | _ | 1 | 1 |
| Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? If I"Yes," indicate the number of Forms 8282 filed during the year . 7d | | services provided to the payor? | | | N |
| file Form 8.282? | | | | | |
| Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? The organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sources) Gross income from other sources (Do not net amounts due or paid to other sourc | | file Form 8282? | 7c | | N |
| contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 c Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter d Gross income from members or shareholders d Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) d Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a No of the ves," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in which the organization is licensed to issue qualified health plans in which the organization is licensed to issue qualified health plans in which the organization is licensed to issue qualified health plans in the states in which the organization i | 1 | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Build the sponsoring organization make any taxable distributions under section 4966? Build the sponsoring organization make a distribution to a donor, donor advisor, or related person? Build the sponsoring organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). If If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand The Note of the organization is licensed to issue qualified health plans. In which the organization is licensed to issue qualified health plans. In which the organization is licensed to issue qualified health plans. | 2 | | 7e | | N |
| required? | | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | N |
| If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | J | | | | N |
| Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year b If "Yes," enter the amount of tax-exempt interest received or accrued during the year c Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a N | h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | | N |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time | | 1 | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | N |
| Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | | | N |
| Initiation fees and capital contributions included on Part VIII, line 12 | | | 9b | | N |
| Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | | | |
| Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | - | | |
| a Gross income from members or shareholders | | | | | |
| Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | | |
| a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | Section 4947(a)(1) non-everynt charitable truete. Is the organization filing Form 0.00 in liquid Form 1.0412 | 122 | | N.I |
| Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | If "Yes," enter the amount of tax-exempt interest received or accrued during the | 124 | | IN |
| Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O be Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand | } | year | 1 | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand | | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | N |
| rn which the organization is licensed to issue qualified health plans | b | Enter the amount of reserves the organization is required to maintain by the states | | | |
| | | In which the organization is licensed to issue qualified health plans | - | | |
| | a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N |

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

| Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | .[V |
|-----------------------------------------------------------------------------|--|--|--|--|--|--|-----|

| Se | ection A. Governing Body and Management | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------|-------|--------|-----|
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 6 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 6 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con | | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since filed? | the p | orior Form 990 was | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the or | rganız | ation's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the pow more members of the governing body? | | | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body? | | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written active year by the following | ons ui | ndertaken during the | | | |
| а | The governing body? | | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> | | | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not | requi | ired by the Internal R | eveni | ue Cod | e.) |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of it the form? | s gov | erning body before filing | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this F | orm 9 | 90 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 $$. | | | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? | ly inte | erests that could give | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | the p | olicy? <i>If "Yes," describe</i> | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? . | | | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Yes | |
| b | Other officers or key employees of the organization | | | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | 1 | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? | | | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements? | e step | s to safeguard the | 16b | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Describe in 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►KHALID MOLAI
 - PO BOX 166911

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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🔽 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 | person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation |
|----------------------------------|-------------------------------------------------------|------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | MISC) | from the organization and related organizations |
| (1) UGAS JILLAOW | 2 00 | ., | | ., | | | | | | |
| President | 0 00 | Х | | Х | | | | 0 | 0 | 0 |
| (2) CAROLE STURM | 2 00 | | | | | | | _ | _ | _ |
| Secretary | 0 00 | Х | | Х | | | | 0 | 0 | 0 |
| (3) IQBAL HUSSAIN Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (4) ABDELAZIZ GHEDI Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (5) YASIR ARAFAT Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (6) SHEIK HASSAN NAZIR Treasurer | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| (7) SULEIMAN ALGHANEM | 40 00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0 00 | | | | Х | | | 64,500 | 0 | 0 |

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

| (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | i | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|-----------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |

| 1b | Sub-Total | - | | |
|----|-------------------------------------------------------|---|--------|--|
| С | Total from continuation sheets to Part VII, Section A | • | | |
| d | Total (add lines 1b and 1c) | ۰ | 64,500 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0

| | | | res | NO |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | |
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | | Νo |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | |
| | ındıvıdual | 4 | | Νo |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for | | | |
| | services rendered to the organization? If "Yes," complete Schedule I for such person | 5 | | Νo |

| Coction | D | Tada | | Contractors |
|---------|----|------|---------|--------------------|
| Section | В. | Tuae | penaent | Contractors |

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) | (B) | (C) |
|------------------------------------------------------------------------|---------------------------|--------------|
| Name and business address | Description of services | Compensation |
| | | |
| | | |
| | | |
| | | |
| | | |
| Takal mankan dan dan dan dan kanadan dan dan dan dan dan dan dan dan d | and a second second bloom | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

| Part V | / | Statement o Check if Schedi | of Revenue ule O contains a respor | nse or note to any li | (A) Total revenue | (B) Related or exempt | (C) Unrelated business | (D) Revenue excluded from |
|---------------------------------------|----------|-----------------------------------------------------------------|-----------------------------------------------------|-----------------------|-------------------|-----------------------------|-------------------------------------|----------------------------------|
| | | | | | | function revenue | revenue | tax under sections 512-514 |
| u B | 1a | Federated cam | paigns 1a | | | | | |
| ons, Gifts, Grants Similar Amounts | b | Membership du | es 1b | | | | | |
| Gr. | c | Fundraising eve | ents 1c | | | | | |
| Gifts, nilar An | d | Related organiz | zations 1d | | | | | |
| nila | e | Government grants | | | | | | |
| Contributions, and Other Sim | | | | 8,118,027 | | | | |
| tributic Other | f | similar amounts no | ons, gifts, grants, and 1f ot included above | | | | | |
| ₫₽ | g | Noncash contribute 1a-1f \$ | ons included in lines | 6,051,210 | | | | |
| Coni and | h | Total. Add lines | s 1a-1f | | 8,118,027 | | | |
| | | | | Business Code | | | | |
| ını | 2a | | | | | | | |
| Program Serwce Revenue | ь | | _ | | | | | 1 |
| ee F | c | | _ | | | | | |
| er M | d | | _ | | | | | |
| ර | e | | _ | | | | | |
| graf | f | All other progra | am service revenue | | | | | |
| چ | g | Total Add lines | s 2a-2f | | 0 | | | |
| | 3 | | ome (including dividen | | 0 | | | |
| | | and other simila | aramounts) | • | 0 | | | |
| | 4 | | stment of tax-exempt bond | | 0 | | | |
| | 5 | Royalties | () 5 | | 0 | | | |
| | 6a | Gross rents | (ı) Real | (II) Personal | | | | |
| | b | Less rental | | | | | | |
| | - | expenses Rental income | | | | | | |
| | c | or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | 0 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (I) Securities | (II) Other | | | | |
| | b | Less cost or other basis and | | 177 | | | | |
| | _ | sales expenses Gaın or (loss) | | -177 | | | | |
| | C d | | [| | -177 | -177 | | |
| <u>a</u> | 8a | Gross income f events (not inc | rom fundraising | | | | | |
| Other Revenue | | \$ of contributions See Part IV , lin | s reported on line 1c) | | | | | |
| her | Ь | Less directer | penses b | | | | | |
| ᅙ | c | | (loss) from fundraising | events 🛌 | 0 | | | |
| | 9a | Gross income f See Part IV, lin | rom gaming activities in 19 | | | | | |
| | b c | | penses b (loss) from gaming acti | vities | 0 | | | |
| | | Gross sales of returns and allo | inventory, less owances . | | | | | |
| | | loco cost-f- | a a | | | | | |
| | b c | | oods sold b (loss) from sales of inve | L entory ⊾ | 0 | | | |
| | Ť | Miscellaneous | | Business Code | | | | |
| | 11a | MISCELLANEC | | | 10,826 | | | 10,82 |
| | ь | | | | | | | |
| | С | | | | | | | |
| | d | All other reven | ue | | | | | |
| | e | Total. Add lines | s 11a-11d | 🕨 | 10,826 | | | |
| | 12 | Total revenue. | See Instructions . | 🕨 | | | | |
| | I | | | - | 8,128,676 | -177 | | 10,82 |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col | umn (| A) |
|--------------------------------------------------------------------------------------------------------------------|-------|-----|
|--------------------------------------------------------------------------------------------------------------------|-------|-----|

| Section | on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this | | | | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|--------------------------------------------------|--------------------|
| | ot include amounts reported on lines 6b, | (A) | (B) Program service | (C) Management and | (D) Fundraising |
| 7b, 8l | o, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 129,197 | 129,197 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 7,157,121 | 7,157,121 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 64,500 | 41,800 | 6,450 | 16,250 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 115,000 | 65,325 | 16,800 | 32,875 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 24,172 | 14,504 | 3,142 | 6,526 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 0 | | | |
| С | Accounting | 6,850 | | 6,850 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 56,906 | 450 | 1,899 | 54,557 |
| 12 | Advertising and promotion | 16,190 | 8,166 | | 8,024 |
| 13 | Office expenses | 8,341 | | 7,391 | 950 |
| 14 | Information technology | 10,014 | | 10,014 | |
| 15 | Royalties | 0 | | , | |
| 16 | Occupancy | 15,638 | 12,510 | 1,564 | 1,564 |
| 17 | Travel | 29,460 | 4,024 | 3,910 | 21,526 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 4,024 | 3,510 | 21,320 |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 10,094 | | 10,094 | |
| 23 | Insurance | 293 | | 293 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | 233 | | 233 | |
| а | CREDIT CARD FEES | 35,081 | | 35,081 | |
| ь | BAD DEBT | 20,350 | 20,350 | | |
| c | Printing and Publications | 17,695 | 121 | 7,613 | 9,961 |
| d | Postage and Shipping | 7,775 | 2,296 | 4,991 | 488 |
| e | All other expenses | 16,382 | _, | 16,382 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,741,059 | 7,455,864 | | 152,721 |
| 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 ► ☐ if following SOP 98-2 (ASC 958-720) | . , | ., | -32,,,,1 | |

Part X Balance Sheet

| Check if Schedule O contains a response or note to any line in thi | is rait / | | | · · | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|--|--|
| | | | (A) Beginning of year | | (B) End of year | | |
| 1 Cash-non-interest-bearing | | | 546,281 | | 965,094 | | |
| 2 Savings and temporary cash investments | | | | 2 | 0 | | |
| 3 Pledges and grants receivable, net | | | | 3 | 107,696 | | |
| 4 Accounts receivable, net | | • | 159,108 | | 0 | | |
| 5 Loans and other receivables from current and former officers, din | | trustaes kay | 100,100 | - | | | |
| employees, and highest compensated employees Complete Part Schedule L | t II of | | | 5 | 0 | | |
| 6 Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section 501(c)(9) voluntary emporganizations (see instructions) Complete Part II of Schedule L | ntrıbutı | ng employers | | 6 | 0 | | |
| 7 Notes and leave recovering not | | | | 7 | 0 | | |
| 7 Notes and loans receivable, net | | | | | • | | |
| 8 Inventories for sale or use | | • • | | 8 | 0 | | |
| 9 Prepaid expenses and deferred charges | | • | | 9 | 0 | | |
| 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 201,334 | | | | | |
| b Less accumulated depreciation | 10b | 45,508 | 97,291 | 10c | 155,826 | | |
| 11 Investments—publicly traded securities | | • | | 11 | 0 | | |
| 12 Investments—other securities See Part IV, line 11 | | | | 12 | 0 | | |
| 13 Investments—program-related See Part IV, line 11 | | | | 13 | 0 | | |
| 14 Intangible assets | Intangible assets | | | | | | |
| 15 Other assets See Part IV, line 11 | Other assets See Part IV, line 11 | | | | | | |
| Total assets. Add lines 1 through 15 (must equal line 34) | Total assets. Add lines 1 through 15 (must equal line 34) | | | | | | |
| 17 Accounts payable and accrued expenses | | | 9,284 | 17 | 34,054 | | |
| 18 Grants payable | | | | 18 | | | |
| 19 Deferred revenue | | 19 | | | | | |
| 20 Tax-exempt bond liabilities | | • | | 20 | | | |
| 21 Escrow or custodial account liability Complete Part IV of Sched | | | | 21 | | | |
| Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie | s, trust | | | | | | |
| | persons Complete Part II of Schedule L | | | | | | |
| 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | | | | |
| 1 | Unsecured notes and loans payable to unrelated third parties | | | | | | |
| 25 Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part | | | | | | | |
| D | 10,342 | 25 | 2,627 | | | | |
| 26 Total liabilities. Add lines 17 through 25 | | • | 19,626 | 26 | 36,681 | | |
| Organizations that follow SFAS 117 (ASC 958), check here ► ✓ lines 27 through 29, and lines 33 and 34. | and co | mplete | | | | | |
| 27 Unrestricted net assets | -89,600 | 27 | 734,225 | | | | |
| 28 Temporarily restricted net assets | Temporarily restricted net assets | | | | | | |
| 29 Permanently restricted net assets | | 29 | | | | | |
| Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34. | e ► 厂 | and | | | | | |
| I | | | | 30 | | | |
| | | | | | | | |
| | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | - · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | · | | 1,198,478 | | |
| 31 Paid-1 32 Retair 33 Total | n or capital surplus, or land, building or equipment fund .ned earnings, endowment, accumulated income, or other fuinet assets or fund balances | n or capital surplus, or land, building or equipment fund ned earnings, endowment, accumulated income, or other funds net assets or fund balances | al stock or trust principal, or current funds | n or capital surplus, or land, building or equipment fund | nn or capital surplus, or land, building or equipment fund | | |

| Pai | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|-----|---------|
| | Tatalana (marata ang I Bart WIII an Ingga (A.) Ingga (A.) | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 8,3 | 128,676 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 7 7 | 741,059 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 3 | | | 387,617 |
| • | | 4 | | 8 | 315,711 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | | | | |
| | | 7 | | | |
| 8 | Prior period adjustments | 8 | | | -4,850 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 1.: | 198,478 |
| Par | t XII Financial Statements and Reporting | | | | 7 |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . Г |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Νo |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both | ewed o | n | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | 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 | arate | | | |
| | ▼ Separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant? | ht of th | ne 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O | ın | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | ne | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 3b | | |

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As Filed Data -

DLN: 93493126009675

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| | e <mark>of th</mark> LMAAL I | ne organization | | | | | Employer identification | ation number | | |
|----------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------|--------------------|----------------------------------------------|-----------------------|--|--|
| DALTO | LIMAAL I | INC | | | | | 20-0942434 | | | |
| Pa | rt I | Reason for Publi | c Charity S | tatus (All organiza | tions must co | mplete this p | | ons. | | |
| The | organı | zation is not a private f | | | | | | | | |
| 1 | Γ | A church, convention | of churches, o | r association of churc | hes described i | n section 170(l | o)(1)(A)(i). | | | |
| 2 | Г | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | | |
| 3 | Γ | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | |
| 4 | Γ | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the | | | | | | | | |
| 5 | Г | hospital's name, city, | and state | efit of a college or uni | 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 loc | | | doccribod in co | oction 170(b)/1 | \(\lambda\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | |
| 7 | , マ | An organization that n | | | | | | ianaral nublic | | |
| , | Į. | described in section 1 | | | | oni a governine | intal unit of from the g | Jeneral public | | |
| 8 | Γ | A community trust de | | | | tII) | | | | |
| 9 | Γ | An organization that n | ormally receiv | es (1) more than 331 | 1/3% of its supp | ort from contri | butions, membership | fees, and gross | | |
| | | receipts from activitie | s related to its | s exempt functions—s | ubject to certai | n exceptions, a | ind (2) no more than 3 | 331/3% of | | |
| | | its support from gross | | | | | | | | |
| | | acquired by the organ | | | | | | | | |
| 10 | Г | An organization organ | | | | | | | | |
| 11 | Ē | An organization organ | • | • | · · | • | | ut the purposes of | | |
| | · | one or more publicly s | | | | | | | | |
| | _ | the box in lines 11a th | - | | | - | | · - | | |
| а | ı | Type I. A supporting of | | | | | | | | |
| | | supported organizatio organization You mus | | | | ty of the direct | ors or trustees of the | supporting | | |
| ь | Г | Type II. A supporting | | | | with its suppo | rted organization(s), l | by having control or | | |
| | • | management of the su | = | • | | • • | • • • • • • • • • • • • • • • • • • • • | • | | |
| | _ | must complete Part I | | | | | | | | |
| С | ı | Type III functionally | | | | | | grated with, its | | |
| d | Г | supported organizatio Type III non-function | | | | | | ianization(s) that is | | |
| _ | , | not functionally integr | | | | | | | | |
| | _ | (see instructions) Yo | u must comple | te Part IV, Sections A | and D, and Par | t V. | | | | |
| е | ı | Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally | | | | | | | | |
| f | | ıntegrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations | | | | | | | | |
| - | | Provide the following i | | | | | | | | |
| g | | Trovide the following i | mormation ab | out the supported orge | inization(3) | | | | | |
| (i)Name of supported | | | of supported (ii) EIN (iii) Type of (iv) Is the organization (v) A | | | | | | | |
| | | organızatıon | | organization | listed in your | governing | monetary support | other support (see | | |
| | | | (described on lines 1-9 above or IRC | docume | nt? | (see instructions) | ınstructions) | | | |
| | | | | section (see | | | | | | |
| | | instructions)) | | | | | | | | |
| | | | | | Yes | No | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tota | 1 | | | | | | <u> </u> | | | |

Page 2

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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total

| | cction A. Fabric Support | 1 | 1 | | | | | | | |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------|--------------------------|---------------|----------|------------------|--|--|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 20 | 14 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,279,421 | 1,913,155 | 1,678,033 | 1,654,470 | 8, | 118,027 | 14,643,106 | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | 0 | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | 0 | | |
| 4 | Total. Add lines 1 through 3 | 1,279,421 | 1,913,155 | 1,678,033 | 1,654,470 | 8, | 118,027 | 14,643,106 | | |
| 5 | The portion of total contributions by each person (other than a | | | | | | | | | |
| | governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | 0 | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 14,643,106 | | |
| Section B. Total Support | | | | | | | | | | |
| Cale | endar year (or fiscal year | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 20 | 14 | (f) Total | | |
| 7 | beginning in) ► A mounts from line 4 | 1,279,421 | 1,913,155 | 1,678,033 | 1,654,470 | | 118,027 | 14,643,106 | | |
| 8 | Gross income from interest. | 1,273,121 | 1,515,155 | 1,070,033 | 1,031,170 | <u> </u> | 110,027 | 11,013,100 | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties | | | | | | | 0 | | |
| | and income from similar | | | | | | | | | |
| 9 | sources Net income from unrelated | | | | | | | | | |
| | business activities, whether or | | | | | | | 0 | | |
| | not the business is regularly | | | | | | | U | | |
| | carried on | | | | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of | | | | | | | | | |
| | capital assets (Explain in Part | | | | | | | 0 | | |
| 11 | Total support Add lines 7 through 10 | | | | | | | 14,643,106 | | |
| 12 | Gross receipts from related activit | ies, etc (see insti | ructions) | • | • | 12 | | | | |
| 13 | \cdot | | | | | | | | | |
| organization, check this box and stop here | | | | | | | | | | |
| 14 | Public support percentage for 2014 | | | 11, column (f)) | | 14 | | 100 000 % | | |
| 15 | Public support percentage for 2013 | 3 Schedule A, Par | t II, line 14 | | | 15 | | 100 000 % | | |
| 16a | 33 1/3% support test—2014. If the | | | | ine 14 is 33 1/3% | or more, | , check | | | |
| | and stop here. The organization qua | | | | | | | ▶ ✓ | | |
| D | 33 1/3% support test—2013. If the box and stop here. The organizatio | | | | and line 15 is 33 | 1/3% OF | more, c | neck this ► | | |
| 17a | 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization median | —2014. If the organization meets the "fa | anization did not o acts-and-circums | check a box on lin stances" test, che | ck this box and s | top here. | Explain | , I | | |
| | organization | cis the lacts-allu | . circumstances | cest The Organiz | -ucion quannes as | a publici | , suppo | ▶□ | | |
| b | 10%-facts-and-circumstances test | | | | | | | . , | | |
| | 15 is 10% or more, and if the organ | | | | | | | L | | |
| | Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. | | | | | | ly ▶┌ | | | |
| 18 | Private foundation. If the organiza | tion did not check | a box on line 13 | , 16a, 16b, 17a, c | or 17b, check this | box and | see | F 1 | | |
| | instructions | | | | - | | | ▶ □ | | |

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

| Section A. All Supporting Organizations |
|-----------------------------------------|
|-----------------------------------------|

| Se | ection A. All Supporting Organizations | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) . | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | За | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ 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. | 4 c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| 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? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | | |
| 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))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI . | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| L0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | | |
| l1 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, | | | |
| | the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

| Pa | rt IV Supporting Organizations (continued) | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| S | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions. | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each | | 1 1 | l |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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 See instructions. All other |
|-----|----|-----------------------------------------------------------------------------------------------------------------------------------|
| ype | [] | II 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) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | Current Year |
|---|--------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| Section D - Distributions | Current Year | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------------------|
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 Amounts paid to perform activity that directly furthexcess of income from activity | ported organizations, in | | |
| 3 Administrative expenses paid to accomplish exemp | ot purposes of supported org | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | nured) | | |
| | | | |
| 6 Other distributions (describe in Part VI) See instru | JCTIONS | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is r | esponsive (provide | |
| 9 Distributable amount for 2014 from Section C, line | 6 | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| | | (::) | (:::) |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009 | | | |
| b From 2010 | | | |
| c From 2011 | | | |
| d From 2012 | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ | | | |
| A pplied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010 | | | |
| b From 2011 | | | |
| c From 2012 | | | |
| d From 2013 | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493126009675

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

| ame of the organization AITULMAAL INC | | Employer identification number |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| art I Organizations Maintaining Donor | Advised Funds or Other Similar | 20-0942434 Funds or Accounts. Complete if the |
| organization answered "Yes" to Form S | 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| Total number at end of year | | |
| Aggregate value of contributions to (during year) | | |
| Aggregate value of grants from (during year) | | |
| Aggregate value at end of year | | |
| Did the organization inform all donors and donor ad funds are the organization's property, subject to th | | onor advised Yes No |
| Did the organization inform all grantees, donors, an used only for charitable purposes and not for the beconferring impermissible private benefit? | | |
| art II Conservation Easements. Complete | e if the organization answered "Yes" | to Form 990, Part IV, line 7. |
| Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization he | tion or education) Preservation of a | an historically important land area a certified historic structure n the form of a conservation |
| easement on the last day of the tax year | | |
| Total number of conservation easements | | Held at the End of the Year |
| · | te | 2a 2b |
| Now have 6 and a more large and 6 and 1 | | 2c 2c |
| Number of conservation easements included in (c) | ` ' | |
| historic structure listed in the National Register | | 2d |
| Number of conservation easements modified, trans | ferred, released, extinguished, or termina | ited by the organization during |
| the tax year ► | | |
| Number of states where property subject to conser | vation easement is located ► | |
| Does the organization have a written policy regardi enforcement of the conservation easements it hold | | indling of violations, and Yes No |
| Staff and volunteer hours devoted to monitoring, in | specting, and enforcing conservation eas | ements during the year |
| <u> </u> | | |
| A mount of expenses incurred in monitoring, inspec | ting, and enforcing conservation easemer | nts during the year |
| ▶ \$ | | |
| Does each conservation easement reported on line and section 170(h)(4)(B)(II)? | 2(d) above satisfy the requirements of s | ection 170(h)(4)(B)(ı) |
| In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease | f the footnote to the organization's financ | · |
| Organizations Maintaining Collecting Complete if the organization answered | | , or Other Similar Assets. |
| If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide, in Part XIII, the text of the footnot | S 116 (ASC 958), not to report in its rev ssets held for public exhibition, education | n, or research in furtherance of public |
| If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide the following amounts relating to t | S 116 (ASC 958), to report in its revenu ssets held for public exhibition, education | e statement and balance sheet |
| (i) Revenue included in Form 990, Part VIII, line 1 | L | ▶ \$ |
| (ii) Assets included in Form 990, Part X | | ► \$ |
| If the organization received or held works of art, his following amounts required to be reported under SF | | |
| Revenue included in Form 990, Part VIII, line 1 | | ▶ \$ |
| Assets included in Form 990, Part X | | ▶ -\$ |

| Par | Organizations Maintaining Co | <u>llections of Art</u> | <u>, His</u> | tori | <u>cal T</u> | reasu | res, or Ot | <u>her</u> | Similar Ass | sets (c | ontinued) |
|---------|--------------------------------------------------------------------------------------|-------------------------|--------------|----------------|--------------|------------------|---------------|---------------|-----------------|--------------|-----------|
| 3 | Using the organization's acquisition, accessicollection items (check all that apply) | on, and other record | ds, cl | neck | any of | f the follo | owing that ar | eas | ignificant use | of its | |
| а | Public exhibition | | d | Γ | Loar | n or exch | nange progra | ms | | | |
| b | Scholarly research | | е | Γ | Oth | er | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | llections and expla | ın hov | w the | y furth | ner the o | rganızatıon's | exe | mpt purpose ıı | n | |
| 5 | During the year, did the organization solicit o | | | | | | | | | _ | _ |
| Do | assets to be sold to raise funds rather than t | | | | | | | | <u>'</u> | Yes | │ No |
| Pa | t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am | | | | | | i answered | re | S to Form 9 | 90, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | | r other asse | ts no | pt | _ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | follov | wing t | able | | | | | | |
| | | | | | | | | | Am | ount | |
| С | Beginning balance | | | | | | 1 | lc | | | |
| d | Additions during the year | | | | | | 1 | .d | | | |
| е | Distributions during the year | | | | | | _ | .е | | | |
| f | Ending balance | | | | | | | Lf | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | e 21, | for e | scrow | or custo | dial account | t lıab | ılıty? [| Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | expl | anatı | on has | s been p | rovided in Pa | art XI | III | | Γ |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | |
| 1. | Beginning of year balance | (a)Current year | (b |) Prior | year | b (c) Tv | vo years back | (d) T⊦ | ree years back | (e)Four y | ears back |
| 1a b | Contributions | | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | | |
| | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balanc | e (lır | ne 1g | , colui | mn (a)) h | neld as | | • | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | |
| ь | Permanent endowment - | | | | | | | | | | |
| С | Temporarily restricted endowment ► | | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | ıld equal 100% | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation | that | are he | ld and a | dministered | for th | ne | | |
| | organization by | | | | | | | | - (| Yes | No |
| | (i) unrelated organizations | | • | | • | | | • | 3a(i | - | <u> </u> |
| ь | (ii) related organizations | | | | | ? | | . • | 3a(1 | | <u> </u> |
| 4 | Describe in Part XIII the intended uses of th | • | | | | | | - | | | |
| Pai | t VI Land, Buildings, and Equipme | | he o | rgar | ızatıc | n answ | ered 'Yes' | to F | orm 990, Pa | rt IV, lı | ne |
| | 11a. See Form 990, Part X, line 1 Description of property | 10. | | 1 7 |) Cost | or other | (b)Cost or ot | hor | (c) Accumulated | /d\ B | ook value |
| | Description of property | | | | | estment) | basis (other | | depreciation | (4) | ook value |
| 1a | Land | | • | \top | | | 18,0 | 000 | | | 18,000 |
| b | Buildings | | | | | | 96,1 | .53 | 29,11 | .9 | 67,034 |
| c | Leasehold improvements | | | | | | 48,1 | .50 | 41 | .2 | 47,738 |
| d | Equipment | | | | | | 30,2 | 23 | 10,23 | 5 | 19,988 |
| | Other | <u> </u> | | | | | · · | 808 | 5,74 | 2 | 3,066 |
| Tota | I. Add lines 1a through 1e <i>(Column (d) must e</i> | qual Form 990, Part > | ζ, colι | ımn (| B), lın | e 10(c).) | | | | | 155,826 |
| | | | | | | | | | Schedule D | (Form 9 | 990) 2014 |

| Part VII | Investments—Other Securities. Com | plete if the organization | answered 'Yes' to For | m 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 va Cost or end-of-year | |
| (1)Financia | al derivatives | | | |
| | -held equity interests | | | |
| Other | | | | |
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| | (2) 22, (2) (2) | • | | |
| Part VIII | Investments—Program Related. Co | mplete if the organizatio | n answered 'Yes' to Fo | orm 990, Part IV, line 11c. |
| | See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of va | aluation |
| | (a) Description of investment | (b) Book value | Cost or end-of-year | |
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| Part IX | m (2) made equal / em 250, raite il, eer (2) mie 25 / | answered 'Ves' to Form 99 | D Part IV line 11d See | Form 990 Part V June 15 |
| rait 1X | (a) Descrip | | o, raiciv, inicila sec | (b) Book value |
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| | | | | |
| | umn (b) must equal Form 990, Part X, col.(B) line 15 | | | mo 445 446 - C |
| Part X | Other Liabilities. Complete if the organishm 990, Part X, line 25. | mzation answered 'Yes' (| to FORM 990, Part IV, I | ille 11e or 11f. 5ee |
| 1 | (a) Description of liability | (b) Book value | | |
| Federal inc | ome taxes | | | |
| PAYROLL | LIABILITIES | 2,626 | | |
| Rounding | | 1 | | |
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| | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col (B) line 25) | 2,627 | | |
| | for uncertain tax positions. In Dart VIII. provide | | <u> </u> | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |

| Par | | evenue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line | | nts With Revenue | e per Retui | 'n Complete ıf |
|------|--------------------------------------------|-----------------------------------------------------------------------------------------------|---------|------------------|-------------|---------------------------------------|
| 1 | | support per audited financial statements | | | 1 | 8,128,676 |
| 2 | Amounts included on line 1 but | not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) or | n investments | 2a | | | |
| b | Donated services and use of fac | cilities | 2b | | | |
| C | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| е | Add lines 2a through 2d . | | · . | | . 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | . 3 | 8,128,676 |
| 4 | Amounts included on Form 990 | , Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not includ | ded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | . 4c | |
| 5 | | 4c. (This must equal Form 990, Part I, line | | | 5 | 8,128,676 |
| Part | | penses per Audited Financial St. wered 'Yes' to Form 990, Part IV, line | | | ses per Ret | urn. Complete |
| 1 | | audited financial statements | | | 1 | 7,741,059 |
| 2 | Amounts included on line 1 but | not on Form 990, Part IX, line 25 | | | | · · · · · · · · · · · · · · · · · · · |
| а | Donated services and use of fac | cilities | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| c | Otherlosses | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines 2a through 2d | | | | . 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | . 3 | 7,741,059 |
| 4 | Amounts included on Form 990 | , Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not includ | ded on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total expenses Add lines 3 and | d 4c. (This must equal Form 990, Part I, li | ne 18) | | 5 | 7,741,059 |
| Part | Supplemental Info | ormation | | | | |
| Part | | Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and | | | | ıy addıtıonal |
| | Return Reference | Explanation | | | | |
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| Schedule D (1 | 31111 3 3 0 / 2 0 1 3 | | rage 3 |
|---------------|--------------------------|----------------|--------|
| Part XIII | Supplemental Information | on (continued) | |
| Ret | urn Reference | Explanation | |
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Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE F

Department of the Treasury

(Form 990)

As Filed Data -

DLN: 93493126009675

OMB No 1545-0047

2014

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

| Internal Revenue Service | | | | | Inspection |
|----------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Name of the organization BAITULMAAL INC | | | | Employer ident | ification number |
| | | | | 20-0942434 | |
| Part I General Information "Yes" to Form 990, P | | | ne United States. Co | omplete if the organiz | ation answered |
| 1 For grantmakers. Does the | organization m | aıntaın record: | s to substantiate the a | amount of its grants | |
| and other assistance, the g | rantees' eligibili | ty for the gran | ts or assistance, and | the selection criteria | |
| used to award the grants or | assistance? | | | | ✓ Yes |
| 2 For grantmakers. Describe assistance outside the Unit | | ganızatıon's pı | rocedures for monitori | ng the use of its grant | s and other |
| 3 Activites per Region (The follo | owing Part I, line 3 | table can be du | uplicated if additional spa | ace is needed) | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , 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 region | (f) Total expenditures for and investments in region |
| (1) See Add'l Data | | - | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 3 | 1 | | | 1,157,658 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 3 | 1 | | | 1,157,658 |

| Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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) A mount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) See Add'l Data | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

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

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

| Part III can be | <u>e duplicated if addit</u> | cional space is no | eded. | | | | |
|---------------------------------|------------------------------|--------------------------|-------|------------------------------------|--------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | 7 | | 1 |
| (2) | | + | | | <u> </u> | | <u> </u> |
| (3) | | + + + | | | <u> </u> | | <u>'</u> |
| (4) | | + + | | | | | <u> </u> |
| (5) | | + + + | | | † | | |
| (6) | | + + | · | | + | | |
| (7) | | + | | | + | | |
| (8) | + | | | | + | | + |
| (9) | | | | | | | |
| (10) | + | | | | + | | - |
| (11) | + | + | | | + | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | + | + | · | | | | |
| (16) | | + | | | | | |
| (17) | + | + | · | | | | |
| (18) | + | + + | | | | | |
| | | | | | | | |

Part IV Foreign Forms

| 1 | organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Γ | Yes | [~ | Νo |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|----------|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Г | Yes | ▽ | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) | Г | Yes | ্ | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Г | Yes | ~ | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) | Γ | Yes | V | 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Г | Yes | ্ন | Νo |

Schedule F (Form 990) 2014

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).

990 Schedule F. Supplemental Information

| Return Reference | Explanation |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------|
| | · · · · · · · · · · · · · · · · · · · |
| Part I, Line 2 - Grantmakers Explanation For Monitoring | PARTNER ORGANIZATION SUBMITS FORMAL GRANT PROPOSAL THAT INCLUDES |
| Use of Funds Outside US | PROGRAM IDENTIFICATION, C |
| | OST ANALYSIS AND BUDGET, NEED ASSESSMENT AND IMPLEMENTATION |
| | LOGISTICS PROPOSAL IS REVIEWE |
| | D BY THE BOARD OF DIRECTORS AND UPON CONDITIONAL APPROVAL, |
| | GRANTEE WILL BE INSTRUCTED TO C |
| | OMPLY WITH THE ANTI-TERRORISM SCREENING AND COMPLY WITH USA |
| | SANCTION IN COMMUNICATION WITH |
| | BAITULMAAL UPON SUCCESSFUL COMPLETION OF ANTI-TERRORISM |
| | SCREENING, FUNDING IS RELEASED A |
| | ND SENT VIA WIRE TRANSFER AFTER FUNDS ARE RELEASED, BAITULMAAL MAINTAINS ON-GOING CONTACT |
| | WITH THE GRANTEE THROUGHOUT PROJECT IMPLEMENTATION TO ENSURE THAT |
| | WITH THE GRANTEE THROUGHOUT PROJECT WIFLEWIENTATION TO BISSORE THAT |
| | S ARE ON SCHEDULE AND MANAGED ACCORDING TO PLAN IF THE PROJECT IS |
| | A LONG-TERM PROJECT (EX |
| | CEEDS 2 MONTHS) THEN REGULAR UPDATES ARE REQUESTED ALONG WITH |
| | VISUAL DOCUMENTATION AND A C |
| | OMPREHENSIVE REPORT AT THE COMPLETION IF AT ANY TIME DURING THE |
| | GRANT AGREEMENT A DISCREP |
| | ANCY IS DETECTED AND ADEQUATE EXPLANATION HAS NOT BEEN PROVIDED |
| | BY THE GRANTEE WITH 30 DAY |
| | S, THEN BAITULMAAL HAS WITHIN ITS CONTRACTUAL RIGHT TO CONDUCT AN |
| | AUDIT OF THE GRANTEE IF |
| | IT IS DETERMINED THAT THE GRANT HAS BEEN EXPENDED IN VIOLATION OF THE |
| | TERMS OF THE PROPOS |
| | AL, BAITULMAAL MAY SEND A WRITTEN REQUEST DEMANDING REFUND IN FULL |
| | AMOUNT IN QUESTION FROM |
| | THE GRANTEE IN ADDITION, BAITULMAAL, MAY INVOKE ITS RIGHT TO WITHHOLD |
| | ANY FUTURE GRANTS |
| | TO GRANTEE UNTIL ALL ISSUES ARE RESOLVED |

Additional Data

Software ID: 14000265

Software Version: 2014v5.0

EIN: 20-0942434

Name: BAITULMAAL INC

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|---------------------------------|-------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| MIDDLE EAST AND NORTH AFRICA | 1 | 0 | PROGRAM SERVICE | DISTRIB NEEDED ITEMS, MEET ORG | 11,047 |
| CENTRAL AMERICA & CARIBBEAN | 0 | 0 | GRANTS | | 500 |
| EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTS | | 12,951 |

| Form 990 Schedule F F | <u> Part I - Activit</u> | <u>ies Outside Tl</u> | he United States | | |
|---------------------------------|-------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | GRANTS | | 855,150 |
| SOUTH ASIA | 1 | 1 | GRANTS | | 107,185 |
| SUB-SAHARAN AFRICA | 1 | 0 | GRANTS | | 170,825 |

| Form 990 Schedu | ile F Part II | - Grants or Entitie | es Outside The Un | ited States | | | | |
|--------------------------|------------------------------------------------------|---------------------|----------------------|------------------------------|------------------------------------|-------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuation (book, FMV, appraısal, other) |
| | | CENTRAL AMERICA | RELIEFAID | 500 | CHECK | | 1 | |
| | | EAST ASIA PACIF | RELIEF AID | 12,951 | WIRE TRANSFE | | | |
| | | MIDDLE EAST NA | RELIEFAID | 855,150 | WIRES/CHECKS | 6,010,510 | MEDICAL SUPPLIE | FMV |
| | | SOUTH ASIA | RELIEF AID | 107,185 | WIRE/CHECKS | | | |

| , Form 990 Schedu | ie F Part II - | - Grants or Entitie | es Outside The Un | ited States | | _ | _ | <u>.</u> |
|--------------------------|------------------------------------------------------|---------------------|----------------------|------------------------------|---------------------------------|-------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraısal, other) |
| | | SUB SAHARA AF | RELIEFAID | 170,825 | WIRE/CHECKS | | | |
| 1 | | | | | | | | , , , , , , , , , , , , , , , , , , , |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493126009675

OMB No 1545-0047

Schedule I (Form 990)

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

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

BAITULMAAL INC

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

20-0942434

| | Dart T | General Information on Grants and Assistance |
|--|--------|----------------------------------------------|
|--|--------|----------------------------------------------|

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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" to 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.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------|----------------|----------------------------------|-----------------------------|-------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| (1) AJP EDUCATIONAL FOUNDATION 10101 S ROBERTS ROAD PALOS HILLS,IL 60465 | 27-1365284 | | 10,000 | 0 | | | EDUCATIONAL |
| (2) MAS- CHICAGO CHAPTER 9210 S OKETO AVE BRIDGEVIEW,IL 60455 | 26-2503530 | | 7,950 | 0 | | | EDUCATIONAL |
| (3) ONENATION RELIEF PO BOX 166911 IRVING,TX 75062 | 27-1718925 | | 62,397 | 0 | | | MEDICAL SUPPLIES |
| (4) VANGUARD INTERNATIONAL ACADEM 1600 S CENTER ST ARLINGTON,TX 76010 | 75-2882187 | | 6,000 | 0 | | | EDUCATIONAL |

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

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|-------------------------------------|--------------------------------------|------------------------------------------------------------|---------------------------------------|
| | | | | | |

| Part IV Supplemental In | nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference | Explanation |
| Grantmaker's Description of How | 1)BAITULMAAL ONLY ACCEPTS GRANT APPLICATIONS FROM US NON-PROFIT ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE |
| Grants are Used | RECEIPT OF FEDERAL TAX EXEMPT STATUS FROM IRS2)PROPOSAL IS REVIEWED BY BOARD OF DIRECTORS AND SUBJECT TO THEIR |
| | APPROVAL3)UPON APPROVAL, FUNDING IS RELEASED AND SENT VIA CHECK OR A BANK DEPOSIT PROCESS4)AFTER THE FUNDS ARE |
| | RELEASED, BAITULMAAL MAINTAINS ONGOING CONTACT WITH THE GRANTEE THROUGHOUT PROJECT IMPLEMENTATION TO ENSURE |
| | THAT THE ELEMENTS OF THE PROJECT ARE ON SCHEDULE AND MANAGED ACCORDING TO PLAN IF THE PROJECT IS A LONG-TERM |
| | PROJECT (EXCEEDS 2 MONTHS) THEN REGULAR UPDATES ARE REQUESTED ALONG WITH VISUAL DOCUMENTATION AND A |
| | COMPREHENSIVE REPORT AT THE COMPLETION IF AT ANY TIME DURING THE GRANT AGREEMENT A DISCREPANCY IS DETECTED AND |
| | ADEQUATE EXPLANATION HAS NOT BEEN PROVIDED BY THE GRANTEE WITH 30 DAYS, THEN BAITULMAAL HAS WITHIN ITS |

UNTIL ALL ISSUES ARE RESOLVED

CONTRACTUAL RIGHT TO CONDUCT AN AUDIT OF THE GRANTEE IF IT IS DETERMINED THAT THE GRANT HAS BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE PROPOSAL, BAITULMAAL MAY SEND A WRITTEN REQUEST DEMANDING REFUND IN FULL AMOUNT IN QUESTION FROM THE GRANTEE IN ADDITION, BAITULMAAL, MAY INVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS TO GRANTEE

DLN: 93493126009675

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

| Nam | Name of the organization BAITULMAAL INC | | | | | ion nur | nber | |
|----------------|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------|----------|------|-----|
| | | | | | 20-0942434 | | | |
| Pa | 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 | n Method of n noncash contr | | _ | nts |
| | Art—Works of art | | | | | | | |
| _ | Art—Historical treasures . | | | | | | | |
| | Art—Fractional interests | | | | | | | |
| | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 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 | | | | | | | |
| 20 | Drugs and medical supplies . | Х | 2 | 5,097,6 | 50 FMV | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25) | Other► (| Х | 1 | 953,5 | 660 FMV | | | |
| 26 | O ther ▶() | | | | | | | |
| | O ther ▶() | | | | | | | |
| 28 | O ther ▶ () | | | | | | | |
| 29 | Number of Forms 8283 received by t for which the organization completed | | | | 29 | | | |
| 30a | During the year, did the organization | receive by | contribution any property i | enorted in Part I lines | s 1 through 28 that | | Yes | No |
| | it must hold for at least three years | | | | | | | |
| | for exempt purposes for the entire he | | | | nea to be asea | 20- | | N- |
| Į. | | | | | | 30a | | No |
| 31 | If "Yes," describe the arrangement in Does the organization have a gift ac | | licy that requires the rewe | w of any non-otandard | Leontributione? | 31 | | No |
| | | | | | | <u> </u> | I | 140 |
| 32a | Does the organization hire or use the contributions? | | | | noncash · · · · | 32a | | No |
| b | If "Yes," describe in Part II | | | | | | | |
| | If the organization did not report an | amount in co | olumn (c) for a type of prop | erty for which column | (a) is checked, | | | l |

describe in Part II

Page 2

Schedule M (Form 990) (2014)

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.

Return Reference Explanation

Schedule M (Form 990) (2014)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493126009675

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
BAITULMAAL INC
20-0942434

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 4d Other Program Services Description | |
| Form 990, Part VI, Line 11b Form 990 Review Process | FORM 990 IS REVIEWED BY THE TEAM OF PRESIDENT, TREASURER AND EXECUTIVE DIRECTOR PRIOR TO T HE FILING OF THE FORM 990 A COPY OF FORM 990 IS PROVIDED TO ALL VOTING BOARD MEMBERS PRIO R TO FILING WITH IRS |
| Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management | COMPENSATION FOR SENIOR MANAGEMENT IS APPROVED BY THE BOARD OF DIRECTORS THE BOARD REVIEW S THE RECOMMENDED COMPENSATION BASED ON MARKET CONDITIONS AND COMPARABLE SALARY DATA PRIOR TO APPROVAL |
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | UPON REQUEST |
| Amended Explanation | OMITTED EXECUTIVE DIRECTOR IN PART VII OF FORM 990 |

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

▶The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2011 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: **BAITULMAAL INC** Doing Business As Address change 20-0942434 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change Initial return PO BOX 166911 (972) 257-2564 Terminated City or town, state or country, and ZIP + 4 G Gross receipts \$ **IRVING** 75016 TX 1.924.296 Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? UGAS JILLAOW PO BOX 166911, IRVING, TX 75061 H(b) Are all affiliates included? X 501(c)(3) 501(c) (If "No," attach a list. (see instructions) 4947(a)(1) or 527 Tax-exempt status:) ◀ (insert no.) Website: ► HTTP://WWW.BAITULMAAL.ORG H(c) Group exemption number ▶ L Year of formation: 2004 **K** Form of organization: X Corporation Other > M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: BAITULMAAL INSTITUTES COMPASSIONATE PROJECTS WORLDWIDE TO IMPROVE THE LIVES OF DISASTER VICTIMS, UNDERPRIVILEGED CHILDREN, THE Activities & Governance SICK, ELDERLY, WIDOWS, ORPHANS AND NEEDY FAMILIES REGARDLESS OF RACE, NATIONALITY OR RELIGION. 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 8 6 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,279,421 1,912,055 Program service revenue (Part VIII, line 2g) 9 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 1,100 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 12 1.279.421 1,913,155 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 963,090 1,439,086 14 Benefits paid to or for members (Part IX, column (A), line 4). . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 109.631 142.693 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 138,173 b 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 101,607 158,336 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,174,328 18 1,740,115 Revenue less expenses. Subtract line 18 from line 12. 19 173.040 or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 387,771 502,417 21 Total liabilities (Part X, line 26) 0 11,100 22 Net assets or fund balances. Subtract line 21 from line 20 387.771 491,317 Signature Block Part II 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 Signature of officer Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check **Paid** Ahmad Abdul-Qadir self-employed **Preparer** Firm's name ► Continewity Corp Svcs Firm's EIN ► 27-4402713 **Use Only** Firm's address ► PO Box 166305, Irving, TX 75016 Phone no. (972) 514-6316 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

No

| Form 9 | 90 (2011) | BAITULMAAL INC | 20-0942434 | Page 2 |
|--------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|
| Pa | rt III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III | | . X |
| 1 | BAITULN VICTIMS NEEDY F | escribe the organization's mission: MAAL_INSTITUTES COMPASSIONATE PROJECTS WORLDWIDE TO IMPROVE THE LIVES ,UNDERPRIVILEGED CHILDREN, THE SICK, ELDERLY, WIDOWS, ORPHANS AN FAMILIES REGARDLESS OF RACE, NATIONALITY OR RELIGION. OUR ACTIVITIES ARE LES OF ISLAMIC TEACHINGS, WHICH STRESS THE DIGNITY AND SANCTITY OF HUI | ID E BASED ON | |
| 2 | the prior | rganization undertake any significant program services during the year which were not listed of Form 990 or 990-EZ? | | X No |
| 3 | services | rganization cease conducting, or make significant changes in how it conducts, any program Output Changes in how it conducts, any program is a second conduct. Changes in how it conducts, any program is a second conduct. | · · · Yes | X No |
| 4 | Describe expenses | the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to read allocations to others, the total expenses, and revenue, if any, for each program service report | eport the amount of | |
| 4a | EMERGE TO PRO |) (Expenses \$ 1,054,167 including grants of \$ 0) (Reve ENCY DISASTER RELIEF PROJECTS: VIDE FOOD, SHELTER, WATER & SANITATION, HEALTH SERVICES AND OTHER ESSEN OF DISASTERS GLOBALLY | ITIAL SERVICES TO | O THE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4b | POVERT |) (Expenses \$ 331,851 including grants of \$ 0) (Reve Y & HUNGER ALLEVIATION PROGRAM: TO ATE POVERTY AND HUNGER BY DISTRIBUTION OF FOOD, MEDICINE AND OTHER ESS | | |
| | POOR C | OMMUNITIES AROUND THE WORLD AND BY SPONSORING FAMILIES. RIBUTE DONATED MEAT TO THE NEEDY DURING THE MUSLIM HOLY FESTIVALS | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | (Codo: | \(\(\Gamma_{\text{constant}} \) \(\Gamma_{\text{constant}} \ | | 0.) |
| 4c | |) (Expenses \$ 53,068 including grants of \$ 0) (Reve MAJOR PROJECTS INCLUDE BRAILLE QURAN PROJECT AND EDUCATION TS. | | 0_) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4d | - | ogram services. (Describe in Schedule O.) | 0.\ | |
| 4e | (Expense | es \$ 0 including grants of \$ 0) (Revenue \$ egram service expenses > 1,439,086 | 0) | |

20-0942434

| Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i> | | Yes | No |
| Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | | i |
| Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>. Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>. | 1 | Χ | |
| candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 2 | Χ | |
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| election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>. Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>. | 3 | | Χ |
| Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>. Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>. | | | 1 |
| assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 4 | | Χ |
| Part III | | | 1 |
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| have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III | 5 | | Х |
| "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III | | | 1 |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | | |
| the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II | 6 | | Х |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | _ | | |
| complete Schedule D, Part III | 7 | | Х |
| | | | · V |
| O Did the expenientian report on amount in Dort V line 21, some as a sustedian for amounts not listed in Dort | 8 | | Х |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | 1 |
| X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," | 9 | | Х |
| complete Schedule D, Part IV | 9 | | |
| | 10 | | Х |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | ^ |
| VII, VIII, IX, or X as applicable. | | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | |
| | 11a | Х | 1 |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | ^ | |
| | 11b | | Х |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| | 11c | | Χ |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | 11d | | Χ |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Χ | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Χ |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 1 |
| | 12a | Χ | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | | | 1 |
| | 12b | Χ | |
| Ε | 13 | | Χ |
| | 14a | | Χ |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | 1 |
| fundraising, business, investment, and program service activities outside the United States, or aggregate | | ., | 1 |
| | 14b | Χ | |
| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | ., | 1 |
| | 15 | Χ | |
| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 40 | | |
| – | 16 | | Х |
| Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 47 | | v |
| | 17 | | Х |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 10 | | · V |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 18 | | Х |
| | 19 | | Χ |
| | 20a | | X |
| | 20b | | |

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Χ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Χ 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ **b** A family member of a current or former officer, director, trustee, or key employee? *If* "Yes," complete Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, 34 Χ Χ b Did the organization receive any payment from or engage in any transaction with a controlled entity within 35b Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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Form 990 (2011) **Part V**

| Statements Regarding Other IRS Filings and Tax Compliance | |
|-----------------------------------------------------------|--|

| | Check it Scriedule O contains a response to any question in this Fart V | • • | . ! | |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 4 - | | |
| 2- | gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| h | Statements, filed for the calendar year ending with or within the year covered by this return | 2b | | |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) | 20 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 0.0 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | Χ |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible? | 6a | | Χ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | Χ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 70 | | ~ |
| d | required to file Form 8282? | 7c | | X |
| u e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | Х |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | . <u>- a</u> | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | Х |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Χ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | | | |

Form 990 (2011) BAITULMAAL INC

Part VI

| Sect | ion A. Governing Body and Management | | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|-------|----|
| 4- | Enter the number of voting members of the governing hadrest the and of the towers | 1. | | Yes | No |
| та | Enter the number of voting members of the governing body at the end of the tax year | 1a 5 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar | | | | |
| | committee, explain in Schedule O. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 5 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relation | | - | | |
| 2 | any other officer, director, trustee, or key employee? | | 2 | | Χ |
| 2 | Did the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily duties and the organization delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate control over management duties and delegate contr | | 2 | | |
| 3 | supervision of officers, directors, or trustees, or key employees to a management company or of | | 3 | | Χ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 w | | 4 | | X |
| 4 | | | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization' | | 6 | | X |
| 6 | Did the organization have members or stockholders? | | - 6 | | |
| 7a | | | 7- | | V |
| h | | | 7a | | Х |
| b | , , , , , , , , , , , , , , , , , , , , | | 76 | | V |
| | stockholders, or persons other than the governing body? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions underta | ken dunng | | | |
| _ | the year by the following: The governing body? | | 9.0 | Х | |
| a | The governing body? | | 8a | Х | |
| р 9 | Each committee with authority to act on behalf of the governing body? | | 8b | ^ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule C | | 9 | | Χ |
| Soot | ion B. Policies (This Section B requests information about policies not required by the I | | | | |
| Seci | ion B. Poncies (This Section B requests information about policies not required by the r | illerriai Neveriue C | oue.) | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | 103 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of suc | | IVa | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | oro ming the form | | | |
| 12a | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could | | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? | | | | |
| | describe in Schedule O how this was done | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | Χ | |
| 15 | Did the process for determining compensation of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and a series of the following persons are series of the | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | • | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | Х | |
| | Other officers or key employees of the organization | | 15b | Χ | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra | ngement | | | |
| | with a taxable entity during the year? | | 16a | | Χ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to ev | aluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to sa | ıfeguard | | | |
| | the organization's exempt status with respect to such arrangements? | | 16b | | |
| Sect | ion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and | 990-T (Section 501(c |)(3)s o | only) | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | | |
| | X Own website Another's website X Upon request | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documen | ts, conflict of interest | | | |
| | policy, and financial statements available to the public. | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the book | | | | |
| | organization: ► UGAS JILLAOW | (972) 257-2 | 64 | | |
| | 2300 Valley View Ln. Ste 632, IRVING, TX 75062 | | | | |

| Form 990 (2011) | BAITULMAAL INC | 20-0942434 | Page 7 |
|-----------------|----------------|------------|--------|
|-----------------|----------------|------------|--------|

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one (A) (B) (D) (E) Name and Title Reportable Reportable Average box, unless person is both an Estimated hours per officer and a director/trustee) compensation compensation amount of week from from related other Officer Highest compensated Individual trustee Key employee Institutional trustee (describe the organizations compensation director hours for organization (W-2/1099-MISC) from the employee related (W-2/1099-MISC) organization organizations and related in Schedule organizations O) (1) UGAS JILLAOW 15.00 Х **PRESIDENT** 0 0 (2) KHALID HUSSAIN **TREASURER** 15.00 Х 0 (3) CAROLE STRUM **SECRETARY** 15.00 0 0 (4) IQBAL HUSSAIN 15.00 **BOARD MEMBER** n (5) MOHANAD ALBOSSTANI Х ASST DIRECTOR 15.00 39,300 0 0 (6) SULEIMAN ALGHANEM EXECUTIVE DIRECTOR 40.00 Χ 62,083 (7) (9)

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| Р | art VI Section A. Officers, Directors, Tr | ustees, Key Eı | mplo | yee | s, a | nd | High | est | Compensated | Employe | es (co | ntinue | :d) | |
|---------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|---------------------|------------------------------------------------|------------------------------------|--------------------------------------------------|----------------------------|----------------------------------------------------------------|----------|
| | (A) Name and title | (C) Position (B) (do not check more than or box, unless person is both officer and a director/truste | | | | | | one h an tee) | (D) Reportable compensation | (E) Reporta compens | (F) ble Estimat | | (F) stimated | |
| | | week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from rela organiza (W-2/1099 | tions | comp fro orga and | other pensati om the anizatio d relate anizatio | on ed |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c | Sub-total | | | | | | | | 101,383 | | 0 | | | C |
| d | Total (add lines 1b and 1c). | | | | | | | | | | 0 | | | 0 |
| 2 | Total number of individuals (including but not l reportable compensation from the organization | imited to those | listed | abo | ove) |) wh | | | | 00,000 of | : | | | |
| 3 | Did the organization list any former officer, dir | | | | | | , or h | igh | est compensate | d | | | Yes | No |
| | employee on line 1a? If "Yes," complete Sche | | | | | | | | | | . [| 3 | | Χ |
| 4 | For any individual listed on line 1a, is the sum | | | | | | | | | | | | | |
| | the organization and related organizations gre individual | | | | | | | | Schedule J for s | such | - | | | V |
| _ | Did any person listed on line 1a receive or acc | | | | | | | | | | ٠. ا | 4 | | X |
| 5 | for services rendered to the organization? If " | | | | | | | | | | | 5 | | Х |
| | tion B. Independent Contractors | | | | | | | | | * 400.04 | | | | |
| 1 | Complete this table for your five highest comp compensation from the organization. Report contents year. | | | | | | | | | | | 's tax | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of ser | vices | С | (C) compens | | |
| | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | C |
| | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | C |
| 2 | Total number of independent contractors (inclumore than \$100,000 of compensation from the | • | nited f | to th | ose | e lis | ted a | | e) who received | | | | | |

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| Par | t VIII | Statement of Revenue | | - | | | | |
|-----------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|---------|---------------|----------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1a | Federated campaigns | . 1a | 0 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | . 1b | 0 | | | | |
| , G | С | Fundraising events | 1c | 0 | | | | |
| iifts ar / | d | Related organizations | | | | | | |
| ons, Gift Similar | e | Government grants (contributions) | | 0 | | | | |
| on: Sii | _ | All other contributions, gifts, grants, and | | | | | | |
| rributic Other | | similar amounts not included above | . 1f | 1,912,055 | | | | |
| 를 를 전 | q | Noncash contributions included in lines 1a-1 | | 557,866 | | | | |
| Cont | | Total. Add lines 1a–1f | | | 1,912,055 | | | |
| | - " | Total. Add lines 1a-11 | | Business Code | 1,312,000 | | | |
| Program Service Revenue | 2a | | | | 0 | | | |
| e ve | b | | | | 0 | | | |
| 9 | | | | | 0 | | | |
| ξ | C | | | | - | | | |
| တိ | d | | | | 0 | | | |
| ran | e | All d | | | 0 | | | |
| o o | T | All other program service revenue | | | 0 | | | |
| | g | Total. Add lines 2a–2f | | | 0 | | | |
| | 3 | Investment income (including dividends, | | | | | | |
| | | other similar amounts) | | | 0 | | | |
| | 4 | Income from investment of tax-exempt b | | | 0 | | | |
| | 5 | Royalties | | | 0 | | | |
| | | | Real | (ii) Personal | | | | |
| | 6a | Gross rents | 12,241 | | | | | |
| | b | Less: rental expenses | 11,141 | | | | | |
| | С | Rental income or (loss) | 1,100 | | | | | |
| | d | Net rental income or (loss) | | | 1,100 | | | -11,141 |
| | 7a | Gross amount from sales of (i) Sec | urities | (ii) Other | | | | |
| | | assets other than inventory . | 0 | 0 | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | 0 | | | | | |
| | С | Gain or (loss) | 0 | 0 | | | | |
| | d | Net gain or (loss) | | | 0 | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | 0 | | | | |
| 높 | b | Less: direct expenses | | 0 | | | | |
| • | | Net income or (loss) from fundraising ev | | | 0 | | | |
| | 9a | Gross income from gaming activities. | | | | | | |
| | | See Part IV, line 19 | . a | 0 | | | | |
| | b | Less: direct expenses | b | 0 | | | | |
| | | Net income or (loss) from gaming activiti | | ▶ | 0 | | | |
| | | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | . а | 0 | | | | |
| | b | Less: cost of goods sold | | 0 | | | | |
| | | Net income or (loss) from sales of invent | | | 0 | | | |
| | | Miscellaneous Revenue | ωу | Business Code | U | | | |
| | 11a | | | Dusiness code | 0 | | | |
| | | | | | 0 | | 1 | |
| | b | | | | - | | | |
| | C | All other records | | | 0 | | | |
| | d | All other revenue | | | 0 | | | |
| | e | Total revenue See instructions | | | 1 013 155 | 0 | 0 | 44.24 |
| | | LOTAL FOVORUM SOO INSTRUCTIONS | | | 1 412 165 | (1 | | 1111/ |

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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) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a response to any | question in this Par | t IX | | |
|----------|----------------------------------------------------------------------------|-----------------------|------------------------------|-------------------------------------|--------------------------|
| | not include amounts reported on lines 6b, 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 governments and | | ' | | |
| | organizations in the United States. See Part IV, line 21 | 29,350 | 29,350 | | |
| 2 | Grants and other assistance to individuals in the | ==,,,,, | | | |
| | United States. See Part IV, line 22 | 11,750 | 11,750 | | |
| 3 | Grants and other assistance to governments, | , | , | | |
| • | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | 1,397,986 | 1,397,986 | | |
| 4 | Benefits paid to or for members | 1,007,000 | 1,007,000 | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | 0 | | | |
| 6 | Compensation not included above, to disqualified | 0 | | | |
| U | persons (as defined under section 4958(f)(1)) and | | | | |
| | | | | | |
| 7 | persons described in section 4958(c)(3)(B) | 0 142,693 | | 70.251 | 70.242 |
| 7 | Other salaries and wages | 142,093 | | 72,351 | 70,342 |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 84,683 | | 43,351 | 41,332 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 43,094 | | 34,269 | 8,825 |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 23,095 | | 5,421 | 17,674 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 7,464 | 0 | 7,464 | 0 |
| 23 | Insurance | 0 | _ | ., | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | | | | | |
| b | | | | | |
| C | | | | | |
| d | | 0 | | | |
| e | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e . | 1,740,115 | 1,439,086 | 162,856 | 138,173 |
| 25 26 | | 1,740,115 | 1,439,000 | 102,000 | 130,1/3 |
| 20 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here If | | | | |
| | following SOP 98-2 (ASC 958-720) | ı | l | | |

Form 990 (2011) BAITULMAAL INC 20-0942434 Page **11**

Part X Balance Sheet

| | | | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|----|------------------------------------------------------------------------------------------------|----------|---------|--------------------------|-----|--------------------|
| | 1 | Cash—non-interest-bearing | | | 211,081 | 1 | 377,695 |
| | 2 | Savings and temporary cash investments | | 2 | | | |
| | 3 | Pledges and grants receivable, net | | | 0 | 3 | 8,268 |
| | 4 | Accounts receivable, net | | | 0 | 4 | 0 |
| | 5 | Receivables from current and former officers, of | | | | | |
| | | employees, and highest compensated employe | | | | | |
| | | Schedule L | | 5 | | | |
| | 6 | Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958 | | | | | |
| ţ | | employers and sponsoring organizations of se employees' beneficiary organizations (see inst | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 60,027 | 7 | 0 |
| Ř | 8 | Inventories for sale or use | | | | 8 | <u>-</u> |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | - | Land, buildings, and equipment: cost or | | | | | |
| | | other basis. Complete Part VI of Schedule D | 10a | 140,261 | | | |
| | b | | 10b | 23,807 | 116,663 | 10c | 116,454 |
| | 11 | Investments—publicly traded securities | | | 0 | | 0 |
| | 12 | Investments—other securities. See Part IV, line | | | 0 | | 0 |
| | 13 | Investments—program-related. See Part IV, lin | 0 | | 0 | | |
| | 14 | Intangible assets | 0 | | 0 | | |
| | 15 | Other assets. See Part IV, line 11 | 0 | | 0 | | |
| | 16 | Total assets. Add lines 1 through 15 (must eq | | | 387,771 | 16 | 502,417 |
| | 17 | Accounts payable and accrued expenses | | | 007,771 | 17 | 002,117 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | <u> </u> | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete | | 21 | | | |
| S | 22 | Payables to current and former officers, director | | | | | |
| Liabilities | | employees, highest compensated employees, | | | | | |
| Ē | | persons. Complete Part II of Schedule L | - | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unre | | | 0 | | 0 |
| | 24 | Unsecured notes and loans payable to unrelate | | · — | 0 | | 0 |
| | 25 | Other liabilities (including federal income tax, p | - | | <u> </u> | | |
| | 20 | parties, and other liabilities not included on line | - | | | | |
| | | Part X of Schedule D | | | 0 | 25 | 11,100 |
| | 26 | Total liabilities. Add lines 17 through 25. | | | 0 | | 11,100 |
| ses | 20 | Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33 | here ►[| | J | 20 | 11,100 |
| anc | 27 | Unrestricted net assets | | | 387,771 | 27 | 491,316 |
| Sal | 28 | Temporarily restricted net assets | | | | 28 | 0 |
| 힏 | 29 | Permanently restricted net assets | | | | 29 | 0 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117, and complete lines 30 through 34. | | | | | |
|)ts | 30 | Capital stock or trust principal, or current funds | : | | | 30 | 0 |
| SS | 31 | Paid-in or capital surplus, or land, building, or e | | | | 31 | 0 |
| tΑ | 32 | Retained earnings, endowment, accumulated in | | | | 32 | 0 |
| Š | 33 | Total net assets or fund balances | | | 387,771 | 33 | 491,316 |
| | 34 | Total liabilities and net assets/fund balances . | | | 387,771 | | 502,416 |

Form 990 (2011) BAITULMAAL INC 20-0942434 Page **12** Part XI Reconciliation of Net Assets 1 1,913,155 1 2 2 1,740,115 3 3 173,040 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 387,771 5 5 -69,494 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 6 491,317 **Financial Statements and Reporting** Check if Schedule O contains a response to any question in this Part XII. . . Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Χ Were the organization's financial statements audited by an independent accountant? 2b 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? Χ 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2011)

3a

Χ

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

| BAIT | ULM | AAL INC | | | | | | | | 20-09 | 42434 | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------------|--------------|-------------------|--------------------------|-------------|-----------------------|-----------|----------------------------|-------------|
| Pa | rt I | Reason | for Public Ch | arity Status (All org | ganizatio | ns must o | complete | this par | t.) See in | struction | IS. | | |
| Γhe | o <u>rga</u> r | | • | ation because it is: (Fo | | • | | • | • | | | | |
| 1 | Ш | A church, co | nvention of chu | rches, or association o | of churche | es describ | ed in sec | tion 170(| b)(1)(A)(i |). | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) | | | | | | | | | | | |
| 3 | | A hospital or | a cooperative h | nospital service organiz | zation des | scribed in | section | 170(b)(1) | (A)(iii). | | | | |
| 4 | Ш | | search organiza me, city, and sta | ation operated in conju ate: | nction wit | th a hospit | tal descrit | oed in se | ction 170 | (b)(1)(A) | (iii). En | ter the | |
| 5 | | An organizat | tion operated for | r the benefit of a collect (Complete Part II.) | ge or univ | ersity own | ed or ope | erated by | a governn | nental un | it descr | ibed | |
| 6 | \Box | A federal, sta | ate, or local gov | ernment or governmer | ntal unit d | escribed i | n sectio i | n 170(b)(| 1)(A)(v). | | | | |
| 7 | Χ | - | | y receives a substantia (1)(A)(vi). (Complete I | - | its suppor | t from a g | overnme | ntal unit o | r from the | genera | al publi | С |
| 8 | П | | | in section 170(b)(1) | - | Complete I | Part II.) | | | | | | |
| 9 | 同 | - | | | | - | - | m contrib | outions. m | embershi | p fees. | and ar | oss |
| | | 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.) | | | | | | | | | | | |
| 10 | | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | | | | |
| 11 | | An organizat | tion organized a | nd operated exclusive | ly for the | benefit of, | to perfor | m the fun | ctions of, | or to carr | y out th | е | |
| | 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 that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | | | | | |
| | | a Type | l b | Type II c | Туре | e III–Func | tionally in | tegrated | | d T | ype III- | -Other | |
| е | | | | y that the organization | | | - | - | - | | - | | |
| | | - | | on managers and othe | r than one | e or more | publicly s | upported | organizat | ions desc | ribed ir | section | on |
| _ | | | section 509(a)(2 | | | | | | | | | | |
| f | | - | | a written determination | | | it is a Typ | e I, Type | II, or Type | e III suppo | orting | | |
| a | | • | , check this box | the organization accep | | | tribution fi | rom anv c | of the | | | | |
| g | | following per | | the organization accep | pied arry s | giit or com | indution i | ioni any c | n tile | | | | |
| | | • . | | or indirectly controls, e | either alor | ne or toge | ther with | persons o | lescribed | in (ii) | | Yes | No |
| | | and (iii | i) below, the gov | verning body of the sup | pported o | rganizatio | n? | | | | 11g(i) | | |
| | | | • | person described in (i) | | | | | | | 11g(ii) | | |
| | | | | y of a person describe | | | | | | | 11g(iii) | | |
| <u>h</u> | | | Ĭ | ation about the suppor | | | | | | | | | |
| (1) | | of supported anization | (ii) EIN | (iii) Type of organization (described on lines 1–9 | | sted in your | | ou notify nization in | | s the tion in col. | | (vii) Amount of support | |
| | | | | above or IRC section | governing document? col. (i) of your | | | | (i) organi | zed in the | | | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | S.? No | 1 | | |
| A) | | | | | 162 | NO | 162 | NO | 162 | NO | | | |
| , | | | | | | | | | | | | | 0 |
| B) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 0 |
| C) | | | | | | | | | | | | | 0 |
| D) | | | | | | | | | | | - | | 0 |
| וט | | | | | | | | | | | | | 0 |
| E) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | |

20-0942434 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.)

| | on A. Public Support | | | | | | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Calend | dar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 (| Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,553,073 | 1,799,937 | 1,061,475 | 1,279,421 | 1,913,155 | 7,607,061 |
| | Tax revenues levied for the organization's | .,000,0.0 | .,, | .,00.,0 | .,,, | 1,010,100 | .,00.,00. |
| | benefit and either paid to or expended on | | | | | | |
| | its behalf | | | | | | 0 |
| | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0 |
| | Total. Add lines 1 through 3 | 1,553,073 | 1,799,937 | 1,061,475 | 1,279,421 | 1,913,155 | 0 7,607,061 |
| | <u>-</u> | 1,555,075 | 1,799,937 | 1,001,475 | 1,279,421 | 1,913,133 | 7,007,001 |
| | 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 7,607,061 |
| | on B. Total Support | | | | | | |
| Calend | dar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 / | Amounts from line 4 | 1,553,073 | 1,799,937 | 1,061,475 | 1,279,421 | 1,913,155 | 7,607,061 |
| 8 (| Gross income from interest, dividends, | | | | | | |
| F | payments received on securities loans, | | | | | | |
| r | rents, royalties and income from similar | | | | | | |
| 5 | sources | | | | | 1,100 | 1,100 |
| 9 1 | Net income from unrelated business | | | | | | <u> </u> |
| á | activities, whether or not the business is | | | | | | |
| r | regularly carried on | | | | | | 0 |
| | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | | | | | 0 |
| | Total support. Add lines 7 through 10 | | | | | | 7,608,161 |
| | Gross receipts from related activities, etc. (se | ee instructions) | | | | 12 | .,, |
| | First five years. If the Form 990 is for the or | | | | | section 501(c) | (3) |
| | organization, check this box and stop here | | | | | | |
| | on C. Computation of Public Support | | | | | | <u> </u> |
| | Public support percentage for 2011 (line 6, c | | nd by line 11 o | olumn (f)) | | 14 | 99.99% |
| | Public support percentage for 2011 (line 6, c Public support percentage from 2010 Sched | | | | | 14 | 0.00% |
| | | | | | | | |
| | 33 1/3% support test—2011. If the organize and stop here. The organization qualifies as | | | | | | |
| | and Stop nere. The organization qualifies as | | | | | | |
| | | stion did not ob | | | 110 HDE 15 IS 5 | 3 1/3% OF HIGH | , check this |
| | 33 1/3% support test—2010. If the organiza | | | | | | |
| ŀ | 33 1/3% support test—2010. If the organization qualified box and stop here. The organization qualified | es as a publicly | supported org | anization | | | ▶□ |
| 17a <i>1</i> | 33 1/3% support test—2010. If the organization qualified and stop here. The organization qualified 10%-facts-and-circumstances test—2011. | es as a publicly If the organiza | supported orgation did not ch | anization eck a box on lii | ne 13, 16a, or | 16b, and line 14 | ▶□ 1 |
| 17a ′ | 33 1/3% support test—2010. If the organization and stop here. The organization qualified 10%-facts-and-circumstances test—2011. It is 10% or more, and if the organization meet | es as a publicly If the organizates the "facts-and | supported orgation did not ch d-circumstance | anization eck a box on lii es" test, check t | ne 13, 16a, or his box and s | | ▶☐ 4 ain in |
| 17a ′ | 33 1/3% support test—2010. If the organization qualified and stop here. The organization qualified 10%-facts-and-circumstances test—2011. | es as a publicly If the organizates the "facts-and | supported orgation did not ch d-circumstance | anization eck a box on lii es" test, check t | ne 13, 16a, or his box and s | | ▶☐ 4 ain in |
| 17a 'i | 33 1/3% support test—2010. If the organization and stop here. The organization qualified 10%-facts-and-circumstances test—2011. It is 10% or more, and if the organization meet Part IV how the organization meets the "factorganization | es as a publicly If the organiza s the "facts-and s-and-circumsta | supported orgation did not ch d-circumstance ances" test. Th | anization eck a box on lii es" test, check t e organization | ne 13, 16a, or his box and s qualifies as a | 16b, and line 14 top here. Expla publicly support | ▶ ☐ 4 ain in red ▶ ☐ |
| 17a 1 i i b | 33 1/3% support test—2010. If the organization and stop here. The organization qualified tox and stop here. The organization qualified 10%-facts-and-circumstances test—2011. It is 10% or more, and if the organization meets Part IV how the organization meets the "fact organization | es as a publicly If the organiza s the "facts-and s-and-circumsta If the organiza | supported org tion did not ch d-circumstance ances" test. Th ttion did not ch | anization . eck a box on lings" test, check to e organization eck a box on lings | ne 13, 16a, or his box and s qualifies as a l | 16b, and line 14 top here. Expla publicly support | ▶ ☐ 4 ain in eed ▶ ☐ ne |
| 17a 1 | 33 1/3% support test—2010. If the organization and stop here. The organization qualified 10%-facts-and-circumstances test—2011 is 10% or more, and if the organization meets Part IV how the organization meets the "factorganization | es as a publicly If the organiza s the "facts-and s-and-circumsta If the organiza eets the "facts- | supported orgation did not ched-circumstance ances" test. The strict of the ched and circumsta | anization . eck a box on lines" test, check the organization eck a box on lineces" test, check | ne 13, 16a, or this box and s qualifies as a property of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of | 16b, and line 14 top here. Explain the publicly support to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con | ▶ ☐ 4 ain in eed ▶ ☐ ne |
| 17a 1 | 33 1/3% support test—2010. If the organization and stop here. The organization qualified tox and stop here. The organization qualified 10%-facts-and-circumstances test—2011. It is 10% or more, and if the organization meets Part IV how the organization meets the "fact organization | es as a publicly If the organiza s the "facts-and s-and-circumsta If the organiza eets the "facts- | supported orgation did not ched-circumstance ances" test. The strict of the ched and circumsta | anization . eck a box on lines" test, check the organization eck a box on lineces" test, check | ne 13, 16a, or this box and s qualifies as a property of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of | 16b, and line 14 top here. Explain the publicly support to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con | ▶ ☐ 4 ain in eed ▶ ☐ ne |
| 17a 1 i i i b 1 | 33 1/3% support test—2010. If the organization and stop here. The organization qualified 10%-facts-and-circumstances test—2011 is 10% or more, and if the organization meets Part IV how the organization meets the "factorganization | es as a publicly If the organiza s the "facts-and s-and-circumsta | supported orgation did not ched-circumstance ances" test. The string did not cheand-circumstances" test. The | anization . eck a box on lives" test, check to e organization eck a box on livences" test, check e organization | ne 13, 16a, or this box and squalifies as a control of this box and qualifies as a qualifies as a qualifies as a | 16b, and line 14 top here. Explain the publicly support to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con | ▶ ☐ 4 ain in eed ▶ ☐ ne |
| 17a 1 i i b 1 | 33 1/3% support test—2010. If the organization qualified box and stop here. The organization qualified 10%-facts-and-circumstances test—2011. It is 10% or more, and if the organization meet Part IV how the organization meets the "factorganization | es as a publicly If the organiza s the "facts-and s-and-circumsta If the organiza eets the "facts- s-and-circumsta | supported orgation did not chad-circumstance ances" test. The standard did not chand-circumstances" test. The standard circumstances ances test. | anization . eck a box on lires" test, check the organization eck a box on lirences" test, check organization | ne 13, 16a, or this box and s qualifies as a length of this box and the this box and qualifies as a length of this box and qualifies as a length of this box and this box and qualifies as a length of this box and this box and qualifies as a length of this box and this box and qualifies as a length of this box and this box and qualifies as a length of this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and this box and th | 16b, and line 14 top here. Explain bublicly support | ▶ ☐ 4 ain in eed ▶ ☐ ne |

Page 3

| Sec | tion A. Public Support | | , | 1 | , | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------|----------------------------------------|---------------------|-------------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | 0 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | 0 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 . | | | | | | 0 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 6 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| С | amount on line 13 for the year | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from line 6.) | U | 0 | 0 | O | U | 0 |
| | tion B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 10a | Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| b | rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | 0 |
| c | acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Support | Percentage | | | | | |
| 15 | Public support percentage for 2011 (line 8, column | • | . , , | | | 15 | 0.00% |
| 16 | Public support percentage from 2010 Schedule A, | | | <u> </u> | | 16 | 0.00% |
| | tion D. Computation of Investment Inco | | | (5) | | | 0.000/ |
| 17 18 | Investment income percentage for 2011 (line 10c, Investment income percentage from 2010 Schedul | le A, Part III, line | 17 | | | 17 | 0.00% |
| 19a b | 33 1/3% support tests—2011. If the organization on more than 33 1/3%, check this box and stop h 33 1/3% support tests—2010. If the organization of the stop has a support tests—2010. | ere. The organization did not check a b | ation qualifies as oox on line 14 or | s a publicly suppo line 19a, and line | orted organizatio e 16 is more thar | n n 33 1/3%, and | ▶ |
| 20 | line 18 is not more than 33 1/3%, check this box ar Private foundation. If the organization did not che | _ | | | | _ | ▶ <u> </u> |

| | m 990 or 990-EZ) 2011 BAITULMAAL INC | 20-0942434 | Page 4 |
|---------|------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| Part IV | Supplemental Information. Complete this part to provide the explanations require | d by Part II, line 10 | ; |
| | Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional instructions). | | |
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

►Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

| Name of the organization | | Employer identification number | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|--|--|--|--|
| BAITULMAAL INC | | 20-0942434 | | | | | |
| Organization type (check or | ne): | 20 00 12 10 1 | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | |
| | ndation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | on | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule an | d a Special Rule. See | | | | | |
| X For an organization f | iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ne contributor. Complete Parts I and II. | or more (in money or | | | | | |
| Special Rules | | | | | | | |
| For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | | |
| the year, total contrib | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| the year, contribution total to more than \$1 year for an exclusive applies to this organi | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year | | | | | | |
| Caution. An organization tha | It is not covered by the General Rule and/or the Special Rules does not filust answer "No" on Part IV, line 2, of its Form 990; or check the box on lir | e Schedule B (Form 990, | | | | | |

Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

| | • | es" to Form 990, Part IV, line 5 (Proxy | Tax) or Form 990- | EZ, Part V, line 35c (Proxy T | ax), then |
|--------------|-----------------------------|---------------------------------------------------------------------------------|---------------------|------------------------------------------------|-----------------------------------------------------|
| | e of organization | rganizations: Complete Part III. | | Employe | r identification number |
| | TULMAAL INC | | | Linploye | 20-0942434 |
| | | he organization is exempt und | er section 501(| c) or is a section 527 o | |
| 1 | | the organization's direct and indirect | | | . ga |
| 2 | • | | | | <u></u> |
| 3 | • | | | | 0 |
| | | | | | |
| Pa | | he organization is exempt und | | | |
| 1 | | excise tax incurred by the organizati | | | |
| 2 | Enter the amount of any | excise tax incurred by organization r | managers under s | ection 4955 ▶ \$ | 0 |
| 3 | If the organization incurre | ed a section 4955 tax, did it file Form | 4720 for this yea | ır? | . Yes X No |
| 4a | Was a correction made? | | | | . Yes X No |
| b | If "Yes," describe in Part | IV. | | | |
| Pa | rt I-C Complete if t | he organization is exempt und | er section 501(| c), except section 501(| c)(3). |
| 1 | Enter the amount directly | expended by the filing organization | for section 527 e | xempt function | |
| | activities | | | \$ | 0 |
| 2 | Enter the amount of the t | filing organization's funds contributed | d to other organiza | ations | |
| | • | unction activities | | | 0 |
| 3 | Total exempt function ex | penditures. Add lines 1 and 2. Enter | here and on Forn | n 1120-POL, | |
| | line 17b | | | \$ | O |
| 4 | Did the filing organization | n file Form 1120-POL for this year? | | | . Yes X No |
| 5 | | ses and employer identification num | | | |
| | | ents. For each organization listed, e | | | |
| | | ontributions received that were promp d fund or a political action committee | | | |
| | as a separate segregate | l lund of a political action committee | (PAC). II addition | lai space is fleeded, provid | le illioillation ill Part IV. |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | | | | filing organization's funds. If none, enter -0 | contributions received and promptly and directly |
| | | | | | delivered to a separate |
| | | | | | political organization. If none, enter -0 |
| | | | | | |
| (1) | | | | 0 | 0 |
| | | | | 0 | |
| (2) | | | | 0 | 0 |
| | | | | | |
| (3) | | | | 0 | C |
| / / \ | | | | | |
| (4) | | | | 0 | C |
| (5) | | | | | |
| · · · | | | | 0 | C |
| (6) | | | | _ | |

BAITULMAAL INC

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011 Page 2

| P | art II-A Complete if the organizat under section 501(h)). | ion is exempt | under section 5 | 601(c)(3) and filed | d Form 5768 (elect | ion |
|----|--------------------------------------------------------------------------|----------------------------------|------------------------------------------|---------------------|----------------------------------|-----------------------------|
| Α | Check ▶ if the filing organization name, address, EIN, ex | | | | | member's |
| В | Check ▶ if the filing organization | checked box A | and "limited con | trol" provisions ap | pply. | |
| | Limits on Lo (The term "expenditures" | bbying Expend means amount | | l.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence | 0 | 0 | | | |
| b | Total lobbying expenditures to influence | 0 | 0 | | | |
| С | Total lobbying expenditures (add lines 1 | a and 1b) . | | | 0 | 0 |
| d | Other exempt purpose expenditures | | | | 0 | 0 |
| е | Total exempt purpose expenditures (add | l lines 1c and 1d |) | | 0 | 0 |
| f | Lobbying nontaxable amount. Enter the columns. | amount from the | following table in I | ooth | 0 | 0 |
| | If the amount on line 1e, column (a) or (b) i | s: The lebbyi | ng nontaxable amo | unt ic: | U | 0 |
| | Not over \$500,000 | | amount on line 1e. | unt is. | | |
| | Over \$500,000 but not over \$1,000,000 | | lus 15% of the exces | s over \$500 000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | | lus 10% of the exces | | | |
| | Over \$1,500,000 but not over \$17,000,000 | | lus 5% of the excess | | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 25 | 5% of line 1f) | | | 0 | 0 |
| h | Subtract line 1g from line 1a. If zero or le | ess, enter -0 | | | 0 | 0 |
| i | Subtract line 1f from line 1c. If zero or le | ss, enter -0 | | | 0 | 0 |
| j | If there is an amount other than zero on section 4911 tax for this year? | | • | | | Yes X No |
| | 4 (Some organizations that | -Year Averagin made a sectior | g Period Under So 1 501(h) election o | ection 501(h) | plete all of the five | |
| | Lobby | ing Expenditur | es During 4-Year | Averaging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | 0 | 0 |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 0 |
| С | Total lobbying expenditures | | | | 0 | 0 |
| d | Grassroots nontaxable amount | | | | 0 | 0 |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 0 |

Schedule C (Form 990 or 990-EZ) 2011

0

0

0

Page 3

| (election under section 501(h)). | | (a | (a) | |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------|----------------------------|
| | each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity. | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| а | Volunteers? | | Χ | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Χ | |
| С | Media advertisements? | | Χ | |
| d | Mailings to members, legislators, or the public? | | Χ | |
| е | Publications, or published or broadcast statements? | | Χ | |
| f | Grants to other organizations for lobbying purposes? | | Χ | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Χ | |
| h | | | Х | |
| i | Other activities? | | Х | |
| j | Total. Add lines 1c through 1i | | , l | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | - | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912. | | х | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? tlll-A Complete if the organization is exempt under section 501(c)(4), section 501(| C)(5) | | ction |
| ı aı | 501(c)(6). | C)(U), | 01 36 | Clion |
| | 33.(3)(3). | | | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | |
| Par | | | | |
| | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(| c)(5), | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." | DR (b) | or se | ction |
| 1 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes." Dues, assessments and similar amounts from members | DR (b) | or se | ction |
| 1 2 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | DR (b) | or se Part | ction III-A, line 3, is |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members | DR (b) | or se Part 1 | ction III-A, line 3, is |
| 2 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. | DR (b) | or se Part 1 2a 2b | ction III-A, line 3, is |
| 2 a b c | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. | DR (b) | or se Part 1 2a 2b 2c | ction III-A, line 3, is |
| 2 a b c | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. | DR (b) | or se Part 1 2a 2b | ction III-A, line 3, is |
| 2 a b c | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | DR (b) | or se Part 1 2a 2b 2c | ction III-A, line 3, is |
| 2 a b c | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible | DR (b) | or se Part 1 2a 2b 2c 3 | ction III-A, line 3, is |
| 2 a b c 3 4 | Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year | DR (b) | or se Part 1 2a 2b 2c 3 | ction III-A, line 3, is |
| 2 a b c 3 4 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions). | DR (b) | or se Part 1 2a 2b 2c 3 | ction III-A, line 3, is |
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| a b c 3 4 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions). | DR (b) | or se Part | ction III-A, line 3, is |
| a b c 3 4 | Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions). Supplemental Information Delete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; | DR (b) | or se Part | ction III-A, line 3, is |
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| a b c 3 4 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" of answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I complete this part for any additional information. | DR (b) | or se Part | ction III-A, line 3, is |
| a b c 3 4 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" of answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions). IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I complete this part for any additional information. | DR (b) | or se Part | ction III-A, line 3, is |

| | | MAAL INC | 20-0942434 | |
|------|-----|-------------------------------------|------------|--------------|
| | | 990 or 990-EZ) 2011 | F | age 4 |
| Part | V S | upplemental Information (continued) | | |
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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990. Internal Revenue Service Name of the organization **Employer identification number** BAITHI MAALING 20 0042424

| | JEIVIAAL INC | | | 20-0942434 |
|--------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|-----------------------------------------|
| Par | Organizations Maintaining Dono the organization answered "Yes" to | | | ds or Accounts. Complete if |
| | the organization answered fes to | (a) Donor advised fur | | (b) Funds and other accounts |
| 1 | Total number at end of year | (a) Donor advised fur | lus | (b) I unus and other accounts |
| 2 | Aggregate contributions to (during year) | | | _ |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and do | onor advisors in writing that | the assets held in | donor advised |
| | funds are the organization's property, subjec | | | |
| 6 | Did the organization inform all grantees, don | ors, and donor advisors in v | vriting that grant fu | unds can be |
| | used only for charitable purposes and not for | | | |
| | purpose conferring impermissible private ber | nefit? | | Yes No |
| Par | Conservation Easements. Comp | lete if the organization an | swered "Yes" to | Form 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held | by the organization (check a | all that apply). | |
| | Preservation of land for public use (e.g., recre | - | | an historically important land area |
| | Protection of natural habitat | , | Ŧ | a certified historic structure |
| | = | <u> </u> | | a continea motorie structure |
| 2 | Preservation of open space Complete lines 2a through 2d if the organiza | tion hold a gualified conson | ation contribution | in the form of a conservation |
| 2 | easement on the last day of the tax year. | lion neid a quaimed conserv | alion continbution | Till the form of a conservation |
| | casement on the last day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | |
| b | Total acreage restricted by conservation eas | | | 2b |
| С | Number of conservation easements on a cer | | | . 2c |
| d | Number of conservation easements included | | | |
| | historic structure listed in the National Regist | er | | 2d |
| 3 | Number of conservation easements modified | l, transferred, released, exti | nguished, or term | inated by the organization |
| | during the tax year ► | | | |
| 4 | Number of states where property subject to o | | | |
| 5 | Does the organization have a written policy r | | | |
| 6 | violations, and enforcement of the conservat Staff and volunteer hours devoted to monitor | | | |
| U | b | ing, inspecting, and emorci | ig conservation e | asements during the year |
| 7 | Amount of expenses incurred in monitoring, | inspecting, and enforcing co | nservation easen | nents during the year |
| - | ► \$ | | | nome daming the year |
| 8 | Does each conservation easement reported | on line 2(d) above satisfy th | e requirements of | f section |
| | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . | | | |
| 9 | In Part XIV, describe how the organization re | ports conservation easeme | nts in its revenue | and expense statement, and |
| | balance sheet, and include, if applicable, the | | rganization's finar | ncial statements that describes |
| | the organization's accounting for conservation | | | |
| Par | | | | imilar Assets. |
| | Complete if the organization answered | I "Yes" to Form 990, Part IV | , line 8. | |
| 1a | If the organization elected, as permitted under | | | |
| | works of art, historical treasures, or other sin | • | | |
| | of public service, provide, in Part XIV, the tex | | | |
| b | If the organization elected, as permitted under | * | • | |
| | works of art, historical treasures, or other sin | | xhibition, educatio | on, or research in turtherance |
| | of public service, provide the following amou | | | ▶ ¢ |
| | (i) Revenues included in Form 990, Part VIII | , line T | | |
| 2 | (ii) Assets included in Form 990, Part X. | | | |
| 4 | | | | - · · · · · · · · · · · · · · · · · · · |
| а | | | | |
| b | Assets included in Form 990. Part X | | | > \$ |
| 2 a | If the organization received or held works of following amounts required to be reported ur Revenues included in Form 990, Part VIII, lir | nder SFAS 116 (ASC 958) re | elating to these ite | ems: |
| b | Assets included in Form 990, Part X | | | ▶ \$ |

BAITULMAAL INC 20-0942434

Schedule D (Form 990) 2011 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in 4 Part XIV. 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? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part Part IV 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 If "Yes," explain the arrangement in Part XIV and complete the following table: Amount C 1c 1d d 1e е f 1f Did the organization include an amount on Form 990, Part X, line 21? Yes X 2a No b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance Contributions b Net investment earnings, gains, and losses Grants or scholarships d Other expenditures for facilities and programs Administrative expenses f End of year balance 0 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment а Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by: Yes No 3a(i) (i) (ii) 3a(ii) Describe in Part XIV the intended uses of the organization's endowment funds. Land, Buildings, and Equipment, See Form 990, Part X, line 10. Part VI Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value basis (other) depreciation (investment) 1a 0 18,000 18,000 0 96,153 9,889 86,264 h Buildings Leasehold improvements 0 0 0 0 С 0 9,000 9,000 0 d Other. 0 17,108 4,918 12,190

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

116,454

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| BAITULMAAL INC | | 20-0942434 | |
|--------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|----------------|
| Schedule D (Form 990) 2011 | | | Page 3 |
| Part VII Investments—Other Securiti | es. See Form 990, Part X, | line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of va Cost or end-of-year i | |
| (1) Financial derivatives | 0 | | |
| (2) Closely-held equity interests | 0 | | |
| (3) Other | 0 | | |
| (A) | 0 | | |
| (B) | 0 | | |
| (C) | 0 | | |
| (<u>D</u>) | 0 | | |
| (E) | 0 | | |
| (F) | 0 | | |
| (G) | 0 | | |
| (I) | 0 | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 0 | | |
| Part VIII Investments—Program Relati | | line 13 | |
| | | (c) Method of va | duation: |
| (a) Description of investment type | (b) Book value | Cost or end-of-year | |
| (1) | 0 | | |
| (2) | 0 | | |
| (3) | 0 | | |
| (4) | 0 | | |
| (5) | 0 | | |
| (6) | 0 | | |
| (7) | 0 | | |
| (8) | 0 | | |
| <u>(9)</u> | 0 | | |
| (10) | 0 | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | Dort V line 15 | | |
| Part IX Other Assets. See Form 990, | • | | (h) Dook value |
| (1) | (a) Description | | (b) Book value |
| (2) | | | 0 |
| (3) | | | 0 |
| (4) | | | 0 |
| (5) | | | 0 |
| (6) | | | 0 |
| (7) | | | 0 |
| (8) | | | 0 |
| _ (9) | | | 0 |
| (10) | == . | | 0 |
| Total. (Column (b) must equal Form 990, Part X, | | <u> </u> | 0 |
| Part X Other Liabilities. See Form 99 | | | |
| 1. (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | 0 | | |
| (2) SECURITY DEPOSIT - 4140 Logan | 1,100 | | |
| (3) Accrued Legal Fees | 10,000 | | |
| <u>(4)</u> | 0 | | |
| <u>(5)</u> (6) | 0 | | |
| (7) | 0 | | |
| (8) | 0 | | |
| (0) | 0 | | |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(10) (11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

0

11,100

BAITULMAAL INC 20-0942434

Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1.913.155 1 2 2 1,740,115 3 3 173.040 4 4 5 5 6 6 7 7 8 8 9 9 0 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 173,040 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements 1,913,155 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a b 2b С 2c d 0 2e 3 1,913,155 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . . 4a 4b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . 5 1,913,155 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII Total expenses and losses per audited financial statements 1,740,115 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a 2b b С 2c d е 2e 1,740,115 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a b 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1.740.115 Part XIV Supplemental Information Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

BAITULMAAL INC 20-0942434

| Schedule D (Form 9 | 990) 2011 | Page 5 |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Part XIV | 990) 2011 Supplemental Information (continued) | |
| | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | |
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Schedule F (Form 990)

Statement of Activities Outside the United States

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

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

BAITULMAAL INC 20-0942434 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990. Part IV. line 14b. 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 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.) (b) Number of (c) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (e.g., a program service, expenditures for region agents, and fundraising, program describe specific type of and investments independent services, investments, service(s) in region in region contractors grants to recipients in region located in the region) Middle East and North (1) Africa 0 0 PROGRAM SERVICES **BRAILLE QURAN PAPER F** 53,068 Middle East and North (2) Africa 0 0 GRANT TO RECIPIENTS 189,802 South Asia 0 0 PROGRAM SERVICES CLOTHING AND HOUSEH (3) 333,096 South Asia 0 0 GRANT TO RECIPENTS 340,350 (4) Sub-Saharan Africa 0 **CLOTHING AND FOOD** 0 PROGRAM SERVICES (5) 224,770 Sub-Saharan Africa 0 0 GRANT TO RECIPIENTS (6) 246,900 East Asia and the (7) Pacific 0 0 GRANT TO RECIPIENTS 10,000 0 0 (8) 0 0 (9) 0 (10) 0 0 0 0 0 (11) 0 (12)0 0 0 0 (13)0 0 0 (14)0 (15) 0 0 0 (16)0 (17)0 0 0 **3a** Sub-total 0 0 1,397,986 **b** Total from continuation sheets to Part I . . . 0 0

0

0

1.397.986

c Totals (add lines 3a and 3b)

20-0942434

| Schedule F (Form 990) 20 Part II Grants | | oiotopoo to Organi | zations or Entities C | Sutaida tha Unit | end States Comple | to if the organizati | on answered "Vee" | Page 2 |
|------------------------------------------|----------------------------------------------------|---------------------------------|--------------------------------------------------|--------------------------|---------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------------------------------------|
| | | | ived more than \$5,00 | | | | | |
| | | ed if additional space | | o. Officer tills be | x ii iio one recipien | t received more th | ιαπ ψυ,υυυ | · · • 🖵 |
| 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) |
| (1) | | Middle East and North Africa | EDUCATION AND DEVELOPMENT | 5,000 | WIRE | 0 | | |
| (2) | | Middle East and North Africa | FOOD DISTRIBUTION | 20,000 | WIRE | 0 | | |
| (3) | | Sub-Saharan Africa | FOOD DISTRIBUTION | 68,750 | WIRE | 0 | | |
| (4) | | South Asia | EDUCATION AND DEVELOPMENT | 5,000 | WIRE | 0 | | |
| (5) | | Sub-Saharan Africa | DROUGHT AND FAMINE RELIEF | 93,000 | WIRE | 180,970 | | FMV |
| (6) | | South America | HUMANITARIAN AID | 299,500 | WIRE | 333,096 | | FMV |
| (7) | | Middle East and North Africa | MEDICAL SUPPLIES | 20,000 | WIRE | 0 | | |
| (8) | | Middle East and North Africa | ORPHAN SPONSORSHIP | 25,000 | WIRE | 0 | | |
| (9) | | South America | EDUCATION AND DEVELOPMENT | 8,000 | WIRE | 0 | | |
| (10) | | Middle East and North Africa | SYRIAN REFUGEE RELIEF | 10,000 | WIRE | 0 | | |
| (11) | | South America | EDUCATION AND DEVELOPMENT | 23,000 | WIRE | 0 | | |
| (12) | | Middle East and North Africa | ORPHAN SPONSORSHIP | 15,000 | WIRE | 0 | | |
| (13) | | East Asia and the Pacific | EDUCATION AND DEVELOPMENT | 10,000 | WIRE | 0 | | |
| (14) | | Middle East and North Africa | FOOD DISTRIBUTION | 7,000 | WIRE | 0 | | |
| (15) | | Middle East and North Africa | BRAILLE QURAN PROJECT | 0 | | 53,068 | BRAILLE PAPERS | ACTUAL COST |
| (16) | | Sub-Saharan Africa | EDUCATION AND FOOD | 57,000 | WIRE | 0 | | |
| by the IRS, or | r for which the gra | antee or counsel has p | pove that are recognized rovided a section 501(c | (3) equivalency le | etter | • <u></u> | mpt | 18 |

Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of recipients cash grant cash non-cash of non-cash assistance valuation disbursement assistance (book, FMV, appraisal, other) 0 0 0 0 (5) (6) 0 (7) 0 0 (8) 0 0 0 (9) (10) 0 (11) 0 0 (12) (13) 0 0 (14)(15) 0 (16) (17) 0 (18)

 Schedule F (Form 990) 2011
 BAITULMAAL INC
 20-0942434
 Page 4

| Part | IV | Foreign Forms | | |
|------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| 1 | the o | the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign oration (see Instructions for Form 926) | Yes | X No |
| 2 | may l Rece | he organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S. Owner (see Instructions for Forms 3520 and 3520-A) | Yes | X No |
| 3 | the o | he organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471) | Yes | X No |
| 4 | qualit Retui | the organization a direct or indirect shareholder of a passive foreign investment company or a fied electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rn by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see uctions for Form 8621) | Yes | X No |
| 5 | the o | he organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships. (see Instructions for Form 8865) | Yes | X No |
| 6 | | he organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to file Form 5713, International Boycott Report (see Instructions | | _ |

X No

Yes

BAITULMAAL INC 20-0942434

Schedule F (Form 990) 2011 Par

| rt V Supplemental I | nformation |
|---------------------|------------|
|---------------------|------------|

Complete this part to 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| SCHEDULE F, PART 1 , LINE 2 : PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE US: |
| PARTNER ORGANIZATION SUBMITS FORMAL GRANT PREPOSAL THAT INCLUDES PROGRAM IDENTIFICATION, COST ANALYSIS AND |
| BUDGET, NEED ASSESSMENT AND IMPLEMENTATION LOGISTICS. PREPOSAL IS REVIEWED BY THE BOARD OF |
| DIRECTORS AND UP ON CONDITIONAL APPROVAL , GRANTEE WILL BE INSTRUCTED TO COMPLY WITH THE ANTI-TERRORISM SCREENING AND COMPLY WITH USA SANCTION IN COMMUNICATION WITH BAITULMAAL. |
| UP ON SUCCESSFUL COMPLETION OF ANTI-TERRORISM SCREENING, FUNDING IS RELEASED AND SENT VIA WIRE TRANSFER. |
| AFTER THE FUNDS ARE RELEASED, BAITULMAAL MAINTAINS ON-GOING CONTACT WITH THE GRANTEE THROUGHOUT |
| |
| PROJECT IMPLEMENTATION TO ENSURE THAT ELEMENTS OF THE PROJECTS ARE ON SCHEDULE AND MANAGED |
| |
| ACCORDING TO THE PLAN. IF THE PROJECT IS A LONG-TERM PROJECT (EXCEEDS 2 MONTHS) THEN REGULAR UPDATES |
| |
| ARE REQUESTED ALONG WITH VISUAL DOCUMENTATION AND COMPREHENSIVE REPORT AT THE COMPLETION. |
| IF AT ANY TIME DURING THE GRANT AGREEMENT A DISCREPANCY IS DETECTED AND ADEQUATE EXPLANATION HAS NOT BEEN |
| PROVIDED BY THE GRANTEE WITHIN 30 DAYS, THEN BAITULMAAL HAS WITHIN ITS CONTRACTUAL RIGHT TO CONDUCT |
| AN AUDIT OF THE GRANTEE. IF IT IS DETERMINED THAT THE GRANT HAS BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE APPROPRIES. |
| PREPOSAL, BATULMAAL MAY SEND A WRITTEN REQUEST DEMANDING REFUND IN FULL AMOUNT IN QUESTION FROM TH |
| GRANTEE .IN ADDITION, BAITULMAAL MAYINVOKE ITS RIGHT TO WITHHOLD ANY FUTURE GRANTS TO GRANTEE UNTIL ALL ISSUES RESC |
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Page 5

Continuation Sheet for Schedule F (Form 990)

Name of the organization

Employer identification number

BAITULMAAL INC

20-0942434

| Part I | Continuat | Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) | | | | | | | | |
|----------|-----------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|--|--|
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., 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 region | (f) Total expenditures for and investments in region | | | | |
| (18) | | 0 | 0 | | | 0 | | | | |
| (19) | | 0 | 0 | | | 0 | | | | |
| (20) | | 0 | 0 | | | 0 | | | | |
| (21) | | 0 | 0 | | | 0 | | | | |
| (22) | | 0 | 0 | | | 0 | | | | |
| (23) | | 0 | 0 | | | 0 | | | | |
| (24) | | 0 | 0 | | | 0 | | | | |
| (25) | | 0 | 0 | | | 0 | | | | |
| (26) | | 0 | 0 | | | 0 | | | | |
| (27) | | 0 | 0 | | | 0 | | | | |
| (28) | | 0 | 0 | | | 0 | | | | |
| (29) | | 0 | 0 | | | 0 | | | | |
| (30) | | 0 | 0 | | | 0 | | | | |
| (31) | | 0 | 0 | | | 0 | | | | |
| | | | | | | | | | | |
| (32) | | 0 | 0 | | | 0 | | | | |
| (33) | | 0 | | | | 0 | | | | |
| (34) | | 0 | | | | 0 | | | | |
| (35) | | 0 | | | | 0 | | | | |
| (36) | | 0 | 0 | | | 0 | | | | |
| (37) | | 0 | 0 | | | 0 | | | | |
| (38) | | 0 | 0 | | | 0 | | | | |
| (39) | | 0 | 0 | | | 0 | | | | |
| Totals . | <u></u> . > | 0 | 0 | | | 0 | | | | |

20-0942434

Schedule F (Form 990) 2011 Page 1 of 1

| Part II Continu | 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 | FOOD | | | | | |
| (17) | | North Africa | DISTRIBUTION | 40,700 | WIRE | 0 | | _ |
| (40) | | Middle East and North Africa | FOOD | | | | | |
| (18) | | North Amca | DISTRIBUTION | 6,000 | WIRE | 0 | | |
| (19) | | | | 0 | | 0 | | |
| (20) | | | | 0 | | 0 | | |
| (21) | | | | 0 | | 0 | | |
| (22) | | | | 0 | | 0 | | |
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| (26) | | | | 0 | | 0 | | |
| (27) | | | | 0 | | 0 | | |
| (28) | | | | 0 | | 0 | | |
| (29) | | | | 0 | | 0 | | |
| (30) | | | | 0 | | 0 | | |
| (31) | | | | 0 | | 0 | | |
| (32) | | | | 0 | | 0 | | |
| (33) | | | | 0 | | 0 | | |
| (34) | | | | 0 | | 0 | | |
| (35) | | | | 0 | | 0 | | |

Schedule F (Form 990) 2011 Page 1 of 1

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash | (f) Amount of non-cash | (g) Description of non-cash assistance | (h) Method of valuation |
|---------------------------------|------------|--------------------------|--------------------------|--------------------|------------------------|----------------------------------------|-------------------------------------|
| | | | | disbursement | assistance | | (book, FMV, appraisal, other) |
| (19) | | 0 | 0 | | 0 | | |
| (20) | | 0 | 0 | | 0 | | |
| (21) | | 0 | 0 | | 0 | | |
| (22) | | 0 | 0 | | 0 | | |
| (23) | | 0 | 0 | | 0 | | |
| (24) | | 0 | 0 | | 0 | | |
| (25) | | 0 | 0 | | 0 | | |
| (26) | | 0 | 0 | | 0 | | |
| (27) | | 0 | 0 | | 0 | | |
| (28) | | 0 | 0 | | 0 | | |
| (29) | | 0 | 0 | | 0 | | |
| (30) | | 0 | 0 | | 0 | | |
| (31) | | 0 | 0 | | 0 | | |
| (32) | | 0 | 0 | | 0 | | |
| (33) | | 0 | 0 | | 0 | | |
| (34) | | 0 | 0 | | 0 | | |
| (35) | | 0 | 0 | | 0 | | |
| (36) | | 0 | 0 | | 0 | | |
| (37) | | 0 | 0 | | 0 | | |

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization **Employer identification number** BAITULMAAL INC 20-0942434 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, if applicable or government grant cash assistance non-cash assistance or assistance other) (1) ONENATION RELIEF AND CH PO BOX 166911 IRVING, TX 750 27-1718925 501(C)(3) 5.550 0 TO LOCAL NEEDY F (2) AJP EDUCATIONAL FOUNDA 2801 TELEGRAPGH AVE BERKE 27-1365284 501(C)(3) 7,500 **EDUCATIONAL** (3) THE ZAKAT FOUNDATION O PO BOX 639 WORTH, IL 60482 0 36-4476244 501(C)(3) 18,000 SYRIAN REFUGEE P 0 0 0 0 0 0 0 (12) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2011)

| Part III Grants and Other Assistance to Inc | | nited States. Com | plete if the organiza | ation answered "Yes" to | Form 990, Part IV, line 22. | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|-------------------------|--------------------------------|----------------------------------------|--|--|
| Part III can be duplicated if additional (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of | (e) Method of valuation (book, | (f) Description of non-cash assistance | | |
| | recipients | cash grant | non-cash assistance | FMV, appraisal, other) | | | |
| 1 SUPPORT TO COVER BASIC NECESSITIES | 9 | 11,750 | 0 | | | | |
| 2 | 0 | 0 | 0 | | | | |
| 3 | 0 | 0 | 0 | | | | |
| 4 | 0 | 0 | 0 | | | | |
| 5 | 0 | 0 | 0 | | | | |
| 6 | 0 | 0 | 0 | | | | |
| 7 | 0 | 0 | 0 | | | | |
| Part IV Supplemental Information. Comple | te this part to provi | de the information r | equired in Part I, line | e 2, and any other additi | onal information. | | |
| Part I Line 2 SCHEDULE I, PART I, LINE 2 - PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS WITHIN THE UNITED STATES. 1) BAITULMAAL ONLY | | | | | | | |
| ACCEPTS GRANT APPLICATIONS FROM U S NON | -PROFIT ORGANIZ | ATIONS THAT ARE | ABLE TO DEMONST | RATE RECEIPT OF FEDI | ERAL TAX EXEMPT STATUS FROM | | |
| INTERNAL REVENUE SERVICE (IRS) 2) PROPOSAL IS REVIEWED BY BOARD OF DIRECTORS AND SUBJECT TO THEIR APPROVAL3) UPON APPROVAL, FUNDING IS | | | | | | | |
| RELEASED AND SENT VIA CHECK OR A BANK DEPOSIT PROCESS. 4) AFTER THE FUNDS ARE RELEASED BAITULMAAL MAINTAINS | | | | | | | |
| ONGOING CONTACT WITH THE GRANTEE THROUGHOUT PROJECT IMPLEMENTATION TO ENSURE THAT THE ELEMENTS OF THE PROJECT ARE ON SCHEDULE AN | | | | | | | |
| MANAGED ACCORDING TO THE PLAN. | | | | | | | |
| IF THE PROJECT IS A LONG-TERM PROJECT (EXCEEDS 2 MONTHS) THEN REGULAR UPDATES ARE REQUESTED ALONG WITH VISUAL DOCUMENTATION | | | | | | | |
| AND COMPREHENSIVE REPORT AT THE COMPLETION. IF AT ANY TIME DURING THE GRANT AGREEMENT A DISCREPANCY IS DETECTED AND ADEQUATE EXPLAN | | | | | | | |
| HAS NOT BEEN PROVIDED BY THE GRANTEE WITHIN 30 DAYS, THEN BAITULMAAL HAS WITHIN ITS CONTRACTUAL RIGHT TO CONDUCT AN AUDIT OF THE GRANTE | | | | | | | |
| IF IT IS DETERMINED THAT THE GRANT HAS BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE APPROVED PROPOSAL, BAITULMAAL | | | | | | | |
| MAY SEND A WRITTEN REQUEST DEMANDING REFUND IN FULL AMOUNT IN QUESTION FROM THE GRANTEE. | | | | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public
Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization

Employer identification number

BAITULMAAL INC

20-0942434

Part I Types of Property (c) (a) (d) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art 2 Art—Historical treasures . . . 3 Art—Fractional interests . . . 4 Books and publications . . . 5 Clothing and household goods Χ 514,066 VALUE FROM THE SOURCE 6 Cars and other vehicles . . . 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded . . . 10 Securities—Closely held stock Securities—Partnership, LLC, 11 or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other Real estate—Residential . . . 15 16 Real estate—Commercial . . 17 Real estate—Other 18 Collectibles Food inventory 43,800 VALUE FROM THE SOURCE 19 Х 20 Drugs and medical supplies . . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 0 Other ► (26 0 0 Other ► (_____) 27 Other ► (_____) 0 0 0 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgment Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not 30a Χ If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell Χ 32a If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| Schedule M (F | -orm 990) (2011) BAITULMAAL INC | 20-0942434 | Page 2 |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|
| Part II | Supplemental Information. Complete this part to provide the information required by Part 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of | I, lines 30b, contributions, | the |
| | number of items received, or a combination of both. Also complete this part for any addition | iai informatior | <u>1. </u> |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2011

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

| BAITULMAAL INC | 20-0942434 |
|----------------------------------------------------------------------------------------|----------------------------------|
| Form 990, Part III, Line 4d: Program Service Expenses: 53,068, Grants and allocate | tions: 0, |
| Revenue: 0 OTHER MAJOR PROJECTS INCLUDE BRAILLE QURAN PROJECT | AND |
| EDUCATIONAL PROJECTS. | |
| Form 990 Part XI Line 5 Other change in net assets related to write off of note rece | ivable |
| deemed not collectible, as well as to a correction to an unadjusted prior period disci | repancy. |
| Form 990 Part VI Section B Line 11 FORM 990 IS REVIEWED BY THE TEAM OF | PRESIDENT, TREASURER |
| AND EXECUTIVE DIRECTOR PRIOR TO THE FILING OF FORM 990. A COPY O | F FORM 990 IS PROVIDED TO ALL |
| VOTING BOARD MEMBERS PRIOR TO FILING WITH IRS. | |
| Form 990 Part VI Section B Line 15 COMPENSATION FOR SENIOR MANAGEME | NT IS APPROVED BY THE BOARD |
| OF DIRECTORS. THE BOARD REVIEWS THE RECOMENDED COMPENSATION | I BASED ON MARKET CONDITIONS AND |
| COMPARABLE SALARY DATA PRIOR TO APPROVAL. | |
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| Schedule O (Form 990 or 990-EZ) (2011) | Page 2 |
|----------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| BAITULMAAL INC | 20-0942434 |
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