

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

	nt of the Treasury	eu as a riivale i				2010
	evenue Service Note. The foundation may be able ndar year 2010, or tax year beginning	and ending	eturn to satisty sta	ite reporting i	equirements	
		eturn of a former publ	ic charity		Final return	
		dress change	Name	change		
Name o	f foundation				loyer identification numb - 1619980	er
FAH_	MEEDA & ATIQUE FOUNDATION			-	hone number (see page 10	of the instructions)
	and street (or P O box number if mail is not delivered to street address $0 \ \mathbf{S} \ . \ \mathbf{HAZEL} \ \mathbf{ST} \ .$	s)	Room/suite		0 - 5 3 5 - 2 8 0 0 mption application is pendi	ng, check here
City or t	own, state, and ZIP code			1	oreign organizations check	
PIN	E BLUFF AR 71603			2 Fc	oreign organizations meetin	g the
H Chec	k type of organization X Section 501(c)(3) exempt private	foundation		85	% test, check here and att	ach computation
Sect	ion 4947(a)(1) nonexempt charitable trust Other taxab	ole private foundation			ate foundation status was	
I Fairm	narket value of all assets at J Accounting method	X Cash A	ccrual	section	on 507(b)(1)(A), check here	•
end o	f year (from Part II, col (c), Other (specify)				foundation is in a 60-month	. '
	6,065 (Part I, column (d) must	be on cash basis)		under	r section 507(b)(1)(B), chec	k here
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions)	(a) Revenue and expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes
1		70,00	00 .			(cash basis only)
2	r — i	,	<u> </u>	•		
3	•		1	-	1	
4	Dividends and interest from securities					
5	a Gross rents					
a	b Net rental income or (loss)	-				
로 6	a Net gain or (loss) from sale of assets not on line 10					
Revenue	b Gross sales price for all assets on line 6a				×	
ř 7	Capital gain net income (from Part IV, line 2)			0		
8	Net short-term capital gain				0	
_ 9						
10						
	b Less Cost of goods sold					
9 11	Gross profit or (loss) (attach schedule)		-			1.00
12	(70,00	n 1	0	1	
42		70,0	0			
Ses 14			-			
S 15	, ,				-	
16		-			in	
<u> </u>	b Accounting fees (attach schedule) Stmt 1	2	75	PFCE	IVED	
i Ke	Other professional fees (attach schedule)				100	
E 17	,			0	4 5011 1:01	
<u>is</u> 18	Taxes (attach schedule) (see page 14 of the instructions)		181	APR (781	
듣 19	Depreciation (attach schedule) and depletion		111		Till	
년 20	• •			OGD	EIV,	
D 21						
E 22	,					
D) 23						
Operating and Administrative Expension 12		2.	75	o	o	ı
e 25	Add lines 13 through 23 Contributions, gifts, grants paid	68,00				68,00
O 26		68,2		0	0	68,00
27		1 00,2				
-	_ ,	1,72	26			
	Net investment income (if negative, enter -0-)			0		_
- 1	Adjusted net income (if negative, enter -0-)				1	

1	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_	-	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	2,505	4,230	5,230
	2	Savings and temporary cash investments	834	835	835
	3	Accounts receivable ▶	1		
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶	<u></u>		
	5	Grants receivable			
i	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less. allowance for doubtful accounts ▶ 0)		
इ	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·
Assets	9	Prepaid expenses and deferred charges			
ď	10a	Investments—U S and state government obligations (attach schedule)			
1	b	Investments—corporate stock (attach schedule)			
Ì	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			•
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)		
-	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	3,339	5,065	6,065
S	17	Accounts payable and accrued expenses			
	18	Grants payable			
ţ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable (attach schedule)		·	
ᅦ	22	Other liabilities (describe ▶)		
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
Seo		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	3,339	5,065	
Net Assets or Fund Balar	25	Temporarily restricted			
ă	26	Permanently restricted			
밀		Foundations that do not follow SFAS 117, check here ▶			
깂		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds			
13	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds		_	
As	30	Total net assets or fund balances (see page 17 of the			
듛		instructions)	3,339	5,065	
z	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	3,339	5,065	
	Part I	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year-Part II, column (a), line 30 (must	st agree with		
	end-c	of-year figure reported on prior year's return)		1	3,339
2	Enter	amount from Part I, line 27a		2	1,726
3	Other	rincreases not included in line 2 (itemize) ▶ See Statement 2		3	
4	Add I	nes 1, 2, and 3		4	5,065
5	Decre	eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b	o), line 30	6	5,065
					Form 990-PF (2010)

	A & ATIQUE FOUNDATION		31-1619980)		Page
(a) List and descri	nd Losses for Tax on Investment In be the kind(s) of property sold (e g , real estate, ehouse, or common stock, 200 shs MLC Co)	come	(b) How acquired P—Purchase D—Donation		ite acquired , day, yr)	(d) Date sold (mo , day, yr)
1a N/A '			B Bonation		-	
b						
С	9		 	ļ		
d			 	-		-
е	(0.0	(-) 0		 	#\\ C	()
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain (e) plus (f)	or (loss)) minus (g)
a		<u> </u>		1		
b						
C						
d]		
0				<u> </u>		
Complete only for assets showing	gain in column (h) and owned by the foundation	on on 12/31/69				(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) I (j), ıf any	C		less than -0-) or om col (h))
a				 		,,,, ,,
b				†		
C			· · · · · · · · · · · · · · · · · · ·	†		
d						
е				<u> </u>		
. • .	s) as defined in sections 1222(5) and (6) column (c) (see pages 13 and 17 of the instruc	_		3		
	nder Section 4940(e) for Reduced T	ax on Net Ir	nvestment Incon	1e		
(For optional use by domestic private	foundations subject to the section 4940(a) tax	on net investm	ent income)			
If section 4940(d)(2) applies, leave the	s part blank.					
	on 4942 tax on the distributable amount of any fy under section 4940(e) Do not complete this	•	se period?			Yes X No
	each column for each year, see page 18 of the	nstructions bef	ore making any entrie	s		
(a) Base period years Calendar year (or tax year beginning	· · · · · · · · · · · · · · · · · · ·		(c) e of noncharitable-use as	sets		(d) ribution ratio livided by col (c))
2009	73,05					
2008	112,65					
2007	127,33			-		
2006 2005	47,40	_				
2000				<u> </u>	· [
2 Total of line 1, column (d)					2	
3 Average distribution ratio for the 5	5-year base period—divide the total on line 2 by	5, or by the				·
number of years the foundation h	as been in existence if less than 5 years				3	
						_
4 Enter the net value of noncharitat	ple-use assets for 2010 from Part X, line 5				4	(
5 Multiply line 4 by line 3					5	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)				6	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Form **990-PF** (2010)

68,000

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

Form	990-PF (2010) FAHMEEDA & ATIQUE FOUNDATION 31-1619980			P	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instru	ictions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		-	~	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				0
6	Credits/Payments				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	1			
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	<u> </u>			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u> </u>			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11	<u> </u>			
_Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
	(1) On the foundation > \$ (2) On foundation managers > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
_	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				7.7
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		v
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
_	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that and the legislation that a state legislation that are seen to the governing instrument so that no mandatory directions that			x	
-	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	^	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) None				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(J)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X

Form	1990-PF (2010) FAHMEEDA &			619980		_	Page 6
_Pa	art VII-B Statements Regard	ling Activities for Which For	rm 4720 May Be Red	quired (contin	ued)		
5a	During the year did the foundation pay of	or incur any amount to			_		
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	on 4945(e))?	,	res 🏋 No		
	(2) Influence the outcome of any specif	ic public election (see section 4955),	or to carry on,	_	_		
	directly or indirectly, any voter regis	tration drive?		١ .	res 🗓 No	1 1	
	(3) Provide a grant to an individual for t	ravel, study, or other similar purpose:	s?	[\ \	res 🗓 No	1 1	
	(4) Provide a grant to an organization of	ther than a charitable, etc , organizat	tion described in			ł I	
	section 509(a)(1), (2), or (3), or sec	tion 4940(d)(2)? (see page 22 of the	instructions)		res 🗓 No		
	(5) Provide for any purpose other than						Ì
	purposes, or for the prevention of ci	ruelty to children or animals?		[],	res X No		
b	If any answer is "Yes" to 5a(1)-(5), did a	any of the transactions fail to qualify t	under the exceptions desc	cribed in	Trace and		
	Regulations section 53 4945 or in a curr	ent notice regarding disaster assistai	nce (see page 22 of the in	structions)?	N/A	5b	
	Organizations relying on a current notice	e regarding disaster assistance checl	k here	•	•		
С	If the answer is "Yes" to question 5a(4),			•	<u> </u>	1 1	
	because it maintained expenditure resp	·		N/A 📋 🔻	res No		
	If "Yes," attach the statement required b	•		• 1.3			
6a	Did the foundation, during the year, rece	• •	o pav premiums				- 1
	on a personal benefit contract?	,,,,,	- p-, p	1	res 🛣 No		
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a	personal benefit contract		,==	6b	x
_	If "Yes" to 6b, file Form 8870	promising, smoothly or memorally, over				1	
7a	At any time during the tax year, was the	foundation a party to a prohibited tax	shelter transaction?	,	res X No		Ì
	If Yes, did the foundation receive any pr	· · · · · · · · · · · · · · · · · · ·			N/A	7b	İ
		fficers, Directors, Trustees,			-		
•	and Contractors		· · · · · · · · · · · · · · · · · · ·	, o. o.,	aia Empioyo	 ,	
1	List all officers, directors, trustees, fou	ndation managers and their comp	ensation (see page 22 o	f the instructions	υ).		
					(d) Contributions to	T	
	(a) Name an	d address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit	(e) Exp	ense account,
	(a) hamo an	3 303,000	devoted to position	-0-)	plans and deferred compensation	other	allowances
	TIQUR RAHMAN QAZI	PINE BLUFF	DIRECTOR				
	200 S. HAZBL ST	AR 71603	#90.00	0		0	(
	MAR T. ATIQ	PINE BLUFF	DIRECTOR			4	
	200 S. HAZEL ST		1				(
	RA HADI	AR 71603	#90.00	0		0	
AZ	ERA HADI	PINE BLUFP	DIRECTOR				
		AR	#90.00	0		0	(
					<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
2	Compensation of five highest-paid er	nployees (other than those include	ed on line 1 see page	23 of the instruc	tions).		
	If none, enter "NONE."				Luci	<u> </u>	
			(b) Title, and average		(d) Contributions to employee benefit		ense account,
	(a) Name and address of each emp	loyee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
					compensation		
NC	ONE						
						\bot	
						T	
			1				
Tota	I number of other employees paid over \$5	50,000					0

Form 990-PF (20	olo) FAHMEEDA & ATIQUE FOUNDATION	31-1619980	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid Emp	
	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see page	23 of the instructions). If none, enter "NO	IE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	1.50		
Total number of	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year. Include relevant statistic d other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 N/A			- - -
,			
2			
_			
3			<u></u>
4			
	·		
Part IX-B	Summary of Program-Related Investments (see page	e 24 of the instructions)	
	largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount
1 N/A			
2			
All ash as assessed	0.4		
	n-related investments. See page 24 of the instructions		
3			
Total. Add lines	1 through 3		
· Jai. Aud IIIES	r unough o		

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2010)

6

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Pa	irt XIII Unaistributea income (S	see page 26 of t	ne instructions)			
1	Distributable amount for 2010 from Part XI,		(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
	line 7					0
2	Undistributed income, if any, as of the end of	2010				
а	Enter amount for 2009 only		_			
b	Total for pnor years: 20 , 20	, 20		•		
3	Excess distributions carryover, if any, to 2010	0		•	-	
а	From 2005	47,400				
b	From 2006	129,116				
С	From 2007	127,598				
d	From 2008	112,650				
е	From 2009	73,050				
	Total of lines 3a through e		489,814			
4	Qualifying distributions for 2010 from Part XII	ı				
•	line 4 ▶ \$ 68,000	•				
9	Applied to 2009, but not more than line 2a					
	Applied to undistributed income of prior years	•	· ·		 	
U	(Election required—see page 26 of the instru					
_	, , ,	•			<u> </u>	
C	Treated as distributions out of corpus (Election	on				
	required—see page 26 of the instructions)			<u> </u>	 -	<u> </u>
	Applied to 2010 distributable amount		60.000		ļ	ļ. <u></u> -
_	Remaining amount distributed out of corpus		68,000			
5	Excess distributions carryover applied to 201					
	(If an amount appears in column (d), the same	ne				
_	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					•
	Corpus Add lines 3f, 4c, and 4e Subtract lin	e 5	557,814		ļ	ļ
b	Prior years' undistributed income Subtract					
	line 4b from line 2b					ļ
C	Enter the amount of prior years' undistributed	j				
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a))				
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Taxable					
	amount—see page 27 of the instructions					
Θ	Undistributed income for 2009 Subtract line					
	4a from line 2a Taxable amount—see page					
	27 of the instructions					
f	Undistributed income for 2010. Subtract lines	5				
	4d and 5 from line 1. This amount must be					
	distributed in 2011					0
7	Amounts treated as distributions out of corpu	ıs				
	to satisfy requirements imposed by section	-				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of th	ne.				
	instructions)					
8	Excess distributions carryover from 2005 not			1. LONG		
	applied on line 5 or line 7 (see page 27 of the					
	instructions)	•	47,400			
,	Excess distributions carryover to 2011.		27,100			
•	Subtract lines 7 and 8 from line 6a		510,414			
n.	Analysis of line 9		310,414			
,	·	120 116	l			
a	Excess from 2006	129,116				
b	Excess from 2007	127,598				
C	Excess from 2008	112,650	•			
d	Excess from 2009	73,050	·	,		
е	Excess from 2010	68,000				

Pa	rt XIV Private Operating Fou	ndations (see pa	ge 27 of the instru	uctions and Part V	II-A, question 9)				
1a	if the foundation has received a ruling or d	etermination letter that	it is a private operating						
	foundation, and the ruling is effective for 2	010, enter the date of t	he ruling	▶		<u>-</u>			
b	Check box to indicate whether the foundat	ion is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total			
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) rotar			
	investment return from Part X for								
	each year listed								
b	85% of line 2a					- -			
С	Qualifying distributions from Part XII,								
	line 4 for each year listed								
đ	Amounts included in line 2c not used directly								
	for active conduct of exempt activities								
е	Qualifying distributions made directly		-						
	for active conduct of exempt activities								
	Subtract line 2d from line 2c								
3	Complete 3a, b, or c for the								
-	alternative test relied upon				,				
а	"Assets" alternative test—enter								
-	(1) Value of all assets								
	(2) Value of assets qualifying under								
	section 4942(j)(3)(B)(i)								
b	"Endowment" alternative test—enter 2/3	 .							
~	of minimum investment return shown in								
	Part X, line 6 for each year listed								
С	"Support" alternative test—enter								
•	(1) Total support other than gross								
	investment income (interest,								
	dividends, rents, payments on								
	securities loans (section								
	512(a)(5)), or royalties)								
	(2) Support from general public								
	and 5 or more exempt organizations as provided in								
	section 4942(j)(3)(B)(iii)								
	(3) Largest amount of support from								
	an exempt organization								
	(4) Gross investment income					- · · · · · · · · · · · · · · · · · · ·			
Pa	rt XV Supplementary Inform	nation (Complete	this part only if th	ne foundation had	\$5,000 or more in	n assets at			
	any time during the ye	ear—see page 28	of the instruction	ıs.)		_			
1	Information Regarding Foundation Man	nagers:							
а	List any managers of the foundation who I	have contributed more	than 2% of the total cor	ntributions received by t	he foundation				
	before the close of any tax year (but only	if they have contributed	more than \$5,000) (S	ee section 507(d)(2))					
	OMAR T. ATIQ								
b	List any managers of the foundation who	own 10% or more of the	stock of a corporation	(or an equally large po	rtion of the				
	ownership of a partnership or other entity)	of which the foundatio	n has a 10% or greater	interest					
	N/A								
2	Information Regarding Contribution, G								
	Check here ▶ ☐ if the foundation only		·	-					
	unsolicited requests for funds. If the found	= -		f the instructions) to ind	ividuals or				
	organizations under other conditions, com					 			
а	The name, address, and telephone number	er of the person to who	m applications should t	oe addressed					
	N/A								
	The form on the last of the la								
b	The form in which applications should be	submitted and informat	on and materials they	snould include					
	N/A				·				
С	Any submission deadlines N/A								
	Any restrictions or limitations on awards, s	such as by geographics	l areas charitable fold	le kinds of institutions	or other				
d	factors	such as by geographica	ii areas, criantable 11810	io, kiiluo oi ilioutuuloiis, l	or other				
	N/A								
	,			· · · · · · · · · · · · · · · · · · ·		- 000 DE 10010			

Page 11

3 Grants and Contributions Paid During the	Year or Approved for Fu	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Statement 3				60.00
				68,00
			1	
Total		<u></u>	▶ 3a	68,00
b Approved for future payment	· <u> </u>			
N/A				
Total	<u> </u>			
Total			▶ 3b	

	(2010) PHILLIDA & ATTOOL TO					l age 12
Part XVI-		ctivities				
Enter gross ar	mounts unless otherwise indicated	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
1 Program s	service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
•				1		
				1		· · · · · · · · · · · · · · · · · · ·
		-		1		
ğ ——		— 				
		-		+	-	
f		_ 		1	-	
	and contracts from government agencies	_		1		····
_	hip dues and assessments			1		
	•			14	1	<u>-</u>
	n savings and temporary cash investments and interest from securities		. <u>.</u>	 		
	Income or (loss) from real estate			†		
	financed property			†		
	ebt-financed property			+ +		
	Income or (loss) from personal property			1		
	estment income	<u> </u>		1		
	oss) from sales of assets other than inventory			 		
	ne or (loss) from special events			1		
	of to (loss) from sales of inventory		······································			
	enue a			+		·
				+ +		
		-		1 1		
	· 4	_		11		
e	***************************************	_		+		
	Add columns (b), (d), and (e)			0	1	0
	d line 12, columns (b), (d), and (e)	L		<u> </u>	13	1
	et in line 13 instructions on page 29 to verify calculat	ione)				
Part XVI-			nt of Exempt Pu	rnosas	, -	
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur instructions)	ne is reported in colu	ımn (e) of Part XVI-A	contribute		the
N/A	instructions)					
N/A						•
				-		· · · · ·
						
-						
		 				
				 		
	·	 				
					 	
						
					· · · · · · · · · · · · · · · · · · ·	
			. v			
		· · · · · · · · · · · · · · · · · · ·				-
					·	
	 					
				-		
	 	<u></u>				

Form 99	90-PF (201	0) FAHMEEDA	& ATIC	UE FOUND	NOITA	31-16	19980			Pag	ge 13
Part	XVII	•	_	nsfers To an	d Transactio	ns and Relations	hips With	Noncharitable			
		Exempt Organiza				Ab				Van	No
	Ψ.	-		=		ther organization descr			`	Yes	No
OI	rgąnization	is?				ction 527, relating to po	inicai		,	\ \ \tag{3.7}	
		om the reporting founda	ation to a non	icharitable exemi	pt organization o						
•	I) Cash								1a(1)	 	X
•	2) Other a								1a(2)	 	X
	ther transa								l		
-	•	f assets to a nonchanta		-					1b(1)	\vdash	X
•	•	ses of assets from a noi			on				1b(2)	 -	X
•	•	of facilities, equipment, of	or other asse	ets					1b(3)	} -	X
•	•	rsement arrangements							1b(4)	 	X
•	•	r loan guarantees	mharahin ar	fundrousuna solusi	tations				1b(5)	\vdash	X
•	•	ance of services or me	•	-					1b(6)	\vdash	X
	•	acilities, equipment, ma	_	-		ma (h) abauld abusus ab	au tha fair n	and to t	1c	<u> </u>	
		· ·	-	_	•	nn (b) should always sh					
		-	_	•	•	the foundation received					
	Line no	(b) Amount involved		of nonchantable ex		the goods, other assets		received ansactions, and sharing	arranos	ements	
$\frac{(s)}{N/A}$	Line no	(b) runount involved	(o) Hamo	Or Horienantable Cx	iompt organization	(d) Bescription	or transfers, tre	anadono, and anamig	ununge		
11/11		1				-					
	_ ~	 	 			_		.			
		 	 			···					
			 								
			<u> </u>								
			 								
											
			-	 	<u></u>			· — · · · · · · · · · · · · · · · · · ·			
			İ								
											
			<u> </u>								
			 	<u></u>			· · · · · ·				
de	escribed in	ation directly or indirect i section 501(c) of the C inplete the following sch	ode (other ti			,				es X	No
<u> </u>		Name of organization	icaule .	(b) Type o	of organization	<u> </u>	(c) Descor	ition of relationship			
N/		,		(2) 1) po c	, organization	~	(0) 200011	don or relationaria			

				†							
				<u> </u>							
Sign Here	belief, it i					nying schedules and statem uciary) is based on all infon	mation of which				
	<u> </u>				Droporado aca	noturo.	THIC				
ם: ב	Print	ype preparer's name			Preparer's sig	nature Iom Paschall	م م	Date		Check	
Paid	TOM 1	במטאני מסא					, UP H	03/2	0/11	self-em	iployed
Prepare Use On		PASCHALL, CPA	aschal	ll, CPA,	PA PASC	HALL, CPA			9/11 093(
ose Oli	* I		Laurel	LI, CER,					- 083		
	1							· ****			

870-534-2007 Form **990-PF** (2010)

Phone no

Pine Bluff, AR 71601-4835

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047_

2010

Name of the organization

Employer identification number

FAHMEEDA & A	31-1619980											
Organization type (check	one)											
Filers of:	Section:											
Form 990 or 990-EZ	501(c)() (enter number) organization	501(c)() (enter number) organization										
	, 4947(a)(1) nonexempt charitable trust not treated as a private foundation											
	527 political organization											
Form 990-PF	501(c)(3) exempt private foundation											
	4947(a)(1) nonexempt charitable trust treated as a private foundation											
	501(c)(3) taxable private foundation											
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	special Rule See										
General Rule												
	in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mo	ore (in money or										
Special Rules												
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contributor, during the year, a contributor, during the year, a contributor, during the year, a contributor (ii) Form 990-EZ,	contribution of the										
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any or the contributions of more than \$1,000 for use exclusively for religious, charitable, so ses, or the prevention of cruelty to children or animals. Complete Parts I, II, and II	cientific, literary, or										
the year, contribut aggregate to more year for an exclus	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any orions for use exclusively for religious, charitable, etc., purposes, but these contributes than \$1,000. If this box is checked, enter here the total contributions that were relively religious, charitable, etc., purpose. Do not complete any of the parts unless translation because it received nonexclusively religious, charitable, etc., contribution	utions did not eceived during the the General Rule										
990-EZ, or 990-PF), but it	hat is not covered by the General Rule and/or the Special Rules does not file Sch must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of o certify that it does not meet the filing requirements of Schedule B (Form 990, 99	f its Form 990-EZ, or on										

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part I

Name of organization

FAHMEEDA & ATIQUE FOUNDATION

Employer identification number

31-1619980

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OMAR T. ATIQ 7200 S. HAZEL ST. PINE BLUFF AR 71603	\$ 70,000	Person XI Payroll III Noncash III (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
	Turney address, and all 1.4	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

3/29/2011 10:11 AM Charitable Purpose Adjusted Net Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees Net Investment FAHMEEDAFDN FAHMEEDA & ATIQUE FOUNDATION

Federal Statements 275 Total Indirect Accounting Fees Description FYE: 12/31/2010 Total

	al Statements
JE FOUNDATION	Federa
FAHMEEDAFDN FAHMEEDA & ATIQUE FOUNDATION	
FAHMEEDAFDN F	31-1619980

3/29/2011 10:11 AM

31-1619980 FYE: 12/31/2010

Statement 3 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

to our	Allionin	,	1,500	2,500	,	2,500	2,000	1,000	000		5,700	L	000,5	1.000		10,000		2,000	2,000		1,000	•	2,000	10,000	•	2,000	1,100
	l G	2	ASSISTANCE TO INDIGENTS	EDUCATION		ASSISTANCE TO INDIGENTS	ASSISTANCE TO INDIGENTS	ASSISTANCE TO INDIGENTS	NOTH & DITTE	i Civ	FLOOD RELIEF		ATTON	ASSISTANCE TO INDIGENTS)	ASSISTANCE TO INDIGENTS		EDUCATION	ASSISTANCE TO INDIGENTS		ASSISTANCE TO INDIGENTS		ATION	ASSISTANCE TO INDIGENTS	! !	ASSISTANCE TO INDIGENTS	ASSISTANCE TO INDIGENTS
ç		ASSIS	ASSIS	EDUCA		ASSIS	ASSIS	ASSIS	גטוונים	3000	FLOOL		EDUCATION	O L C C A		ASSIS		EDUCA	ASSIS		ASSIS		EDUCATION	ASSIS		ASSIS	ASSIS
	Sidius																	Ē	7				į	ΞĮ.			
Address	P. O. BOX 22250	3707	NONE	NONE	P. O. BOX 8702	NONE 6414 CASS AVENUE	NONE	F. C. ECA SUS NONE	12701 HINSON RD	P. O. BOX 21304	NONE	3045 ARLINGTON AVE.	NONE OF THE PROPERTY OF THE PR	NONE	23105 KASHIWA CT.	NONE	3221 ANNA STREET	NONE	123	200 W. 6TH AVENUE		TIPU ROAD		2653 TREANOR TERRACE NONE	1350 REMINGTON RD	NONE	NONE
Name			PINE BLUFF AR 71603 MUSLIM ADVOCATES	SAN FRANCISCO CA	UNITED WAY	PINE BLUFF AR 71611 APPNA	WESTMONT IL 60559	PLAINFIELD IN 46168	PULASKI ACADEMY		LITTLE ROCK AR 72204	UNIVERSITY OF TOLEDO	IOLEDO OH 43614 NATIONAL HEALTH EOPIN	BALLWIN MO 63024	AMERICAN FUND FOR		THE HUDA ACADEMY	LITTLE ROCK AR 72204	INDIANAPOLIS IN 46204	FIRST UNITED METHODIST	PINE BLUFF AR 71601	RAWALPINDA MEDICAL	RAAWALPINIDI	ASSOCIATION OF PAKISTAN WELLINGTON FL 33414		SCHAUMBURG IL 60173	

က

3/29/2011 10:11 AM 68,000 က Amount Statement 3 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose FAHMEEDAFDN FAHMEEDA & ATIQUE FOUNDATION

Federal Statements Status Relationship Address Address Name FYE: 12/31/2010 Total