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

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OMB No 1545-0052 2013

<u>Inten</u>	artment of the	e reas Service
For	calendar	year 2
Na	me of four	ndation

		venue Service	Information about I	orm 990-PF and its sep	arate instructions	is at www.	rs.gov/form990pf.	Open to Public Inspection	
For	cale	ndar year 2013 o	r tax year beginning		, and e	endin <u>g</u>			
Na	Name of foundation					A Employer identificatio	n number		
M	MOHAMMAD SULEMAN FAMILY FOUNDATION						20-8118793		
Nu	mber a	and street (or PO bo	ox number if mail is not delivered to st	reet address)		Room/suite	B Telephone number		
2	00	WEST ES	SPLANADE AVE.			312	(504)712-8	3872	
-	-	own, state or prov	vince, country, and ZIP or foreig	n postal code			C If exemption application is		
		all that apply	Initial return	Initial return	of a former public	charity	D 1. Foreign organization	s check here	
			Final return	Amended re	•			,	
			Address change	Name chang	e		Foreign organizations m check here and attach c	eeting the 85% test, omputation	
H (Check	type of organizat	tion X Section 501(c)(3	exempt private foundati			E If private foundation st		
] Se	ction 4947(a)(1)	nonexempt charitable trust	Other taxable private			under section 507(b)(1		
l Fa				nting method X (Cash Acc	rual	F If the foundation is in a		
(fi	rom i	Part II, col. (c), II	ine 16)	Other (specify)			under section 507(b)(1		
	- \$	_	323697 • (Part I, c		cash basis.)		, ,	<i>N P</i>	
Pa	art I	Analysis of Rev (The total of amou necessarily equal	venue and Expenses ints in columns (b), (c), and (d) may no the amounts in column (a))	(a) Revenue and expenses per bo		nvestment ome	(c) Adjusted net income	(I) Disbursements for chantable purposes (cash basis only)	
	1		ifts, grants, etc., received	3000	00.		N/A		
	2	Check ▶ ☐ If t	the foundation is not required to attach Sch. B						
	3	Interest on savings cash investments	and temporary	478	31.	4781.		STATEMENT 1	
	4		nterest from securities	596		5961.		STATEMENT 2	
	5a	Gross rents		-22	21.	-221.		STATEMENT 3	
	b	Net rental income o	or (loss) -221 .	. 			, ,	1111111	
0	6a		om sale of assets not on line 10	-867	71.				
nue	b	Gross sales price for assets on line 6a .	33240.						
Revenue	7	Capital gain net inc	come (from Part IV, line 2)			0.			
ш.	8	Net short-term c	apital gain	,11,					
	9	Income modifica Gross sales less ret				·····			
	10a	and allowances	turns	<u> </u>	· 		1111 · · · · · · · · · · · · · · · · ·	., ., ., ., ., ., ., ., ., ., ., ., ., .	
, 		Less Cost of goods							
	l	Gross profit or (I	loss)	4.0	-	4.00		ment a martia extrator of	
İ	l	Other income		323	0.	460. 10981.		STATEMENT 4	
-		Total. Add lines		3231	0.	0.	-	0.	
	13 14	•	fficers, directors, trustees, etc salaries and wages			<u> </u>		-	
		Pension plans, ei	•	-					
S S	,	Legal fees	improyee deficility .	•					
eus		Accounting fees	STMT 5	493	19 -	4939.		0.	
Š	,	Other profession	•						
ě		Interest	PECCIVE				·-··	 	
Operating and Administrative Expenses		Taxes	STMT 6	27	9.	279.		0.	
ist		Depreciation and	depletion	70					
Ē		Occupancy	19 NOV 17 201	4 16					
Ad			ces, and meetings	S					
밀	22	Printing and publ	lications OCDENI II	7 5					
ğ		Other expenses	STMT. 7	218	0.	2180.		0.	
臺	24	Total operating a	and administrative						
ē		expenses. Add in	nes 13 through 23	739		7398.		0.	
٥	25	Contributions, grl	fts, grants paid	900	6.			9006.	
	26	Total expenses a	and disbursements.						
\Box		Add lines 24 and	25	1640	4.	7398.		9006.	
1		Subtract line 26 f	rom line 12						
- 1	27	OUDITACE HITE ZO F	10111 11110 12	1	- l				
			ver expenses and disbursements	1590	6.		······································	·	
	a b	Excess of revenue or Net investment in		1590	6.	3583.	N/A		

Part ar		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30	·	
(must agree with end-of-year figure reported on prior year's return)	. 11	295118
2 Enter amount from Part I, line 27a	2	15906
3 Other increases not included in line 2 (itemize)	3	0
4 Add lines 1, 2, and 3	. 4	311024
5 Decreases not included in line 2 (Itemize) ► FROM K-1 GLOBAL PARTNERS LP	5	9
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	311015

Balances

Fund

ō

Net Assets

24 Unrestricted

Part IV Capital Gains	and Losses for Ta	<u>x on Investmen</u>	t Income				
(a) List and descr 2-story brick wa	ribe the kind(s) of property irehouse, or common stock	sold (e.g., real estate, k, 200 shs MLC Co)		(b) How acq P - Purch D - Donat	ase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr.)
12 FROM K-1 GLOBA	L PARTNERS						
b \$30000 BRL EUR	OPEAN INVT B	K SER GMTN				08/12/11	02/19/13
c \$35000 BRL ASI						08/12/11	04/30/13
d CAPITAL GAINS	DIVIDENDS						
_ e							
(e) Gross sales price	(f) Depreciation allow (or allowable)	107	st or other basis expense of sale			(h) Gain or (loss (e) plus (f) minus	
<u>a</u>	 						-7.
b 15090.			1954	1.			-4451.
17352.			2236	3.		 -	-5011.
<u>d</u> 798.	-						798.
е						 .	
Complete only for assets showin	g gain in column (h) and o	wned by the foundation	n on 12/31/69		- (I) Gains (Col (h) gain	minus
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	xcess of col. (I)			(k), but not less that Losses (from col (n -0-) or
a							-7.
b	····						-4451.
				 -			-5011 .
<u>C</u>							2.22
<u>d</u>							798.
<u>e</u>							
2 Capital gain net income or (net cap	pital loss) $\begin{cases} If gain, a \\ If (loss) \end{cases}$	also enter in Part I, line , enter -0- in Part I, line	7 7	} 2			-8671.
3 Net short-term capital gain or (los	s) as defined in sections 12	222(5) and (6)					
If gain, also enter in Part I, line 8,		(_, (_,					
if (loss), enter -0- in Part I, line 8] 3		N/A	
Part V Qualification U	nder Section 4940	(e) for Reduced	I Tax on Net	Investme	ent Inc	come	
If section 4940(d)(2) applies, leave th Was the foundation liable for the secti If "Yes," the foundation does not quali Enter the appropriate amount in e	ion 4942 tax on the distributy under section 4940(e)	o not complete this pa	ırt				X Yes No
(a)	den coldrin for cach year,	<u> </u>	TOTO THAKING MITY CIT				(d)
Base periód years Calendar year (or tax year beginnin	g in) Adjusted quali	(b) fying distributions	Net value of non	(c) icharitable-us	se assets		ution ratio ided by col (c))
2012							
2011							
2010							
2009							
2008							
2 Total of line 1, column (d).3 Average distribution ratio for the 5	-vear hase neriod - divide t	 he total on line 2 by 5	or by the number (of vears		2	
the foundation has been in existen		(0.0.1 0.1 11.10 2 5) 5,	or by the number of	, yours		3	
4 Enter the net value of noncharitable	e-use assets for 2013 from	Part X, line 5				4	
5 Multiply line 4 by line 3				-		5	
6 Enter 1% of net investment income	e (1% of Part I, line 27b)		-			6	
7 Add lines 5 and 6						7	<u> </u>
8 Enter qualifying distributions from If line 8 is equal to or greater than I		 tVI line th and compl		 a 1% tax sats	3	8	
See the Part VI instructions		c vi, mie io, and compi		a I /O ldX Idlt	-		000 55

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see in	stru	ctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 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 and enter 1%	1				72.
of Part I, line 27b					************
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		ĺ			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3 Add lines 1 and 2	3_				<u>72.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			_	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				72.
6 Credits/Payments.		1			
a 2013 estimated tax payments and 2012 overpayment credited to 2013					
b Exempt foreign organizations - tax withheld at source . 6b		ĺ			
c Tax paid with application for extension of time to file (Form 8868)					
d Backup withholding erroneously withheld					
7 Total credits and payments Add lines 6a through 6d	7				0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				72.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11 Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶	11				
Part 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 participate or intervene	ın	L		Yes	
any political campaign?		L	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	L	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
distributed by the foundation in connection with the activities.			٠.		
c Did the foundation file Form 1120-POL for this year?	_	L	10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .		-	1		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1	•		
managers ► \$ 0 .		į	-		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		. L	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 incorporation, of	Г				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?	N,	/A _	4b		
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 conflict with the state	law	F	Ì	1	
remain in the governing instrument?		L	6	Х	
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		L	7	X	
			. [- "	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			-	1	
LA			-	1	
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	Χĺ	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar				
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	l	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses S'	TMT	9	10	Х	

STMT 9 | 10 | X | Form **990-PF** (2013)

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Pa	ert VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	X	
14	The books are in care of ► MOHAMMAD SULEMAN Telephone no ► (504)		887	2
	· · · · · · · · · · · · · · · · · · ·	7065		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	NT.	/A	ш
	and enter the amount of tax-exempt interest received or accrued during the year			N1 -
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filling requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign			
Ď,	country The country Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
re			V	NI.
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	No
1 a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			ĺ
		1 !		
	(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)? Yes X No			ł
	(6) Agree to pay money or property to a government official? (Exception, Check "No"			İ
	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)			ļ
h	termination of government service, if terminating within 90 days) Yes X No If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	10		
	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 2013?	10	•	Х
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(j)(3) or 4942(j)(5))			
9	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
۰	before 2013? Yes X No			
	If "Yes," list the years \(\bigs_{			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
-	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	dunng the year?		- 1	
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2013) N/A	3b	1	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jegopardy before the first day of the tay year beginning in 20132	l ab [i	Y

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	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))?		es X No		
(2) Influence the outcome of any specific public election (see section 4955)	; or to carry on, directly or indir	rectly,			
any voter registration drive?		🗀 Y	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposi			es X No		1
(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in section		İ		
509(a)(1), (2), or (3), or section 4940(d)(2)?		🔲 Yı	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or	for	ľ		1
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described	in Regulations	j		-
section 53 4945 or in a current notice regarding disaster assistance (see inst			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined			
expenditure responsibility for the grant?		I/A 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 49	45-5(d).		İ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums on				
a personal benefit contract?			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.					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No		
b if "Yes," did the foundation receive any proceeds or have any net income attri	butable to the transaction?		N/A	7b	\top
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	anagers, Highl	У		
1 List all officers, directors, trustees, foundation managers and their	r compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		int, other wances
MOHAMMAD SULEMAN	DIRECTOR				
200 WEST ESPLANADE AVE., SUITE 312					
KENNER, LA 70065	1.00	0.	0.		0.
MOHAMMAD A. SULEMAN	DIRECTOR				
200 WEST ESPLANADE AVE., SUITE 312					
KENNER, LA 70065	1.00	0.	0.		0.
SAMIA SULEMAN	DIRECTOR				
200 WEST ESPLANADE AVE., SUITE 312	_				
KENNER, LA 70065	1.00	0.	0.		0.
	_]				
		<u> </u>			
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	[(d\n]		
(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 compensation	accour	xpense nt, other vances
NONE					
	7				
					_
		<u></u>			
Total number of other employees paid over \$50,000			▶		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE.	n	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	· · · <u></u>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the	Expenses
1 N/A		
0		
2		
3		
4		
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 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	>	0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	205949.
b	Average of monthly cash balances	1b	89076.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	295025
е	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	295025
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4425.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	290600.
6	Minimum investment return. Enter 5% of line 5	6	14530.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	14530.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	72.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	14458.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14458.
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	14458.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		9006.
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
	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		
	Surtability 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	9006.
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	9006.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation (gualifies for th	ie section

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	001903	Tours phot to 2012	2012	2010
line 7	,			14458.
2 Undistributed income, if any, as of the end of 2013	***************************************	.''!	***************************************	
a Enter amount for 2012 only	·		0.	-
b Total for prior years		0.		***************************************
3 Excess distributions carryover, if any, to 2013	***************************************	U •	***************************************	11'11 1. 111111111111111111111111111111
a From 2008				
h From 2000				
c From 2010		·		
d From 2011 6358.				
e From 2012 15063.				
4 Tetal of here Or the search of	21421.			
4 Qualifying distributions for 2013 from	21121.			······
Part XII, line 4: >\$ 9006.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior	",, ,,-,,-, , , 	<u> </u>		····
-		0.		
years (Election required - see instructions)		1711 7111111111111111111111111111111111	-тиче, , , , , , , , , , , , , , , , , , ,	*****************************
c Treated as distributions out of corpus	0.	`		
(Election required - see instructions)	····	11 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9006.
d Applied to 2013 distributable amount e Remaining amount distributed out of corpus	0.	***************************************		3000.
_ * * * * * * * * * * * * * * * * * * *	5452.	, * ,**		5452.
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	3432.			3432.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	15969.			
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 2012 Subtract line				
4a from line 2a Taxable amount - see instr	1		0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				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 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	15969.			
C Analysis of line 9				
a Excess from 2009				,
b Excess from 2010	1		_	
c Excess from 2011 906.]		
d Excess from 2012. 15063.				
e Excess from 2013				

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Part XIV Private Operating For	D SULEMAN I			N/A	18/93 Page 1
		·		N/A	
1 a If the foundation has received a ruling or			,		
foundation, and the ruling is effective for		•	⋰ ▶└ ┌ ─	1.0.001/01	
b Check box to indicate whether the found		ing toundation describe		4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 2012	Prior 3 years	(4) 2010	(a) Total
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a		<u> </u>	_		
c Qualifying distributions from Part XII,					
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					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets				<u> </u>	
(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 Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during th	_			• •	
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total cor	ntributions received by the	foundation before the close	e of any tax
year (but only if they have contributed mo			•		·
MOHAMMAD SULEMAN					
b List any managers of the foundation who			(or an equally large portion	on of the ownership of a pai	tnership or
other entity) of which the foundation has	a 10% or greater intere	st			
NONE			· <u>-</u>		
 2 Information Regarding Contribution 		• • • •	_		
				ot accept unsolicited reque	
the foundation makes gifts, grants, etc. (s	ee instructions) to indi-	viduals or organizations	under other conditions, co	implete items 2a, b, c, and o	<u> </u>
a The name, address, and telephone number	er or e-mail address of t	he person to whom app	lications should be addres	sed	
SEE SCHEDULE 1					
					_
b The form in which applications should be	submitted and informati	tion and materials they s	should include		
SEE SCHEDULE 1					
c Any submission deadlines	-		-		
NONE					
d Any restrictions or limitations on awards,	such as by geographica	al areas, charitable fields	, kinds of institutions, or o	ther factors	
NONE					
23601 10-10-13					Form 990-PF (2013)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
APPNA		501(C)(3)	FOR EDUCATIONAL AND	
6414 S. CASS AVENUE			SCIENTIFIC PURPOSES	
WESTMONT, IL 60559				500
FROM K-1 GLOBAL PARTNERS LP				
PO BOX 9161				
WALTHAM, MA 02454				6.
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.
THE CITIZENS FOUNDATION		501(C)(3)	TO SUPPORT EDUCATIONAL	
PLOT NO. 20, SECTOR-14, NEAR BROOKES		1	ACTIVITIES IN	
CHOWRANGI, KORANGI INDUSTRIAL AREA		ŀ	EDUCATION-DEPRIVED	
KARACHI, PAKISTAN			AREAS OF PAKISTAN	5000.
US PAK FOUNDATION		501(C)(3)	TO ADVOCATE FOR SOCIAL	
3886 WHITEBROOK LANE			JUSTICE, CIVIC	
ELLICOTT CITY, MO 21042		ĺ	PARTICIPATION, AND	
			EDUCATION OF PAKISTANI	
Total SEE CON	TINUATION SHEE	T(S)	AMERICANS 3a	500. 9006.
b Approved for future payment	<u> </u>		34	3000.
NONE				
HONE				
			1	
Total .			▶ 3b	0.

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		by section 512, 513, or 514	(e)	
·	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue	code		code	Amount	function income	
a						
b					· · · · · · · · · · · · · · · · · · ·	
C	-			-		
d				-		
e			-			
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	4781.		
4 Dividends and interest from securities			14	5961.		
5 Net rental income or (loss) from real estate					, , , , , , , , , , , , , , , , , , ,	
a Debt-financed property					-221.	
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income					460.	
8 Gain or (loss) from sales of assets other						
than inventory			14	798.	-9469.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b						
C						
d						
e						
12 Subtotal Add columns (b), (d), and (e)		0	•	11540.	-9230.	
13 Total. Add line 12, columns (b), (d), and (e)			-	. 13	2310.	
(See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities to	the Accom	plishment of I	Exempt F	urposes		
Line No. Explain below how each activity for which incom	ne is reported in c	olumn (e) of Part XVI	-A contribute	d importantly to the accomp	ishment of	

the foundation's exempt purposes (other than by providing funds for such purposes) 1/A
•

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	Exempt Organ		anu mansacuons a	and helationships with Noncha	mapre	;	
1 Did the	<u>-</u>		ann with any other organization	on described in section 501(c) of	Ţ	Yes	No
		:)(3) organizations) or in section (, ,			
		ation to a noncharitable exempt of		neations	ł		ĺ
(1) Cas		· ·	organization of		1a(1)	•	Х
	ner assets	• • • • • • • • • • • • • • • • • • • •			1a(2)		X
b Other tra			• • • • • •		10(2)		 -
	es of assets to a noncharita	ible evemnt organization			1b(1)		Х
		ncharitable exempt organization	•	• • • • • • • • • • • • • • • • • • • •			X
	ntal of facilities, equipment,				1b(2)		X
	mbursement arrangements		• • • • • • • • • • • • • • • • • • • •	•	1b(3)		X
• •	ins or loan guarantees	••	• • • • • • • • • • • • • • • • • • • •	•• •• ••	1b(4)		X
	~	embership or fundraising solicitat			1b(5)		X
		uling lists, other assets, or paid e			1b(6)		X
		-	• •	ways show the fair market value of the goods,	1c		
				ways snow the lair market value of the goods, i le in any transaction or sharing arrangement, s		ets,	
		other assets, or services received		e in any transaction of snaring arrangement, s	HOW III		
(a) Line no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers, transactions, and	ohoung om		
(a) Line no	(b) Amount involved	N/A		(u) Description of transfers, transactions, and	snanng an	angeme	nis
		N/A					
							
					_		
							
				-			
	<u></u>						
-			· · · · · · · · · · · · · · · · · · ·				
				-			
		lly affiliated with, or related to, on		zations described			,
		than section 501(c)(3)) or in sec	ction 527?	L	Yes	LX_] No
b If "Yes," o	complete the following sche		1				
	(a) Name of org	anization	(b) Type of organization	(c) Description of relations	пр		
	N/A						
				····			
				statements, and to the best of my knowledge ation of which preparer has any knowledge	the IRS di	scuss th	าเร
Sign L	d	iplete Decialation of preparer (other tha		retui	n with the	prepare	r
Here	hond	~ C	21-12-1	Waided I	Yes		No
Sıg	nature of officer or trustee		Date	Title			
	Print/Type preparer's na	me Preparer's s	signature /	Date Check if PTIN			
	TIMOTHY G.	MURPHY	- 2011/1/2 20	self- employed			
Paid	CPA		Y VV	/////// P00	7374	125	
Preparer	Firm's name ► MUR	PHY & WARREN (A	APC)	Firm's EIN ► 72-11			
Use Only		`	. ,				
	Firm's address ▶ 11	O VETERANS BLVD	SUITE 370				
	1	TAIRIE, LA 7000		Phone no (504)8	35-4	1419	•
					m 990		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2013

Name of the organization

Employer identification number

MC	CHAMMAD SULEMAN FAMILY FOUNDATION	20-8118793
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF		
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in lete Parts I and II	
Special Rules		
509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rb)(1)(A)(vi) and received from any one contributor, during the year, a contribution of thi) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cort of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or exclusively to children or animals. Complete Parts I, II, and III.	
contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corse exclusively for religious, charitable, etc., purposes, but these contributions did not sed, enter here the total contributions that were received during the year for an exclusion property of the parts unless the General Rule applies to this organization because, etc., contributions of \$5,000 or more during the year	total to more than \$1,000. nvely religious, charitable, etc.,
out it mus t answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedul Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its 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) (2013)

Name of organization

Employer identification number

MOHAMMAD SULEMAN FAMILY FOUNDATION

20-8118793

Part I Contributors (see instructions). Use duplicate copies of Part I if additional 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	\$30000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) lo. om ort l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
a) o. om irt i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			

Name of orga	nization			Employer identification number
монамм	AD SULEMAN FAMILY FOUN	DATTON		20-8118793
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 ne following line entry: For organiza c , contributions of \$1,000 or less f	(c)(7), (8), or (10) organizatio tions completing Part III, enter for the year. (Enter this information once	ns that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I				
		(e) Transfer of g	jift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I				
·				
		(e) Transfer of g	ift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of trai	nsferor to transferee
-				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I				
- -				
	- · · · · · · · · · · · · · · · · · · ·	(e) Transfer of g	ift	
	Transferee's name, address, ar	d ZIP + 4	Relationship of tran	nsferor to transferee
-				
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I	(b) i di posc di giit		(u) Desci	iption of now girt is need
- -				
		(e) Transfer of gi	ift	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tran	sferor to transferee
-				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to **Amount** any foundation manager or substantial contributor Name and address (home or business) recipient MASJID AL-HAQQ TO SUPPORT EDUCATION 433 HIGH STREET AND RELIGIOUS POTTSTOWN, PA 19403 EDUCATION OF POOR AFRICAN-AMERICANS IN THE POTTSTOWN PA AREA 2000. Total from continuation sheets 2000.

	ST ON SAVING	GS AND T	EMPORA	ARY CAS	H IN	VESTMENTS	STATEMENT	1
SOURCE GLOBAL PARTNERS LP MERRILL LYNCH					VESTMENT			
						15. 4766.		
TOTAL TO PART I, LIN	NE 3		478	31.		4781.		
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM S	ECUR:	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	(A) REVEN PER BO	JE	(B) NET INVES MENT INCO		
MERRILL LYNCH	6759.		798.	5	961.	596	1.	
TO PART I, LINE 4 6759.			798. 5961.		961.	596	1.	
FORM 990-PF		DENMAT						
	<u> </u>	KENTAL	INCOME	<u> </u>			STATEMENT	3
KIND AND LOCATION OF	F PROPERTY	RENTAL	INCOME			ACTIVITY NUMBER	GROSS RENTAL INCO	
KIND AND LOCATION OF	 	RENTAL	INCOME	-			GROSS	OME
KIND AND LOCATION OF	TNERS LP		INCOME			NUMBER	GROSS RENTAL INCO	OME
KIND AND LOCATION OF	TNERS LP	LINE 5A	INCOME		<u> </u>	NUMBER	GROSS RENTAL INCO	OME
KIND AND LOCATION OF FROM K-1 GLOBAL PART TOTAL TO FORM 990-PF	TNERS LP	LINE 5A	INCOM (REV			NUMBER	GROSS RENTAL INCO -22 -22 STATEMENT (C) ADJUSTEI	21. 21.
KIND AND LOCATION OF FROM K-1 GLOBAL PART TOTAL TO FORM 990-PF FORM 990-PF	TNERS LP	LINE 5A	INCOM (REV	IE A) ENUE	ME	NUMBER 1 (B) ET INVEST-	GROSS RENTAL INCO -22 -22 STATEMENT (C) ADJUSTEI NET INCOM	21. 21.

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME) CHARITABLE	
LEGAL & ACCOUNTING	4939.	4939.		0.	
TO FORM 990-PF, PG 1, LN 16B	4939.	4939.		0.	
FORM 990-PF	TAX	ES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
TAXES AND LICENSES FOREIGN TAXES	192. 87.			0.	
TO FORM 990-PF, PG 1, LN 18	279.	279.		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS				
MISCELLANEOUS INVESTMENT FEES	46. 2134.			0.	
TO FORM 990-PF, PG 1, LN 23	2180.	2180.		0.	
FORM 990-PF	OTHER INV	ESTMENTS	· · · · · · · · · · · · · · · · · · ·	STATEMENT 8	
DESCRIPTION		LUATION ETHOD BO	OK VALUE	FAIR MARKET VALUE	
GLOBAL PARTNERS LP		FMV	4405.	14156.	
TOTAL TO FORM 990-PF, PART II	, LINE 13		4405.	14156.	

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 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, 2013

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.

(Rev January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box Х If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Part | Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print MOHAMMAD SULEMAN FAMILY FOUNDATION 20-8118793 File by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) due date for 200 WEST ESPLANADE AVE, SUITE 312 filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions KENNER, LA 70065 Application Application Return Return ls For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 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) Form 8870 12 The books are in the care of ► MOHAMMAD SULEMAN Telephone No ► 504-835-4419 FAX No ► 504-835-4571_____ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15 _____, 20 14 _, to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 20 13 or tax year beginning ______, 20 ___, and ending _____, 20 ___, If the tax year entered in line 1 is for less than 12 months, check reason Initial return | Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b|\$

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

(Electronic Federal Tax Payment System) See instructions.

Form 8868 (Rev 1-2014)

Form 8868 (Re	v 1-2014)				Page 2
If you are	filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part I	and check this box	▶ X
	complete Part II if you have already been gra				
	filing for an Automatic 3-Month Extension,			,	
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the orig	inal (no copies needed).	
			E	nter filer's identifying number, see	e instructions
	Name of exempt organization or other filer, see in	structions		Employer identification number (E	
Type or					
print	MOHAMMAD SULEMAN FAMILY FOUN	DATION		20-8118793	
•	Number, street, and room or suite no. If a P O. bo	x, see instru	ctions	Social security number (SSN)	
File by the due date for	200 WEST ESPLANADE AVE, SUIT				
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
return See instructions	KENNER, LA 70065				
Enter the Re	eturn code for the return that this application	is for (file a	separate application for ea	ach return)	. 0 4
Application			Application		Return
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	(trust other than above)	05	Form 6069		11
		06	Form 8870		12
	ot complete Part II if you were not already s are in the care of ▶ MOHAMMAD SULEM!		rautomatic 3-month exten	ision on a previously filed For	11 0000.
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	No ► 504-835-4419		Fax No ► 504-835-45		. 🗀
	anization does not have an office or place of l				▶ 🛄
	or a Group Return, enter the organization's for				-
	e group, check this box		irt of the group, check this t	oox▶ and att	ach a
	names and EINs of all members the extension				
	st an additional 3-month extension of time ur			, 20 <u>14</u>	,
	endar year 2013 , or other tax year beginnii	-		, ' ,'	20
	x year entered in line 5 is for less than 12 m	onths, chec	k reason Initial ref	turn Fınal return	
	hange in accounting period				
	detail why you need the extension ADDITI) GATHER	
INFO	RMATION NECESSARY TO PREPARE	A COMPL	ETE RETURN		
			94.4		
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	ative tax, less any	
	ndable credits. See instructions			8a \$	
	application is for Forms 990-PF, 990-T,				
	ed tax payments made Include any prid	or year ov	verpayment allowed as a	a credit and any	
	paid previously with Form 8868			8b \$	
	Due. Subtract line 8b from line 8a Include		ent with this form, if require	ed, by using EFTPS	
(Electro	nic Federal Tax Payment System) See instruc	tions		8c \$	0.00
	Signature and Verifica	tion mus	t be completed for Pa	art II only.	
	s of perjury, I declare that I have examined the belief, it is true, correct, and complete, and that I a			iles and statements, and to the	best of my
Signature ▶	Kathera G. Blou	mie	— Title ▶ CPA	Date ▶ 8/57	14
/	())	Form 8868	(Rev 1-2014)