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Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For calendar year 2012 or tax year beginning and ending A Employer identification number Name of foundation MOHAMMAD SULEMAN FAMILY FOUNDATION 20-8118793 Number and street (or P.O box number if mail is not delivered to street address) Room/suite B Telephone number 312 (504)712-8872 200 WEST ESPLANADE AVE. City or town, state, and ZIP code C If exemption application is pending, check here KENNER, LA 70065 G Check all that apply: Initial return initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) ▶\$ 287368. Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income Contributions, gifts, grants, etc., received 54400 N/A Check if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 6337 6337 3 STATEMENT 6185. Dividends and interest from securities 6185. STATEMENT -183. -183.STATEMENT 5a Gross rents b Net rental income or (loss) -2709. 6a Net gain or (loss) from sale of assets not on line 10 13128. 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold ... c Gross profit or (loss) -180 -180.STATEMENT 11 Other income 63850. 12159 Total. Add lines 1 through 11 0 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits and-Administrative-Expenses 16a Legal fees b Accounting fees c one were a contraction of the _Interest-5. 177 177 STMT 0. Depreciation and depiction Оссирансу Travet Contenances, and meetings Printing and publications Operating 5 2390 2390 0. Other expenses Total operating and administrative expenses. Add lines 13 through 23 2567 2567 28653 28653. Contributions, gifts, grants paid Total expenses and disbursements. 31220 2567 28653. Add lines 24 and 25 27 Subtract line 26 from line 12: 32630 8 Excess of revenue over expenses and disbursements 9592 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2012)

LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	0-PF (2012) MOHAMMAD SULEMAN FAMILY		20-8118793 Page 2			
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of			
<u></u>		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	25525.	64212.			
	2	Savings and temporary cash investments	230636.	225797.	213016.		
	3	Accounts receivable					
	1	Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
	`	Less; allowance for doubtful accounts ▶					
	5	Grants receivable					
	1	Receivables due from officers, directors, trustees, and other					
	١		ì	Ì			
	۱.,	disqualified persons					
	′	Other notes and loans receivable					
	١.	Less: allowance for doubtful accounts					
ets	1 -	Inventories for sale or use					
Assets		Prepaid expenses and deferred charges					
•	1	Investments - U.S. and state government obligations					
	1.	Investments - corporate stock					
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis	(
		Less accumulated depreciation					
	12	Investments - mortgage loans					
		Investments - other STMT 7	6319.	5109.	10140.		
	14	Land, buildings, and equipment basis					
	1	Less accumulated depreciation					
	15	Other assets (describe >					
	''	Other assers (describe)					
	16	Total assets (to be completed by all filers)	262480.	295118.	287368.		
_		A	202400:	233110.	401300.		
		Accounts payable and accrued expenses					
	18	Grants payable	-				
ies	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ij	21	Mortgages and other notes payable					
	22	Other liabilities (describe)					
	ŀ						
_	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
	ĺ	and complete lines 24 through 26 and lines 30 and 31.					
Net Assets or Fund Balances	24	Unrestricted					
a	25	Temporarily restricted					
Ba	26	Permanently restricted					
ם		Foundations that do not follow SFAS 117, check here					
교	ļ	and complete lines 27 through 31.					
б	27	Capital stock, trust principal, or current funds	0.	0.			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
Ass	29	Retained earnings, accumulated income, endowment, or other funds	262480.	295118.			
et/	1	Total net assets or fund balances	262480.	295118.			
Ž	30	Total liet assets of fullu balances	202400.	493110.			
		Takal liabilitation and an annual balance	262480	205110			
_	31	Total liabilities and net assets/fund balances	262480.	295118.			
P	art	Analysis of Changes in Net Assets or Fund Ba	alances				
_		Dath and a factor of the second of the secon					
		net assets or fund balances at beginning of year - Part II, column (a), line 3	SU		0.00.00		
	•	t agree with end-of-year figure reported on prior year's return)		1	<u>262480.</u>		
		amount from Part I, line 27a		. 2	32630.		
		increases not included in line 2 (itemize) NONDIVIDEND	DISTRIBUTIONS	3	14.		
		ines 1, 2, and 3		4	<u>295124.</u>		
5	Decre	eases not included in line 2 (itemize) $ ightharpoons$ FROM K-1 GLOBAI	L PARTNERS LP	5	6.		
6_	<u>Total</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	295118.		
					Form 990-PF (2012)		

Form 990-PF (2012) MOH	AMMAD SULEMAN F	AMILY F	OUNDATIO	N		20-811	8793	Page 3
	and Losses for Tax on		Income	(h) Hawaaawa	ad I	c) Date acquired		
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation							(d) Dat (mo., d	e sold ay, yr.)
1a KRAFT FOODS GROUP INC P						8/08/11	10/1	6/12
b 25000 SHS BRL		22 12		P	0	8/12/11	10/2	2/12
c FROM K-1 GLOBA								
d CAPITAL GAINS	DIVIDENDS							
_e				 -				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss) (e) plus (f) minus (
a 16.				2.		<u> </u>		4.
b 12266.			1580					3543.
C								-16.
d 846.								846.
e								
Complete only for assets showing	ng gain in column (h) and owned	by the foundation	on 12/31/69			Sains (Col. (h) gain		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		COI. (k), but not less that Losses (from col. (1 -U-) or h))	
a								4.
b								<u>3543.</u>
_ C								<u>-16.</u>
<u>d</u>								846.
е	<u> </u>			_ 				
2 Capital gain net income or (net ca	If gain, also er apital loss) { If (loss), enter	nter in Part I, line r -0- in Part I, line	7 7	} 2				2709.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5)) and (6):						
If gain, also enter in Part I, line 8,						/ -		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e) f	or Reduced	Tay on Not	J 3 Investmen	+ Inco	N/A		
(For optional use by domestic private								
(101 optional use by dolliestic private	e touridations subject to the section) 11 4540(a) tax UII	net mvesiment ait	onie.)				
If section 4940(d)(2) applies, leave the	his part blank.							
Was the foundation liable for the sec	tion 4942 tax on the distributable	amount of any ye	ar in the base peri	od?			X Yes	☐ No
If "Yes," the foundation does not qual	lify under section 4940(e). Do not	t complete this pa	rt.					
	each column for each year; see th	e instructions bef	ore making any en	tries.				
(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying	distributions	Net value of non	(c) icharitable-use a	assets	Dıstrib (col. (b) dıvı	(d) ution ratio ided by col.	(c))
2011								
2010								
2009								
2008								
2007								
2 Total of line 1, column (d)						2		
3 Average distribution ratio for the	5-year base period - divide the tot	tal on line 2 by 5,	or by the number o	of years				
the foundation has been in exister	nce if less than 5 years					3		
4 Enter the net value of noncharitab	ole-use assets for 2012 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		
7 Add lines 5 and 6						7		
8 Enter qualifying distributions from	n Part XII line 4		···			8		
If line 8 is equal to or greater than		 Ina 1h and comp	lata that nart ween	a 10/2 tay rata		<u> </u>		
See the Part VI instructions.	i mio 7, osicok nie dok in Pait VI, II	nie iu, anu compi	iote that part using	a 1/0 ldx ldlt.				
223521 12-05-12						Fo	rm 990-F	F (2012)

	0-PF (2012) MOHAMMAD SULEMAN FAMILY FOUNDATION	20-	<u>81187</u>	93	Page 4
Part \	<u></u>	948 -	see ins	truct	rions)
	empt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.	1			
	e of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
	mestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔛 and enter 1%	1			192.
	Part I, line 27b				
	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	_			•
	under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
	d lines 1 and 2	3			192.
	otitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	·		0.
	c based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			192.
	dits/Payments:				
	12 estimated tax payments and 2011 overpayment credited to 2012 6a	1 1			
	empt foreign organizations - tax withheld at source 66	i i			
	c paid with application for extension of time to file (Form 8868)	1			
	ckup withholding erroneously withheld	_			0
	tal credits and payments. Add lines 6a through 6d	7			0.
	ter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached x due. If the total of lines 5 and 8 is more than line 7, enter amount owed	8			192.
	erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	· · · · · · · · · · · · · · · · · · ·		194.
	ter the amount of line 10 to be: Credited to 2013 estimated tax	11			
	VII-A Statements Regarding Activities				
	ring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene		·	Y	es No
	/ political campaign?	111	-	a	X
-	It spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			<u> </u>	X
	he answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	ed or	<u> </u>	-	
	tributed by the foundation in connection with the activities.	,u 0,		-	
	I the foundation file Form 1120-POL for this year?		1	c l	X
	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				-
	On the foundation. \blacktriangleright \$ O . (2) On foundation managers. \blacktriangleright \$ O .			-	
	er the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				l l
	nagers. ►\$ 0.		1		
	s the foundation engaged in any activities that have not previously been reported to the IRS?		1 :	2	x
	Yes, " attach a detailed description of the activities.				_
	s the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r			ļ
	aws, 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?	•	4	a	X
b lf ™	Yes," has it filed a tax return on Form 990-T for this year?	N,	/A 4	b	
5 Wa	s there a liquidation, termination, dissolution, or substantial contraction during the year?		1	<u> </u>	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:				ļ
• E	ty language in the governing instrument, or			-	ļ
• E	ly state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			
f	emain in the governing instrument?				ζ
7 Did	the foundation have at least \$5,000 in assets at any time during the year?	•-		<u> </u>	ζ
If "	Yes," complete Part II, col. (c), and Part XV.				ŀ
8a Ent	er the states to which the foundation reports or with which it is registered (see instructions) 🕨				
	A				
b If ti	ne answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
of e	each state as required by General Instruction G? If "No," attach explanation		8	b 2	ζ
	he foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar			1
-	r 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		_ _3	-	X
10 Did	any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S	TMT	8 1	0 2	<u>. </u>

Part VII-A Statements Regarding Activities (contenued) 11 Xary time during beyer, did the floundation, directly or indirectly, own a controlled entity within the meaning of section 512(b) (13)? If Yes, attach schedule (see instructions) 11 X 2 2 2 2 2 2 2 2 2			<u>-811879</u>	3	Page 5
section 5/2(0)(13)? If 1'ex-s, attach schedule (see instructions) 2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 17 'ex-s, attach statement (see instructions) 18 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Websites address > N/A 17 The books are in care of > MOHAMMAD SULEMAN Version 347((2)(1) nonexempt charactable trusts fraing from 990-PF in leu of Form 1441-Check here. and elert the amount of tra-everagin interest reveave on accured during the year 18 A ray time during cabindar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other francial account in a foreign country? 18 At any time during cabindar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other francial account in a foreign country? 19 Event 19 B Statements Regarding Activities for Which Form 4720 May Be Required 19 File Form 4720 fray time is checked in the "Yee" column, unless an exception applies. 10 During the year did the foundation (either directly or indirectly): 11 Engage in the sale or exchange, or itsidies to (or accept them from) a disqualified person? 12 Borrow money from, lead indirectly or indirectly: 13 Engage or in the sale or exchange, or itsidies to (or accept them from) a disqualified person? 14 Engage or in the sale or exchange, or itsidies to (or accept them from) a disqualified person? 15 Transfer any income or assets to a disqualified person? 16 Form 4720 May be required to make a grain to or to employ the official for a period after termination of personment service, it erromating within 90 days.) 16 Form 4720 May any power per operiod to a disqualified person? 17 Even William 19 Even William			 	<u></u>	
If Yes, attach statement (see instructions) 3	11		. 11		x
13 Did the foundations comply with the public respection requirements for its annual returns and exemption application? 13 X	12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg	jes?		
Webste address ▶ M/A I The books are in care of ▶ MOHAMMAD SUILEMAN Telephone no. ▶ (504)71.2-887.2 Located at ▶ 200 WEST ESPLANADE AVE., SUITE 31.2, KENNER, I.A 200-405 Socion 497(3)(1) noncempt chairable trusts fling form 930-9F in let up of Form 1041 - Check here and eater the amount of the evering interest received or accreed during the year 16. At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a forogon country? Set the instructions for exceptions and fling requirements for Form TD F 90-22.1. If Yes,* enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 10. Surrough year did the foundation (either detectly or indirectly): 11. Engage in the sale or exchange, or lessing of property with a disqualified person? 12. Borrow money from, lend money for, or Indirectly excepted of the foundation (either detectly or indirectly): 13. Furnish goods, services, or facilities to (or accept them from) a disqualified person? 14. Pay compensation to, or pay or remitives the expenses of, a disqualified person? 15. Transfer any income or assets to a disqualified person or in the foundation anged to make a grant to or the employ the official or a period after terminating or property to a government official? (Exception, Check No* 15. Transfer any income or assets to a disqualified person)? 16. Agree to pay money or property to a government official? (Exception, Check No* 16. If the foundation engaged to make a grant to or the employ the official or a period after terminating within 90 disaster assistance (see instructions)? 16. Agree to pay money or property to a government official? (Exception, Check No* 16. If the foundation engaged in make a grant to or the employ the official or a period after the first day of the tax year objection 4942		If "Yes," attach statement (see instructions)	12		X
14. The books are in care of ▶ MORIAMMAD SULEMAN Located at ▶ 200 WSST ESPLANADE AVE., SULTE 312, KENNER, LA ZIP44 ▶70065 15. Section 4947(a)(1) nonexempt charitable trusts item from 990-PF in lieu of Form 1041- Check here and eiter the amount of tax-exempt interest rocewed or accrued during the year At any time during cleandar, year 2012, dut the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filting requirements for Form 10F 90-22.1. If "Yes," enter the name of the foreign country. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required FILE Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 12. During the year did the foundation (either directly or indirectly): 13. During the year did the foundation (either directly or indirectly): 14. During the year did the foundation (either directly or indirectly): 15. Service of the second of the s	13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Located at N 200 WEST REPLANADE AVE., SUITE 312, KENNER, LA ZIP-4 70065 IS Section 4947(a)(1) nonexampt charitable trusts fring form 990-Pr in the or form 1041 - Check here and other the amount of tax-exempt interest received or acrued during the year and enter the amount of tax-exempt interest received or acrued during the year 16. At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, so the instructions for exceptions and filing requirements for Form TD F 90-22.1. If Yes, enter the name of the foreign country NA Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies. 1 Suring the year of the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend crodit to (or accept lift from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Peys compension to, or pay or remburs the expenses of, a dequalified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person (for make any of either available for the benefit or use of a disqualified person (for make any of either available for the benefit or use of a disqualified person (for make any of either available for the benefit or use of a disqualified person (for make any of either available for the benefit or use of a disqualified person (for make any of either available for the period of the condition on eight of the provision of the exceptions. Check No. (a) If any answer is "Yes to 14(1)-(6), did any of the acts described in a period after termination of government service, if terminating within 90 days.) 1 If any answer is "Yes to 14(1)-(6), did any of the acts described in a period after ter		Website address ► N/A			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in the or Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 1012, and there the amount of tax-exempt interest received or accrued during the year 1012, and the foliation have an interest in or a signature or other authority over a bank, securities, or other inancial account in a foreign country? See the instructions for exceptions and filing requirements for Form 10F 90-22.1. If Yes, "enter the name of the foreign country." Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 10 During the year did the boundation (either directly or endirectly); (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept item) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to good accept them from a disqualified person? (3) Furnish goods, services, or facilities to good accept them from a disqualified person? (4) Per compensation to, or goor or remembers the expenses of, a disqualified person? (5) Agree to pay money or propretly to a povernment official? (Exception, Check No* if the foundation and prevention and to or the empty of the acception of the exceptions described in Regulations section 33.4941 (40)-3 or in a current notice regarding disaster assistance check here 0) Did the foundation engage in a pr	14	The books are in care of ► MOHAMMAD SULEMAN Telephone no. ► (504)712	-887	2
and enter the amount of the-exempt interest received or accrued during the year NA Securities, or other hancical account in a foreign country?		Located at ► 200 WEST ESPLANADE AVE., SUITE 312, KENNER, LA ZIP-	4 ► 7006	5	
16 At any time during calendar year 2012, dot the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	· 🗀
Securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country." Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Ves No		and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	N/A	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 12 During the year did the foundation (either decked) or indirectly; (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b It any answer is "Yes" to lat(1)-(6), did any of the acts lat to qualify under the exceptions described in Regulations section 53.4941 (i0)-3 or in a current notice regarding disaster assistance check here c) Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012 as a feasible of the service of the tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? If Yes, list the years b Art the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? If Yes, 'did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified person atterming the year? b If Yes, 'did it have exc	16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
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Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012? 1c X 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942()(3) or 4942()(5)): a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? If Yes, itsi the years \	D		7/3	1	
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If "Yes," list the years ,	a		Z No.		
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had not been removed from jeopardy before the first day of the tax year beginning in 2012? 4b X		· · · · · · · · · · · · · · · · · · ·	- 70	+	
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orm 990-PF (2012) MOHAMMAD SULEMAN FAMILY			<u> 20-81187</u>	<u>93 Page 6</u>		
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be i	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	🗀 Y	es X No	1 1		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
any voter registration drive?		Yı	es 🔀 No	l i		
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Y	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization						
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗓 No	1		
(5) Provide for any purpose other than religious, charitable, scientific, literary		•		1 1		
the prevention of cruelty to children or animals?	,,		es 🗓 No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	Ider the excentions described	-		1 1		
section 53.4945 or in a current notice regarding disaster assistance (see instr		iii i togalationo	N/A	5ь		
Organizations relying on a current notice regarding disaster assistance check				-		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		inad				
		. —	es 🗀 No			
expenditure responsibility for the grant?		1/A1	S L NO			
If "Yes," attach the statement required by Regulations section 53.494	• •					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		□	1		
a personal benefit contract?		L Y(es X 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.	<u>.</u>					
7a At any time during the tax year, was the foundation a party to a prohibited tax	•	Yo	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b		
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	<u> </u>	anagers, Highly	/ 			
1 List all officers, directors, trustees, foundation managers and their	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		· · · · · · · · · · · · · · · · · · ·			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances		
MOHAMMAD SULEMAN	DIRECTOR	0.1.51 5 /	-			
200 WEST ESPLANADE AVE., SUITE 312		1				
KENNER, LA 70065	1.00	0.	0.	_ 0.		
MOHAMMAD A. SULEMAN	DIRECTOR		· · · · · · · ·			
200 WEST ESPLANADE AVE., SUITE 312			1			
KENNER, LA 70065	1.00	0.	0.			
SAMIA SULEMAN	DIRECTOR	† · · · ·		<u>.</u>		
200 WEST ESPLANADE AVE., SUITE 312	DIRECTOR					
KENNER, LA 70065	1.00	0.	0.	0.		
MENNER, DA 10005	1.00	 	- 0.			
	-					
	_					
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	enter "NONE "	<u> </u>			
Comparison of the Highor para employees (care and alesse in		TORREST TROTTES	(d) Contributions to	(e) Expense		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances		
NONE	devoted to position	 	compensation	allowalices		
NONE	+					
		 				
	4					
	 	 				
	-					
		 				
	_					
		 	<u> </u>			
	4					
	<u> </u>	<u> </u>				
Cotal number of other employees paid over \$50,000			▶	Ω		

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Form 990-PF (2012) MOHAMMAD SULEMAN FAMILY FOUNDATION 20	-8118	793 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		0
		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 <u>N/A</u>	_	
2	7	.,
	_	
3	-	
4		
	7	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>	_	
2		
All other program-related investments. See instructions.		
	_	
Total. Add lines 1 through 3		0.
	Forr	n 990-PF (2012)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	225008.
b	Average of monthly cash balances	1b	54825.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	279833.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
·	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	279833.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4197.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	275636.
6	Minimum investment return Enter 5% of line 5	6	13782.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	13782.
2a	Tax on investment income for 2012 from Part VI, line 5	-	15/02.
b	Income tax for 2012. (This does not include the tax from Part VI.)	l	
C	Add lines 2a and 2b	2c	192.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13590.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13590.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	13590.
P	art XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	28653.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	28653.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28653.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for the	
	4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				12500
line 7	···			13590.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:		•		
5		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009				
d From 2010				•
e From 2011 6358.				
f Total of lines 3a through e	6358.			
4 Qualifying distributions for 2012 from	,	,- -	,	
Part XII, line 4: ► \$ 28653.			-	
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				`
years (Election required - see instructions)		0.	-	
c Treated as distributions out of corpus		•		
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				13590.
e Remaining amount distributed out of corpus	15063.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	21421.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	, ,	
c Enter the amount of prior years'	· · · · · · · · · · · · · · · · · · ·			
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	21421.			
O Analysis of line 9:	21421.	"	· · · · · · · · · · · · · · · · · · ·	
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011 6358.				
e Excess from 2012 15063.				
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Part XIV Private Operating For		structions and Part		N/A	110/93 Pay
1 a If the foundation has received a ruling or d	etermination letter tha	it it is a private operating			
foundation, and the ruling is effective for 2	012, enter the date of	the ruling	•		
b Check box to indicate whether the found <u>at</u>	ion is a private operati	ing foundation describe	ın section	4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					-
each year listed					
b 85% of line 2a	··	<u> </u>			<u> </u>
c Qualifying distributions from Part XII,					İ
line 4 for each year listed	·				
d Amounts included in line 2c not					
used directly for active conduct of					-
exempt activities					
e 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:					}
a "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					
c "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					
Part XV Supplementary Inform			if the foundation	n had \$5,000 or m	ore in assets
at any time during the	year-see inst	ructions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation who h year (but only if they have contributed mor	ave contributed more e than \$5,000). (See s	than 2% of the total con section 507(d)(2).)	tributions received by the	e foundation before the clo	ose of any tax
MOHAMMAD SULEMAN					· · · · · · · · · · · · · · · · · · ·
b List any managers of the foundation who o other entity) of which the foundation has a			(or an equally large port	ion of the ownership of a p	eartnership or
NONE					
2 Information Regarding Contribution Check here ▶ ☐ if the foundation only	makes contributions	to preselected charitable	e organizations and does		
the foundation makes gifts, grants, etc. (se				ompiete items 2a, b, c, an	o a.
a The name, address, and telephone number SEE SCHEDULE 1	or e-mail of the perso	on to whom applications	should be addressed:		
b The form in which applications should be s SEE SCHEDULE 1	ubmitted and informa	tion and materials they	should include:		
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on awards, s	uch as by geographic	al areas, charitable fields	, kinds of institutions. or	other factors:	
NONE	, 5 GF	,	,		
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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient **Foundation** Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year APPNA 501(C)(3) FOR EDUCATIONAL AND 6414 S. CASS AVENUE SCIENTIFIC PURPOSES WESTMONT, IL 60559 5700. FROM K-1 GLOBAL PARTNERS LP PO BOX 9161 WALTHAM MA 02454 3_ JUNIOR ACHIEVEMENT 501(C)(3) TO INSPIRE AND PREPARE ONE EDUCATION WAY YOUNG PEOPLE TO COLORADO SPRINGS, CO 80906 SUCCEED IN A GLOBAL 500. ECONOMY KING EDWARD MEDICAL COLLEGE ALUMNI 501(C)(3) TO PROMOTE THE ASSOCIATION OF NORTH AMERICA ADVANCEMENT OF MEDICAL 6027 WALNUT GROVE ROAD, SUITE 201 SCIENCE AND THE MEMPHIS, TN 38120 DELIVERY OF HEALTH CARE IN PAKISTAN 1000. US PAK FOUNDATION 501(C)(3) TO ADVOCATE FOR SOCIAL 3886 WHITEBROOK LANE JUSTICE, CIVIC ELLICOTT CITY, MO 21042 PARTICIPATION, AND EDUCATION OF PAKISTANI AMERICANS 500. SEE CONTINUATION SHEET(S) ➤ 3a 28653. b Approved for future payment NONE

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Total

Part XVI-A Analysis of Income-Producing Activities

1 Program service revenue:	(a) Business	usiness income (b) Amount	(C) Exclu- sion	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
_	code	Amount	code	Amount	iunction income
a		 			
	 				
					
			- - - 		
e		 -			
g Fees and contracts from government agencies		- ·		-	
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash	-				
investments			14	6337.	
4 Dividends and interest from securities	ļ 		14	6185.	
5 Net rental income or (loss) from real estate:				0103.	
a Deht-financed property					-183
b Not debt-financed property	 				-103
6 Net rental income or (loss) from personal					
property					100
7 Other investment income	ļ	 			-180
8 Gain or (loss) from sales of assets other				245	
than inventory			14	846.	-3555
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	ļ				
11 Other revenue:					
a					
b			_		
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12 Subtotal. Add columns (b), (d), and (e)		0).	13368.	-3918
13 Total. Add line 12, columns (b), (d), and (e)	••			13	945 <u>0</u>
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which incompared to the control of		·			
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in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name TIMOTHY G. MURPHY WARREN (APC) Firm's address ▶ 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Phone no. (504)835-4419			 							
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in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name TIMOTHY G. MURPHY WARREN (APC) Firm's address ▶ 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Phone no. (504)835-4419			 				· · · · · · · · · · · · · · · · · · ·	-		
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name TIMOTHY G. MURPHY WARREN (APC) Firm's address ▶ 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Phone no. (504)835-4419										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name TIMOTHY G. MURPHY WARREN (APC) Firm's address ▶ 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Phone no. (504)835-4419										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name TIMOTHY G. MURPHY WARREN (APC) Firm's address ▶ 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Phone no. (504)835-4419										
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Primt/Type preparer's name Primt/Type preparer's na	2a Is the fo	undation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described				
(a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Vitral	in sectio	n 501(c) of the Code (other	r than section 501(d	c)(3)) or in sec	tion 527?] Yes	X] No
N/A Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	b If "Yes,"					,				
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see inst;)? Yes			janization		(b) Type of organization		(c) Description of relationsh	<u>p</u>		
Sign Here And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Title		N/A								
Sign Here And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Title						 				
Sign Here And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Title						 				
Sign Here And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Title				-		 				
Sign Here And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Title	Llade	er penalties of person, I declare	that I have examined the	ne return includer	A accompanying cohodules and	d statements, and to th	a bast of my knowledge			
Here Signature of officer or trustee Print/Type preparer's name CPA Firm's name ► MURPHY & WARREN (APC) Firm's address ► 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Print/Type preparer's name TIMOTHY G. MURPHY Self- employed Proparer's signature Date Check If PTIN Self- employed Print's EIN ► 72-1178850 Phone no. (504)835-4419							May	he IRS d	iscuss ti	his er
Signature of officer or trustee Date Title Print/Type preparer's name TIMOTHY G. MURPHY CPA Firm's name ► MURPHY & WARREN (APC) Firm's address ► 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Paid Preparer's signature Date Check if PTIN Self- employed P00737425 Firm's EIN ► 72-1178850 Phone no. (504)835-4419		. 1 1	. 1		11-12 - 13	Dru	show	n below ((see inst	r)?
Paid Print/Type preparer's name TIMOTHY G. MURPHY CPA Preparer Use Only Print/Type preparer's name TIMOTHY G. MURPHY CPA Firm's name ➤ MURPHY & WARREN (APC) Firm's address ➤ 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Phone no. (504)835-4419	 	nature of officer or trustee	m -			- 	LA COMPA	」Yes		J NO
Paid Preparer Use Only TIMOTHY G. MURPHY Propagation Prim's name MURPHY & WARREN (APC) Prim's name Prim's address 110 VETERANS BLVD. SUITE 370 Phone no. (504)835-4419				Prenarer's s			Check I If PTIN			
Paid Preparer Use Only CPA WARREN (APC) Firm's name Properties address ► 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Firm's address Phone no. (504)835-4419		1 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Preparer Use Only Firm's name ► MURPHY & WARREN (APC) Firm's address ► 110 VETERANS BLVD. SUITE 370 METAIRIE, LA 70005 Phone no. (504)835-4419	Paid	•	MORFILL	M	MUMI LAA	11/9/13	, ,	737	125	
Use Only Firm's address 110 VETERANS BLVD. SUITE 370			PHY & WAT	RREN (A	PC)	11/10				
METAIRIE, LA 70005 Phone no. (504)835-4419	-	111111111111111111111111111111111111111			- , ·		, , , <u></u>			
METAIRIE, LA 70005 Phone no. (504)835-4419	-		0 VETERAL	NS BLVD	. SUITE 370					
							Phone no. (504)	835	-44:	19
				<u> </u>						

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2012

MOHAMMAD SULEMAN FAMILY FOUNDATION

Employer identification number

20-8118793

Organization type(check one)						
Filers o	f:	Section:				
Form 99	90 or 990-EZ	501(c)() (enter number) organization				
	·	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	90-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	-	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	For an organization contributor. Comple	a filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.				
Special	Rules					
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, ine 1 Complete Parts I and II.				
	total contributions	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year					
but it m	ust answer "No" on	part is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

MOHAMMAD SULEMAN FAMILY FOUNDATION

20-8118793

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MOHAMMAD SULEMAN 200 WEST ESPLANADE AVE, STE 312 KENNER, LA 70056	\$54400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MOHAMMAD SULEMAN FAMILY FOUNDATION

20-8118793

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		*					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					

Name of orga	nization		Employer identification number	ication number			
монамм	AD SULEMAN FAMILY FOUN	ከልጥቸ ር እየ	20-8118793	8793			
Part III	Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., use duplicate copies of Part III if addition	ridual contributions to section 501(c he following line entry. For organization, c., contributions of \$1,000 or less for	c)(7), (8), or (10) organizations that total more than \$1,000 for one completing Part III, enter or the year. (Enter this information once)	than \$1,000 for the			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	jift is held			
		(e) Transfer of gif					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	feree			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	gift is held			
-		(e) Transfer of gif					
	Transferee's name, address, a	Relationship of transferor to transferee	feree				
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	jift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	feree			
-							

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient OCHSNER FOUNDATION 501(C)(3) TO PROVIDE SUPPORT TO 1514 JEFFERSON HWY THE OCHSNER MEDICAL JEFFERSON, LA 70121 CENTERS 250, DARUL ULOOM NEW YORK 501(C)(3) TO SUPPORT EDUCATION 87-80 153 STREET OF MUSLIM CHILDREN IN JAMAICA, NY 11432 AN ISLAMIC ENVIRONMENT 5000. JEFFERSON MUSLIM ASSOCIATION 501(C)(3) TO SUPPORT SPIRITUAL PO BOX 640758 AND SOCIAL NEEDS OF KENNER, LA 70064 LOCAL MUSLIM COMMUNITY 10000. THE GOOD SHEPHERD SCHOOL 501(C)(3) TO SUPPORT EDUCATION 353 BARONNE ST OF AT-RISK. NEW ORLEANS, LA 70112 UNDERSERVED CHILDREN IN NEW ORLEANS 500. THE BAITUL SALAAM NETWORK, INC. 501(C)(3) TO SUPPORT OUTREACH P.O. BOX 115470 ASSISTANCE PROGRAMS TO ATLANTA, GA 30310 MUSLIM CHILDREN AND FAMILIES 200. THE CITIZENS FOUNDATION 501(C)(3) TO SUPPORT EDUCATIONAL PLOT NO. 20, SECTOR-14 NEAR BROOKS ACTIVITIES IN CHOWRANGI, KORANGI INDUSTRIAL AREA EDUCATION-DEPRIVED KARACHI PAKISTAN AREAS OF PAKISTAN 5000. Total from continuation sheets 20950.

FORM 990-PF INTEREST ON SAVINGS AN	D TEMPORARY CA	ASH INVESTMENTS	STATEMENT	1
SOURCE			AMOUNT	
GLOBAL PARTNERS LP MERRILL LYNCH			63:	1. 36.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A	·	633	37.
FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A)
MERRILL LYNCH	7031.	846.	618	85.
TOTAL TO FM 990-PF, PART I, LN 4	7031.	846.	618	35.
FORM 990-PF RENT.	AL INCOME		STATEMENT	3
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER		OME
FROM K-1 GLOBAL PARTNERS LP		1	-18	33.
TOTAL TO FORM 990-PF, PART I, LINE	5 A	,	-18	33.
FORM 990-PF OT	HER INCOME		STATEMENT	4
DESCRIPTION	(A) REVENUE PER BOOKS			
FROM K-1 GLOBAL PARTNERS LP	-1	80180	•	
MOMAL MO BODY 000 DE DADM I LINE	11 _1	80180		
TOTAL TO FORM 990-PF, PART I, LINE :	TT _T	-100	•	

FORM 990-PF	TAXES			STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTEI NET INCOI		
TAXES AND LICENSES FOREIGN TAXES	69. 108.		69. 108.		0.	
TO FORM 990-PF, PG 1, LN 18	177.	177.			0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCON		
MISCELLANEOUS INVESTMENT FEES	146. 2244.		146.		0.	
TO FORM 990-PF, PG 1, LN 23	2390.	2	390.		0.	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT 7	
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKET VALUE	
GLOBAL PARTNERS LP	FMV			5109.	10140.	
TOTAL TO FORM 990-PF, PART I	I, LINE 13			5109.	10140.	

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

NAME OF CONTRIBUTOR

ADDRESS

MOHAMMAD SULEMAN

200 WEST ESPLANADE AVE. STE 312
KENNER, LA 70065

Mohammad Suleman Family Foundation 20-8118793 Schedule 1 December 31, 2012

Form 990-PF

Part XV

Although not restricted by its Articles of Incorporation, the current policy of the Mohammad Suleman Family Foundation (Foundation) is to provide donations only to not-for-profit institutions organized for religious, educational, or charitable purposes.

Any party interested in requesting funds from the Foundation should submit a request containing the name and address of the organization, its not-for-profit function, and a brief description of how the requested finds would be used in the furtherance of that function. All requests should be mailed to:

Mohammad Suleman Family Foundation 200 West Esplanade Ave., Ste 312 Kenner, La 70065

The Foundation assumes no responsibility for processing such requests nor guarantees that funds will be awarded to any applicant.

Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue		▶ File a	separate a	pplication for each return.		
 If you are 	filing for an	Automatic 3-Month Extension,	complete	only Part I and check th	nis box	×
		Additional (Not Automatic) 3-M				
		unless you have already been gra				
Electronic fi	iling <i>(e-file</i>).	You can electronically file Form	8868 if yo	ou need a 3-month auto	omatic extension of time t	o file (6 months fo
a corporation	n required t	to file Form 990-T), or an addition	nal (not au	tomatic) 3-month exter	nsion of time. You can ele	ctronically file Form
8868 to req	uest an ext	ension of time to file any of the	forms liste	ed in Part I or Part II w	ith the exception of Form	n 8870, Information
Return for	Transfers A	ssociated With Certain Persona	al Benefit	Contracts, which mus	t be sent to the IRS in	paper format (see
		details on the electronic filing of the				s & Nonprofits
		Month Extension of Time. Or				
		o file Form 990-T and requesting			 check this box and comp 	lete
Part I only .						▶ []
All other cor	porations (i	ncluding 1120-C filers), partnersh	ups, REMIC	Cs, and trusts must use I	Form 7004 to request an ex	tension of time
to file incom		·			Enter filer's identifying r	umber, see instructions
Type or	Name of ex	empt organization or other filer, see in	structions.		Employer identification number	per (EIN) or
print	ł					
•	MOHAMMA	D SULEMAN FAMILY FOUND	ATION		20-8118793	j
File by the due date for	Number, st	reet, and room or suite no. If a P.O. bo	x, see instru	ctions	Social security number (SSN))
filing your	200 WES	T ESPLANADE AVE, SUITE	312			
return See instructions,	City, town o	or post office, state, and ZIP code For	a foreign ad	dress, see instructions		
	KENNER,	LA 70065				
Enter the Re	turn code fo	or the return that this application	is for (file a	separate application fo	or each return)	0 4
				· · · · · · · · · · · · · · · · · · ·		
Application			Return	Application		Return
ls For			Code	ls For		Code
Form 990 or	Form 990-E	Z	01	Form 990-T (corporati	ion)	07
Form 990-BL			02	Form 1041-A		08
Form 4720- ((ındıvıdual)		03	Form 4720	Form 4720	
Form 990-PF			04	Form 5227		10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other	than above)	06	Form 8870		
The books	are in the o	are of ▶ MOHAMMAD SULEMA	AN			
Telephone	No ▶ 50	4-835-4419_	F	AX No. ► 504-835	-4571	
		es not have an office or place of b				▶ □
If this is fo	r a Group R	eturn, enter the organization's fou	ır digit Gro	up Exemption Number (GEN)	. If this is
or the whole	group, che	ck this box ▶ If	it is for pa	rt of the group, check th	his box	and attach
		EINs of all members the extension		3 , ,		
		atic 3-month (6 months for a corp		guired to file Form 990-	-T) extension of time	
		, 20 <u>13</u> , to file the e			•	e The extension is
		's return for	, ,		3	
		ar 20 <u>12</u> or				
▶☐t	ax year bed	unning	. 20	. and ending	20	
			<u> </u>		· · · · · · · · · · · · · · · · · · ·	 ·
2 If the tax	x year enter	ed in line 1 is for less than 12 mo	onths, check	k reason: Initial re	turn Final return	
	-	counting period				
		errang kamaa				
3a If this a	pplication i	s for Form 990-BL, 990-PF, 990	D-T, 4720,	or 6069, enter the te	entative tax, less any	
nonrefundable credits. See instructions.						
		is for Form 990-PF, 990-T,	4720, or	6069, enter any ref		
		ents made Include any prior year		•	3ь	\$
c Balance	due. Subtra	act line 3b from line 3a. Include y	our payme	ent with this form, if req		
(Electron	nic Federal	Tax Payment System) See instruc	tions.		3c	\$ 0.00
aution. If you	are going to	make an electronic fund withdrawal v	with this For	m 8868, see Form 8453-E	EO and Form 8879-EO for pay	ment instructions.
or Privacy Ac	t and Paperv	vork Reduction Act Notice, see Instru	ctions.		Fom	n 8868 (Rev 1-2013)

Form 8868	(Rev 1-2013)				Page 2
	are filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part I	and check this box	
	ly complete Part II if you have already been gra				
	are filing for an Automatic 3-Month Extension,			,	
Part II	Additional (Not Automatic) 3-Month E			inal (no copies needed).	
				nter filer's identifying number, se	e instructions
	Name of exempt organization or other filer, see in	nstructions		Employer identification number (
Type or					
print	MOHAMMAD SULEMAN FAMILY FOUND	ОДТТОМ		20-8118793	
•			Social security number (SSN)	· -	
File by the due date for	200 WEST ESPLANADE AVE, SUITE	SULTE 312			
filing your	City, town or post office, state, and ZIP code For		Idress, see instructions		
return See instructions	KENNER, LA 70065			,	
Enter the	Return code for the return that this application	is for (file a	a separate application for ea	ach return)	. 0 4
Applicati		Return	Application		Return
ls For	•	Code	ls For		Code
Form 990	or Form 990-EZ	01			
Form 990)-BL	02	Form 1041-A		08
Form 47	20 (ındıvidual)	03	Form 4720		09
Form 990		04	Form 5227		10
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
)-T (trust other than above)	06	Form 8870		12
	o not complete Part II if you were not already	granted ar	automatic 3-month exten	sion on a previously filed For	
	ooks are in the care of MOHAMMAD SULEMA				
	one No. ► 504-835-4419		FAX No ▶ 504-835-45	.71	
	organization does not have an office or place of I	 business in	the United States, check th	us box	▶ □
	s for a Group Return, enter the organization's for				nis is
	nole group, check this box				
	ne names and EINs of all members the extension				
4 I red	quest an additional 3-month extension of time ur	ntil NOVEM	BER 15	, 20 13	
	calendar year 2012 , or other tax year beginnii				20 .
	e tax year entered in line 5 is for less than 12 m			, , , , , , , , , , , , , , , , , , ,	·
	Change in accounting period			<u> </u>	
7 Stat	e in detail why you need the extension ADDITI	ONAL TI	ME IS REQUIRED TO	GATHER	
	FORMATION NECESSARY TO PREPARE A				
8a If th	is application is for Form 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the tenta	ative tax, less any	
	efundable credits See instructions.	 =		8a \$	
	us application is for Form 990-PF, 990-T,				
	nated tax payments made Include any prid	or year o	verpayment allowed as a	a credit and any	
	unt paid previously with Form 8868			8b \$	
	nce Due. Subtract line 8b from line 8a. Include		ent with this form, if require	ed, by using EFTPS	
(Elec	ctronic Federal Tax Payment System) See instruc			8c \$	0.00
	Signature and Verifica	tion mus	st be completed for Pa	art II only.	_
	ties of perjury, I declare that I have examined this form, in		ompanying schedules and stateme	ents, and to the best of my knowledg	ge and belief,
is true, com	ect, and complete, and that I am authorized to prepare this for	m			
	fall o Bro	-		al-	/12
ignature >	/ wthere & 10000 h	lug	Title ► CPA	Date ► 8/ /	12
	′ /)			Form/8868	(Rev 1-2013)