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

6

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A	For the	2016 calendar year, or tax year beginning and	ending			
В	Check if applicable	C Name of organization		D Employer identific	ation number	
	Addres change Name	ZAMAN INTERNATIONAL				
느	ichange			20-19	46065	
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 26091 TROWBRIDGE	· · · · · · · · · · · · · · · · · · ·			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1376769.	
	Amend return	INKSTER, MI 48141		H(a) Is this a group re	turn	
	Application	I F Name and address of principal officer: NAUALL DAZZI		for subordinates?		
	pendin	2 26091 TROWBRIDGE, INKSTER, MI 48141		H(b) Are all subordinates in	cluded? Yes No	
1	Гах-ехе	mpt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) c	or 527	If "No," attach a I	ist. (see instructions)	
J	Nebsit	e: ► WWW.ZAMANINTERNATIONAL.ORG		H(c) Group exemption		
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2004 M	State of legal domicile; MI	
Pa		Summary		· ·		
ø	1 6	Briefly describe the organization's mission or most significant activities OUR 1	MISSIO	N IS TO FAC	LITATE	
Activities & Governance	9	CHANGE AND ADVANCE THE LIVES OF MARGINAL	IZED W	OMEN AND CH	LDREN	
ern	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as		
ŏ	1 8	lumber of voting members of the governing body (Part VI, line 1a)		3	6	
ચ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	6	
ë	5 7	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	42	
ΞΞ	1	otal number of volunteers (estimate if necessary)		6	1500	
Act	1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
	b N	let unrelated business taxable income from Form 990-T, line 34		7b		
	١.,			Prior Year 1143890.	Current Year 1059044.	
ne	1	Contributions and grants (Part VIII, line 1h) RECEIVED.		0.	0.	
Revenue	9 F	Program service revenue (Part VIII, line 2g)	었	0.	0.	
æ	10 1	nivestment income (Part VIII, column (A), lines 3, 4 pand 7d)	წ	5397.	218216.	
	11 (The revenue (Part VIII, column (A), lines 5, 6d, 8C, 9C, 10C, and 41e)	約 -	1149287.	1277260.	
	12]	orvestment income (Part VIII, column (A), lines 3, 4 sand 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8 column (A), lines 100, and 2 column (A), lines 100, and 2 column (A), lines 12) Frants and similar amounts paid (Part IX, column (A), lines 13)		0.	0.	
	14 E	Benefits paid to or for members (Part IX, column (A), line-4)		0.	0.	
(A)		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	366002.	604443.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.	
e .		otal fundraising expenses (Part IX, column (D), line 25)	97.		5 . \$.	
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		693352.	682985.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1059354.	1287428.	
	19 F	Revenue less expenses. Subtract line 18 from line 12		89933.	-10168.	
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year	
age	20 T	otal assets (Part X, line 16)		1311763.	1280202.	
黌	21 T	otal liabilities (Part X, line 26)		442438.	421045.	
컕	22 N	let assets or fund balances. Subtract line 21 from line 20		869325.	859157.	
	ırt II	Signature Block				
		nes of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is	
true,	correct	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.	-/- > > 1-7	
	ł	Signature of officer		Date	13 2014	
Sign		NAJAH BAZZY		Duto		
Her	e	Type or print name and title				
			- 11	Date/ / Check	PTIN	
Paid)	1070	cer	1/1///-		
Prep		Firm's name FINANCIAL ONE ACCOUNTING, INC.	ur	Firm's EIN	38-2778525	
Use	<u>,</u>	Firm's address 44744 HELM STREET	<u> </u>	T IIII 3 LIIV		
	 	PLYMOUTH, MI 48150		Phone no. 734	4-453-8804	
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)		1. 110110 1101 7	Yes No	

See Schedule O for Organization Mission Statement Continuation

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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	•	<u> </u>	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	<u> </u>
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		x
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			۱
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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	9		X
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	10		_X
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	,	, # <u>2.</u>	
	as applicable.	and Same		
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	х	
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		Х
С	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		Х
ď	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		
D	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	446		x
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	14b		 ^^
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		├ <u>-</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	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	18	x	
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	19		Х

Form 990 (2016) ZAMAN INTERNATIONA
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
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		X
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? If "Yes," complete			
	Schedule J	23		X
24a				
	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		X
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 to defease			
Ĭ	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		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	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		X
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)		الألفة لأشا	ijŽ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
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	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	X	
			990	2016)

. 4	`Check if Schedule O contains a response or note to any line in this Part V			
	Check in Controlled Contrains a response of note to any line in this fact v	·····	 1	<u> </u>
4-	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable	- T	Yes	No
	2. Her the Hamber reported in Box 6 of 1 offit 1000. Effect 6 if Hot applicable	· ''	,	5
	Errier the number of Forms wize included in line 1a. Errier of it not applicable	, 88	12.5	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-¥	x	i
20	(gambling) winnings to prize winners?	1c	₹	
Zā	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 42		ا الاستان الاستان	124
L	The state of the s	2b	**************************************	X
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2D	1 2 3	
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	123	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	—	 -
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-30		
ча		4a		X
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	40		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Ž.	, x,	
5-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	J	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	Marine and the second s	5c		 -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-50		
oa	any contributions that were not tax deductible as charitable contributions?	6a		X
h	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).		. 23	4 3
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?	7a	***	X
-	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1.		الار كستة
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	~ ~ ~~~	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.	. 22	Ĩ.	1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	,		إم
а	Initiation fees and capital contributions included on Part VIII, line 12	C > 26		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	* *		1. 1
11	Section 501(c)(12) organizations. Enter	*,		å, é, ,
а	Gross income from members or shareholders . 11a		*	15.
b	Gross income from other sources (Do not net amounts due or paid to other sources against	^	d	- vegy
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	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			i '
	Enter the amount of reserves on hand	<u> </u>	<u> </u>	-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2016)
		rutit	・コゴリ	(ZU ID)

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.

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> ,		X
Sec	tion 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	<u>6</u>	200	100
	If there are material differences in voting rights among members of the governing body, or if the governing	ź ź		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ACTION S	3° 3°
b	Enter the number of voting members included in line 1a, above, who are independent	희		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	المناشا	<u> </u>	X
	officer, director, trustee, or key employee?	. 2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, or trustees, or key employees to a management company or other person?	3	-	$\frac{\lambda}{X}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
_	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	"		 -
<i>,</i> a	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	***************************************
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			Ì
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- -	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X	النــ ــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	├
	The state of the s	12b	 -	
С	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	3 3	313 M	1 3
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	*	,,	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- ,	Table 1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		4	- 41
	exempt status with respect to such arrangements?	<u>1</u> 6b_	<u></u>	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI	A	.1-	——
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/) avallac	ие	
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X 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, a	and finar	ıcıal	
.5	statements available to the public during the tax year	man	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Financial One Accounting, Inc - 7344538804			
	44744 Helm Street, Plymouth, MI 48170			
632006	11-11-16	Forn	1 990	(2016)

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, 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 organizat (A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NAJAH BAZZY	50.00]						0.	0.	0.
PRESIDENT	2.00	Х	_	Х	_			<u> </u>	- 0.	0.
(2) DR JOFFER HAKIM	2.00	x		х				0.	0.	0.
VICE PRESIDENT (3) MOHEEB MURRAY	5.00	^	⊢	<u> </u>	⊢	-		- 0.		
DIRECTOR	3.00	x						0.	0.	0.
(4) GEHAD ALAWAN	3.00	 ^	┢╌	\vdash	\vdash		H			
SECRETARY		\mathbf{x}	•	x	ŀ			0.	0.	0.
(5) DR NADER BAZZI	5.00		t^-	-						
TREASURER		\mathbf{x}		х			l	0.	0.	0
(6) DR COLLEEN EZZEDDINE	3.00	<u> </u>								
Vice Chair of Board		X						0.	0.	0.
						T				
		1			1					1

632007 11-11-16

Form 990 (2016)

Page 8

		Check if Schedule O cont		e or note to any lir	ne in this Part VIII	· · · ·		
Section Section	* * * * * * * * * * * * * * * * * * * *				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor	ts, and ve 1f	361133. 697911. 141826.	1059044.			
		Total: Add lines Ta-11		Business Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RU BY	* **
Program Service Revenue	2 a b c d		DOUG .		d min in him on a strikelihood prom a strikelihood die diedelele.	Allestanders in a sea of the sea	Sandhaeth and Bhillian et a. Sandha	a diametric con contraction
	ı a		riue			70.00000		
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		>				
	С	Less: rental expenses	(i) Real	(ii) Personal		A control of the cont		The state of the s
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(ii) Other				
nue	d 8 a	Net gain or (loss) Gross income from fundraising	g events (not	>	\$ (\$) . 5 .	Administration of the second o		Active Million Company Community Com
Other Revenu		contributions reported on line	1c). See	00500	9648.			9648
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See a k				,	
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold	returns a		208568.	208568.		
	11 a	Net income or (loss) from sale Miscellaneous Revenu		Business Code		200500.		
	b c d	All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.		>	1277260.	208568.	0.	9648

| Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(c)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			· · · · · · · · · · · · · · · · · · ·	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				Yı ive
	individuals. See Part IV, lines 15 and 16	 _			
4	Benefits paid to or for members	·····		\$\$' ·	
5	Compensation of current officers, directors,				
_	trustees, and key employees	· · · · · · · · · · · · · · · ·			
6	Compensation not included above, to disqualified			i	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	· · · · · · · · · · · · · · · · · · ·	541617.	513925.	18492.	9200
7 8	Other salaries and wages Pension plan accruals and contributions (include	311011.			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11304.	9899.	938.	467
10	Payroll taxes	51522.	48592.	1957.	973
11	Fees for services (non-employees):				, -
a	Management	86473.	75062.	7620.	3791
b	Legal	16035.	13919.	1413.	703
	Accounting	38400.	33333.	3384.	1683
	Lobbying				
	Professional fundraising services. See Part IV, line 17		e ink	i ji il	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	13929.	13379.	367.	183
13	Office expenses	24862.	21051.	2545.	1266
14	Information technology				
15	Royalties				100
16	Occupancy	36058.	34585.	983.	490
17	Travel	20949.	20265.	457.	227
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1.40.60	11500	1.07	0.4.4
20	Interest	14068.	11527.	1697.	844
21	Payments to affiliates	F2026	44609.	6155.	3062
22	Depreciation, depletion, and amortization	53826. 10696.	10157.		179
23	Insurance	10090.	10137.	300.	, 1/2
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 0.)		,		
а	CLIENT ASSISTANCE	244423.	244423.		
b	MAINTENANCE	47868.	46734.	757.	377
_	PROPERTY TAXES	26286.		26286.	
ď	COMMUNICATION	18614.	16563.	1369.	682
	All other expenses	30498.	25472.	3356.	1670
			1183495.	78136.	25797
e	Total functional expenses. Add lines 1 through 24e	1287428.		1	
e	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	128/428.			
e 25	Joint costs. Complete this line only if the organization	128/428.			
e 25		128/428.			

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 467739. 193775. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 29625. 3 3 Pledges and grants receivable, net 14260 13639 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 60555. Inventories for sale or use 8 7603. 3611. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1107893 basis. Complete Part VI of Schedule D 10a 822161 978997 128896. 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1280202. 1311763. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 74171. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 368267 350631. Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 442438. 421045. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 709433. 652169 27 Unrestricted net assets 159892. 206988. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 859157. 869325. 33 33 Total net assets or fund balances 1280202. 1311763. Total liabilities and net assets/fund balances

Form 990 (2016)

Form	990 (2016) ZAMAN INTERNATIONAL	20-1946065	Pag	_{ge} 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		772	
2	Total expenses (must equal Part IX, column (A), line 25)		874	_
3	Revenue less expenses. Subtract line 2 from line 1		101	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 8	693	<u> 25.</u>
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 8	591	<u>57.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	\$ s	,;	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	<u></u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			34
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,		
	consolidated basis, or both.	48	3.3	
	X Separate basis Consolidated basis Both consolidated and separate basis			1 (A)
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		·
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	# Ç -	5
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	■ 22. FEE		
	Act and OMB Circular A-133?	За		X
h	If "Ves." did the organization undergo the required guidt or audits? If the organization did not undergo the required	ured audit		

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

1

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Part

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 20-1946065 ZAMAN INTERNATIONAL Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 L 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (n) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 (Form 990 or 990-EZ) 2016 ZAMAN INTERNATIONAL 20-1946065 Page 2 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	Section A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	471641.	642912.	1148746.	1219133.	1494717.	4977149.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	•					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	471641.	642912.	1148746.	1219133.	1494717.	4977149.
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)						1000
	Public support. Subtract line 5 from line 4						4977149.
	tion B. Total Support		r 				
	ndar year (or fiscal year beginning in)	(a) 2012 471641.	(b) 2013 642912.	(c) 2014 1148746.	(d) 2015 1219133.	(e) 2016 1494717.	(f) Total 4977149.
	Amounts from line 4	4/1041.	042912.	1140/40.	1419133.	1494/1/•	4911149.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	:					
	business is regularly carried on				<u></u>		
10	Other income. Do not include gain						
	or loss from the sale of capital	'					
	assets (Explain in Part VI.)	0 0 i	€₽ 8002				4977149.
			// J?!				43//143.
	Gross receipts from related activities,	•			·	7.501(2)(2)	·
13	First five years. If the Form 990 is for organization, check this box and stor	•	s first, second, triir	a, iourtii, or iiitii te	ax year as a secuo	11 50 1(0)(3)	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (I			column (f))		14	100.00 %
	Public support percentage from 2015	,		Soldifili (I))			100.00 %
	33 1/3% support test - 2016. If the c	•	•	n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	_				noro, or look a no oc	►X
b	33 1/3% support test - 2015. If the c		•	•	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	•					▶ □
	10% -facts-and-circumstances tes	•	• • •		e 13, 16a, or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"					: g	▶□
	10% -facts-and-circumstances tes	_	•	· · ·	•	17a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				•		▶□
	Private foundation. If the organization		_				s
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016 ZAMAN INTERNATIONAL Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>.</u>				<u> </u>	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			1	ĺ		
4	Tax revenues levied for the organ-			-			
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				 		
	furnished by a governmental unit to	[[
	the organization without charge						
	Total. Add lines 1 through 5		-		<u> </u>		
	Amounts included on lines 1, 2, and					1	
-	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)		, \$ 3 m 2	10 .0.		1 .1	
ec	tion B. Total Support						
lei	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	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						
1	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)			<u> </u>	<u>L</u>		
4	First five years. If the Form 990 is for	r the organization's	s first, second, th	ird, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						▶└
ec.	tion C. Computation of Publ	ic Support Pe	rcentage				
5	Public support percentage for 2016 (l	line 8, column (f) d	ivided by line 13,	column (f))		15	
;	Public support percentage from 2015	Schedule A, Part	III, line 15			16	
c:	tion D. Computation of Inves	stment Incom	e Percentage	e			
	Investment income percentage for 20)16 (line 10c, colur	nn (f) divided by	line 13, column (f))		17	
}	Investment income percentage from :	2015 Schedule A,	Part III, line 17			18	
a	33 1/3% support tests - 2016. If the	organization did n	ot check the bo	c on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶□
	33 1/3% support tests - 2015. If the		_				and
	line 18 is not more than 33 1/3%, che						▶⊑
	Private foundation. If the organization						▶
	3 09-21-16					edule A (Form 990	or 990-EZ) 20

Part IV | 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.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- **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.
- 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 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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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)
- 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.
- **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.
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- 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)

	Yes	No
** *		4 4
1	* . <u>Lul</u> .	
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* `		
	\$	
6		-
7		 ,
8		- "-
9a		
~		
9b		
9с		
10a		
45:		
10b n 990 or 99	0-FZ	2016

activities but for the organization's involvement3 Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*.

reasons for the organization's position that its supported organization(s) would have engaged in these

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2016

2b

За

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			n Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			,
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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	1		
	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) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			Paint HARRY
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	T	
_	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other		- KU	
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	T	
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Was Was	
2	Enter 85% of line 1	2	kvi ini i	
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		1
5	Income tax imposed in prior year	5	4	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		<u> </u>	ganization (see
	instructions).	,9		S

Schedule A (Form 990 or 990-EZ) 2016

_	tion D - Distributions	dayor supporting Org	Janizations (continued)	Current Voca
1	Amounts paid to supported organizations to accomplish exe			Current Year
	Amounts paid to supported digalifications to accomplish extended and the perform activity that directly furthers exem			
_	organizations, in excess of income from activity			
3	·			
4	Administrative expenses paid to accomplish exempt purpos	ns		
5	Amounts paid to acquire exempt-use assets			
6	Qualified set-aside amounts (prior IRS approval required)	,		
-0	Other distributions (describe in Part VI). See instructions		·	
	Total annual distributions. Add lines 1 through 6		<u> </u>	
0	Distributions to attentive supported organizations to which t	ne organization is responsiv	⁄e	
9	(provide details in Part VI). See instructions		·	
	Distributable amount for 2016 from Section C, line 6	,,,, ,		
10	Line 8 amount divided by Line 9 amount		T	
Sec	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	-7 % (\$):	t n th	
2	Underdistributions, if any, for years prior to 2016 (reason-	`1 '4		
	able cause required- explain in Part VI). See instructions		4	
3	Excess distributions carryover, if any, to 2016:		443.01	
a				
b			4545-55	250
c	From 2013			1)
d	From 2014	2* 12*82.18 12*	W/44 M. 33 1	3 to 52.
e	From 2015	4/24.37.77	44.41402	13 %
f	Total of lines 3a through e	4.		
	Applied to underdistributions of prior years	* * \$233,		An Tillian
	Applied to 2016 distributable amount			4. 10. 4. 52. 554. 9.
i	Carryover from 2011 not applied (see instructions)			33444
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f	CSSC 40 4 40 40 40 40 40 40 40 40 40 40 40 4	10000	
4	Distributions for 2016 from Section D,	· LONG		1,34,34
	line 7 \$			
а	Applied to underdistributions of prior years	14111111	**********	
	Applied to 2016 distributable amount		* 1	*****
	Remainder. Subtract lines 4a and 4b from 4	***************************************		(M) (3/1/M) ()
5	Remaining underdistributions for years prior to 2016, if	14783		
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h	y y y y y y y y y y y y y y y y y y y	1 x 3	- X 41 1 28121
	and 4b from line 1. For result greater than zero, explain in	i i i i i i i i i i i i i i i i i i i		
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3	, «	**************************************	×
	and 4c		· · · · · · · · · · · · · · · · · · ·	•
8	Breakdown of line 7		, ,	
a		* *		
	Excess from 2013	•		
	Excess from 2014			<u> </u>
	Excess from 2015			
	Excess from 2016			
<u> </u>	CX0000 HOITI 2010		1	l

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990) .

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.

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

OMB No 1545-0047 Inspection

Name of the organization

ZAMAN TNTERNATIONAL

Employer identification number 20-1946065

Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		or Prooduitto. Complete il tile
	organization answered Tes Off Offi 950, Fait IV, line 0.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 20.101 424.000 14.100	(2) (3.135 2.13 2.13 2.25 2.13
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ung that the goods hald in donor adviv	and funds
Ü	are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advis	•	
Ŭ	for charitable purposes and not for the benefit of the donor or do		
	indiction and able purposes and not for the benefit of the donor of do impermissible private benefit?	onor advisor, or for any other purpose	Yes No
Pa	t II Conservation Easements. Complete if the organization	zation answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organization (• • • • • • • • • • • • • • • • • • • •	rarriv, mie 7.
•	Preservation of land for public use (e.g., recreation or educ		corically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	Freservation of a cer	tilled historic structure
2	Complete lines 2a through 2d if the organization held a qualified	concentation contribution in the form	of a conservation conservant on the last
_	day of the tax year.	conservation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structu	ire included in (a)	2c
d	Number of conservation easements included in (c) acquired after	` '	
•	listed in the National Register	1 6/17/00, and not on a historic struct	2d
3	Number of conservation easements modified, transferred, releas	ed extinguished or terminated by th	<u> </u>
_	year	ica, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation easem	nent is located	
5	Does the organization have a written policy regarding the periodi	-	
	violations, and enforcement of the conservation easements it hold		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han		
		iding of violations, and officioning don	sorvation ducinionte during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conserva	ation easements during the year
	▶ \$, or moralism, and ormoralism conserved	and the second control of the second
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170)(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation e	easements in its revenue and expensi	
	include, if applicable, the text of the footnote to the organization'	•	
	conservation easements.		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990	0, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		·
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treasur	res, or other similar assets for financia	
	the following amounts required to be reported under SFAS 116 (- · ·
а	Revenue included on Form 990, Part VIII, line 1	· -	▶ \$
	Assets included in Form 990, Part X		S

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

Schedule D (Form 990) 2016

		NTERNATION								Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or O	ther S	Simila	ır Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that are	a signi	ficant (use of its	collection	ıtems
	(check all that apply):									
а	Public exhibition	ď			hange programs					
b	Scholarly research	6	. 🗀 c	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	n how th	ey further th	he organization's e	exempt	purpo	se in Parl	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical treas	sures, or other sim	ıılar as:	sets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	ization's co	ollection?				Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes"	on Fo	rm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for o	contribution	is or other assets	not inc	luded	_	_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:		_				
									Amount	
С	Beginning balance			_			1c			
ď	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial account li	ability?			Yes	L No
	If "Yes," explain the arrangement in Part XIII.								<u> </u>	<u> </u>
Pa	t V Endowment Funds. Complete	f the organization ai	nswered '	'Yes" on Fo	orm 990, Part IV, lii					
		(a) Current year	(b) Pr	or year	(c) Two years bac	k (d)	Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
þ	Contributions				L					
C	Net investment earnings, gains, and losses		l							
d	Grants or scholarships									
е	Other expenditures for facilities				j					
	and programs .									
f	Administrative expenses .									
9	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1g	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organia	ation tha	t are held a	ind administered f	or the	organız	ation		
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	chedule R?	•				3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990, Par	t X, line	e 10	.,		
	Description of property	(a) Cost or o	other) Accu	mulate	d	(d) Book	value
		basis (invest		basis	(other)	depre	ciation			
1a	Land		000.							77000.
þ	Buildings	L	852.				296:			25234.
С	Leasehold improvements		617.				163			10292.
d	Equipment		424.				669		23	36471.
e	Other	16	000.				160	00.		0.
T - 4 - 4	Add to a dealer of the control of th	aud Farm 000 Day	. V l	n /D) line 1	10-1				Q 7	78997

Schedule D (Form 990) 2016

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	its W	ith Revenue per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				4 4 6 4 5 4 5
1	•Total revenue, gains, and other support per audited financial statements			1	1494717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			į, ·,	
а	Net unrealized gains (losses) on investments	2a	217457.		
b	Donated services and use of facilities	2b	21/45/•	-	
c	Recoveries of prior year grants	2c	 	- '	
d	Other (Describe in Part XIII.)	2d	 -		217457.
e	Add lines 2a through 2d	• • • •	•	2e	1277260.
3	Subtract line 2e from line 1		• • •		12772000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	امدا		ļ . ·	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		1	
b	Other (Describe in Part XIII) Add lines 4a and 4b	40		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	• •		5	1277260.
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	_	
. ,	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Total expenses and losses per audited financial statements		· · · · · · · · · · · · · · · · · · ·	1	1504886.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •		: \$1.	
a	Donated services and use of facilities	2a	217457.		
b	Prior year adjustments	2b		1 1	
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	217457.
3	Subtract line 2e from line 1	·	_	3	1287429.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1.0	
b	Other (Describe in Part XIII.)	4b			
¢	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		· ,	5	1287429
Pai	t XIII Supplemental Information.				- <u> </u>
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	V, lines	s 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 addit	ional ir	nformation.		
				<u> </u>	
F	000 Down TV 11f				
F 01	rm 990, Part IV, 11f				
Mar	nagement evaluates, at least annually, whet	her	any tay nos	sitio	ns
Hai	lagement evaluates, at least aimually, whee	.1101	dily can por	32020	
ret	ported on returns are more likely than not	to	be sustained	lif	
	or cod on results are more riner, since				
cha	allenged. The most significant of those po	sit	ions relate	to t	he
		-			
nor	n-profit status of Zaman and managaement be	elie	ves no such	posi	tions
			-		_
exi	st that would have a significant impact on	ı th	e Organizati	lon's	financial
pos	sition and results of operations. As of De	ecem	ber 31, 2016	s, no	liability
for	uncertain tax benefits was recorded.				
					

1

632054 08-29-16

SCHEDULE G

(Form 990 or 990-EZ)

required to complete this part.

Internet and email solicitations

Mail solicitations

Phone solicitations

In-person solicitations

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public

_ Yes

Department of the Treasury Internal Revenue Service

Part I

h

c

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Inspection **Employer identification number** ZAMAN INTERNATIONAL 20-1946065 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of government grants Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or

i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by organization
		Yes	No			
					-	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						
List all states in which the organization is or licensing.	registered or licensed to s	olicit contrib	outions	s or has been notified	d it is exempt from re	egistration
	·					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 ZAMAN INTERNATIONAL	20-1946065 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	. 13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords.
	•
Name	_
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the an	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party.	
Name ▶	
Address >	
16 Gaming manager information	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	└── Yes └── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spec	nt in the
organization's own exempt activities during the tax year ▶ \$	
Part IV. Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	d Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions	
632083 09-12-16 Schedu	le G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) ZAMAN INTERNATIONAL	20-1946065 Page 4
Schedule G (Form 990 or 990-EZ) ZAMAN INTERNATIONAL Part IV Supplemental Information (continued)	
	,
•	
	
	· · · · · · · · · · · · · · · · · · ·
	,
	·
	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Open To Public inspection **Employer identification number**

	ZAMAN_INTERN	ATIONA	L				20-1	.946	065	•
Pa	irt 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	no		(d) nod of do contrib	etermi	_	ts
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications			1 20.	<u> </u>					
5	Clothing and household goods	Х	.	101873.	THR	FT	STOR	E /	WH	OLE
6	Cars and other vehicles		××					 /		
7	Boats and planes									
8	Intellectual property	<u> </u>								
9	Securities - Publicly traded									
10	Securities - Closely held stock				<u> </u>		·			
11	Securities - Partnership, LLC, or				 					-
	trust interests				ŀ					
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	Х		39953.	FCT	86	סעס	CAE	m (N	1
20	•			39933.	521	3 0	FER	CAL	T OIA	
21	Drugs and medical supplies Taxidermy							-		
	-									
22	Historical artifacts	·								
23	Scientific specimens	-								
24	Archeological artifacts			· · · · · · · · · · · · · · · · · · ·						
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()		l							
29	Number of Forms 8283 received by the organic		-							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29					,	
	_								Yes	No
30a	During the year, did the organization receive by				_					
	must hold for at least three years from the date		al contribution, and	I which isn't required to be u	sed for			~ ~~~~		
	exempt purposes for the entire holding period?	?						30a		Х
b	If "Yes," describe the arrangement in Part II.							ļ <u>.</u>		
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	tions?			31		X
32a	Does the organization hire or use third parties	or related or	ganızatıons to solı	cit, process, or sell noncash						
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			l		
	describe in Part II.							1	1	

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

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016) ZAMAN INTERNATIONAL	20-1946065	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	d 33, and whether the organize combination of both. Also con	ation iplete
			

632142 08-23-16

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ZAMAN INTERNATIONAL

Employer identification number 20-1946065

Form 990, Part I, Line 1, Description of Organization Mission:
BY ENABLING THEM TO MEET ESSENTIAL NEEDS COMMON TO ALL HUMANKIND
Form 990, Part VI, Section B, line 11b:
990 is reviewed by members of the board.
Form 990, Part VI, Section B, Line 12c:
Reviewed and discussed at board meetings.
Form 990, Part VI, Section C, Line 19:
Documents are available to the public upon request at the address listed on
Page 1 of Form 990.

632211 08-25-16