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

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| OMB No. 1545-0052 |   |  |  |  |  |  |  |
|-------------------|---|--|--|--|--|--|--|
| 2014              |   |  |  |  |  |  |  |
| io rochitati      | Ĭ |  |  |  |  |  |  |
| er .              | _ |  |  |  |  |  |  |

|             |  | v 1 , 2014,  | and ending Oc  |                          |  |  |
|-------------|--|--|--|--------------------------|--|--|
|             | offoundation iz & Zain Chauhan Foundation  |  |  | Ă.                       | Employer identification num 71-0847031   |  |
|             | r and street (or P.O. box number if mail is not delivered to street addr   | 7858)  | Room/suite   | В                        | Telephone number (see instru   |  |
|             | Box 1070 town, state or province, country, and ZIP or foreign postal code  |  |  |                          | (870) 523-659  |  |
|             | port   | <del></del>  | 72112  | С                        | If exemption application is p  | ending, check here. >  |
| G CI        |  | Initial return of a former  Amended return             | r public charity   | D 1                      | Foreign organizations, chec  | k here · · · · · ▶   |
|             | H  | Name change  |  | 2                        | Foreign organizations meet   |  |
| H C         |  | )(3) exempt private four                               | ndation  |                          | here and attach computation  | ······ <u> </u>  |
|             | Section 4947(a)(1) nonexempt charitable trust  | Other taxable pr                                       |  | E                        | If private foundation status under section 507(b)(1)(A),   | was terminated   |
| I Fa        | O H (-) Has 4()  | unting method: XC                                      | ash Accrual  |                          |  | L  |
| -           | , i i i i i i i i i i i i i i i i i i i  | ther (specify)<br>olumn (d) must be on c               | ash basis.) — — — -  | F                        | If the foundation is in a 60-runder section 507(b)(1)(B),  | nonth termination check here ►   |
| Par         | 初期 Analysis of Revenue and   | (a) Revenue and  | (b) Net investmen  | t T                      | (c) Adjusted net   | (d) Disbursements  |
|             | Expenses (The total of amounts in columns (b), (c), and (d) may not neces-   | expenses per books                                     | income   | ·                        | income   | for charitable purposes  |
|             | sarily equal the amounts in column (a)<br>(see instructions).)   | Ì  |  | }                        |  | (cash basis only)  |
|             | 1 Contributions, gifts, grants, etc, received (attach schedule)  | 61,846.  |  | · · · · · ·              |  |  |
|             | 2 Ck > If the founds is not required to attach Sch B   |  |  |                          |  |  |
|             | 3 Interest on savings and temporary cash investments   | 73.  | -  | 73.                      | 73.  |  |
|             | 4. Dividends and interest from securities  |  |  |                          |  |  |
|             | 5 & Gross rents  | to promonente estra antidadente los separes en en esta | i de la companie de l | -                        |  | <mark>ilinga</mark> da an communicación (1979)<br>Bosto  |
| R           | 6 & Net gain or (loss) from sale of assets not on line 10  | in a second second                                     | المحبيب والمعتبي مغير والط   | ایہ بیکھیے<br>اور میکھیے |  |  |
| REV         | b Gross sales price for all assets on line 6s · · ·  |  |  |                          |  |  |
| E<br>N<br>U | 7 Capital gain net income (from Part IV, line 2)   |  | error das a lacera e constante   |                          | <u>ا المناد المواشعة الكاشوات</u>  |  |
|             | 9 Income modifications   |  | partir in term   | <del>-</del>             | <del></del>  |  |
| E           | 10 a returns and   | r na Lund Louis Built and Lui Lais and Luis.<br>1      |  | -                        | eri i van een een varang kapita oo een aan een ee  |  |
|             | b Less Cost of goods sold  |  |  |                          |  | 5 24.5   |
|             | © Gross profit or (loss) (attach schedule)   |  |  |                          | Control of the Contro |  |
|             | 11 Other income (attach schedule)  |  |  |                          |  | NAME OF THE PROPERTY OF THE PR |
|             | 12 Total. Add lines 1 through 11   | 61,919.  | <del></del> ,  | 73.                      | 73.  |  |
|             | 13 Compensation of officers, directors, trustees, etc  | 01/010.  |  | , , , .                  | 73.  | <u> </u>   |
|             | 14 Other employee salaries and wages   | <del> </del>   |  |                          |  |  |
|             | 15 Person plans employee benefits.   |  |  |                          |  |  |
|             | D Accounting fees (attach sch)   |  | · · · · · · · · · · · · · · · · · · ·  |                          |  |  |
|             | N Gottler bio-lees (stract) sch) (1/2  |  |  |                          |  |  |
|             | Tayor (all and the company) can inche a  |  |  |                          | <del></del>  |  |
| R           | R 19 Depreciation attacks N. U.  |  |  |                          | <del></del>  |  |
|             | T Sch) and depletion   | <del></del>  |  |                          |  | har a summan and a |
| Ğ           | E 21 Travel, conferences, and meetings   |  |  |                          |  |  |
| A           | E 22 Printing and publications   |  |  |                          |  |  |
| D           | P 23 Other expenses (attach schedule)  |  | ]  |                          |  |  |
|             | 24 Total operating and administrative  |  | <u> </u>   |                          | · · · · · · · · · · · · · · · · · · ·  |  |
|             | sexpenses. Add lines 13 through 23 · · · · · ·   | 42 500   |  |                          |  | 42,500.  |
|             | 26 Total expenses and disbursements.   |  |  | 3.20 m                   |  |  |
|             | Add lines 24 and 25  | 42,500.  |  |                          |  | 42,500.  |
|             | 27 Subtract line 26 from line 12:  a Excess of revenue over expenses   |  |  | 7                        |  |  |
|             | and disbursements  | 19,419.  | بمنعت والمعالم والما   | 226                      |  |  |
|             | b Net Investment Income (if negative, enter -0-)   |  |  | 73.                      | 73.  |  |
|             | The state of the s |  | فمتك بخب سنعت بيكار بسعانا   |                          | 1  | Mark 1985 St. Commercial Commerci |

| Form              | 990-P | F(2014) Mufiz & Zain Chauhan Foundation   |  | 71-084   | 7031 Page 2  |
|-------------------|-------|---|--|--|--|
|                   |       | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.         | Beginning of year  | End of   | year   |
| 12: 31 -          |       | (See instructions.)   | (a) Book Value   | (b) Book Value   | (c) Fair Market Value  |
|                   | 1     | Cash - non-interest-bearing   | 37,989.  | 57,408.  | 57,408.  |
|                   | 2     | Savings and temporary cash investments  |  |  |  |
|                   | 3     | Accounts receivable   | · · · · · · · · · · · · · · · · · · ·                        |  |  |
| ļ                 |       | Less: allowance for doubtful accounts   | the second of the second of the                              | The second secon | and the same of th |
|                   | 4     | Pledges receivable  |  |  | <u> </u>   |
|                   | 5     | Less: allowance for doubtful accounts   |  |  |  |
|                   | -     | Grants receivable   |  |  |  |
|                   | 6     | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) |  |  |  |
| A                 | 7     | Other notes and loans receivable (attach sch)   | المرابعة والمستراهي والمستراه والمستراه والمستراه والمستراها |  |  |
|                   |       | Less: allowance for doubtful accounts   |  | ·  |  |
| S                 | 8     | Inventories for sale or use   |  |  |  |
| A S S E T         | 9     | Prepaid expenses and deferred charges   |  |  |  |
| Š                 | 10 a  | Investments - U.S. and state government   |  |  |  |
|                   |       | obligations (attach schedule)   |  |  |  |
|                   |       | Investments — corporate stock (attach schedule)   |  |  |  |
|                   | C     | : Investments — corporate bonds (attach schedule)   |  |  |  |
|                   | 11    | Investments — land, buildings, and equipment: basis · · · · · · · · · · · · · · · · · ·                                 |  |  |  |
|                   |       | Less: accumulated depreciation  |  |  |  |
|                   |       | (attach schedule)   | •  |  |  |
|                   | 12    | Investments - mortgage loans  |  |  |  |
|                   | 13    | Investments - other (attach schedule)   |  |  |  |
|                   | 14    | Land, buildings, and equipment: basis   | the minimizer is over make an Herman or                      | والمستور والمراب وموال مكافرون والمستور والمراب  | The second of the second of the second   |
|                   |       | Less: accumulated depreciation  |  |  |  |
|                   | 15    | (attach schedule)   |  | · •  | - ;  |
|                   |       | Other assets (describe Total assets (to be completed by all filers —  |  |  |  |
|                   |       | see the instructions. Also, see page 1, item I)   | 37,989.  | 57,408.  | 57,408.  |
| L                 | 17    | Accounts payable and accrued expenses   |  |  | and an example of the common section of the common and the common section of the common  |
| À                 | 18    | Grants payable  |  |  | * · ·  |
| B                 | 19    | Deferred revenue  |  |  |  |
| Ļ                 | 20    | Loans from officers, directors, trustees, & other disqualified persons  |  |  | 60 11 15 · 15 · 15 · 18 · 18   |
| Ť                 | 21    | Mortgages and other notes payable (attach schedule)   |  |  | ** .9.   |
| E                 | 22    | Other liabilities (describe   |  |  |  |
| _5_               | 23    | Total liabilities (add lines 17 through 22)   |  |  | 14 July 12   |
|                   |       | Foundations that follow SFAS 117, check here band complete lines 24 through 26 and lines 30 and 31.                     |  |  |  |
|                   | Ì     | and complete lines 24 through 26 and lines 30 and 31.   |  |  |  |
| N F<br>E U<br>T N | 24    | Unrestricted  |  | · · <u>· · · · · · · · · · · · · · · · · </u>  |  |
| ŤŇ                | 25    | Temporarily restricted  |  |  |  |
| A D               | 26    | Permanently restricted  |  |  | 5.3  |
| A B S A E L T     | ]     | Foundations that do not follow SFAS 117, check here . > X and complete lines 27 through 31.                             |  |  |  |
| ĔĹ                | 27    | Capital stock, trust principal, or current funds  | '  |  | 4  |
| TASN              | 28    | Pald-in or capital surplus, or land, bldg., and equipment fund  |  |  |  |
| C                 | 29    | Retained earnings, accumulated income, endowment, or other funds  | 37 000   | E7 400   | 10000000000000000000000000000000000000   |
| O E<br>R S        | 30    | Total net assets or fund balances (see instructions)  | 37,989.  | 57,408.  |  |
|                   | 31    | Total liabilities and net assets/fund balances  | 37,989.  | 57,408.  |  |
|                   |       | (see instructions)  | 37,989.  | 57,408.  |  |
| Par               |       | Analysis of Changes in Net Assets or Fund Balanc  | es   |  |  |
| 1                 | Total | net assets or fund balances at beginning of year — Part II, column  | (a), line 30 (must agree w                                   | rith   |  |
| _                 | end-  | of-year figure reported on prior year's return)   |  | <u>1</u>   | 37,989.  |
| 2                 | Ente  | r amount from Part I, line 27a  | •                      | · · · · · · · · · <u>2</u>   | 19,419.  |
| 3                 | Uther | Increases not included in line 2 (itemize)  |  |  |  |
| 4                 | Add   | lines 1, 2, and 3   | •                      | · · · · · · · · <u>    4   </u>  | 57,408.  |
| 5<br>6            |       | eases not included in line 2 (itemize)  | lost II. solvers (b). II-s 20                                |  | F7.400   |
| BAA               | 1012  | TEEA0202  |  | 6  | 57, 408.   |

|   | Zain Chauhan Foundation Losses for Tax on Investmen                                  | t Income  |               | 71-0847031   | Page 3   |
|---|--|---|---------------|--|--|
| (a) List and describe   | the kind(s) of property sold (e.g., real se; or common stock, 200 shares MLC         | estate.   | (b) How acqui | e (month, day, year)   | (d) Date sold<br>(month, day, year)              |
| 1a  |  |   | D — Donatio   | <u>n</u>   | <del> </del>                                     |
| b   |  |   |               |  | <del>                                     </del> |
| C   |  |   | <del></del>   | <del></del>  |  |
| d   |  |   |               | <del></del>  |  |
| •   |  |   |               |  |  |
| (e) Gross sales price   | (f) Depreciation allowed (or allowable)  | (g) Cost or other basi<br>plus expense of sale      |               | (h) Gain or<br>(e) plus (f) m                                  |  |
| a   |  |   |               | -  |  |
| b   |  |   |               |  |  |
| <u>c</u>  |  |   |               |  | <del></del>                                      |
| d   |  | <del></del>   |               |  |  |
| Complete actudes exacts about                                       |  | - fd-N 40/04/00                                     |               |  |  |
| (i) Fair Market Value<br>as of 12/31/69                             | ring gain in column (h) and owned by th<br>(j) Adjusted basis<br>as of 12/31/69      | (k) Excess of column (over column (j), if an        |               | (f) Gains (Co<br>gain minus column (<br>than -0-) or Losses (f | k), but not less                                 |
| 8   |  | <del></del>   |               |  |  |
| b   | <u> </u>   |   |               | •  | ·  |
| C   |  |   |               |  |  |
| d   |  | ·   |               |  |  |
| •   | <u> </u>   |   |               |  |  |
| 2 Capital gain net income or (net                                   | If (loss), enti  | enter in Part I, line 7<br>er -0- in Part I, line 7 |               | 2  | ·····  |
| If gain, also enter in Part I, line                                 | loss) as defined in sections 1222(5) and 8, column (c) (see instructions). If (lose  | s), enter -0-                                       |               | 3  | -  |
|   | er Section 4940(e) for Reduce  |   | nent Inco     | me   |  |
|   | e foundations subject to the section 494   |   |               |  |  |
| f section 4940(d)(2) applies, leave t                               | his part blank.  |   |               |  |  |
|   | ction 4942 tax on the distributable amou<br>lify under section 4940(e). Do not comp  |   | eriod?        | · · · · · · · Yes  | X No   |
| 1 Enter the appropriate amount                                      | in each column for each year; see the i  | nstructions before making ar                        | ny entries.   |  |  |
| (a) Base period years Calendar year (or tax year beginning in)      | (b) Adjusted qualifying distributions  | (c)<br>Net value of<br>noncharitable-use ass        | ets           | (d)<br>Distributio<br>(column (b) divided                      | n ratio  |
| 2013  | 36,500.  | 2   | 6,173.        | · · · · · · · · · · · · · · · · · · ·                          | 1.394567   |
| 2012<br>2011  |  | · · · · · · · · · · · · · · · · · · ·               |               | <u> </u>   |  |
| 2010  |  |   |               | <del></del>  | <del></del>                                      |
| 2009  |  |   |               |  | ·  |
|   | _ <del></del>  |   |               |  |  |
| 2 Total of line 1, column (d)                                       |  | • • • • • • • • • • • • • •                         | [             | 2  | 1.394567   |
| 3 Average distribution ratio for the number of years the foundation | he 5-year base period — divide the tota<br>in has been in existence if less than 5 y | on line 2 by 5, or by the rears                     |               | 3  | 1.394567   |
| 4 Enter the net value of nonchar                                    | ritable-use assets for 2014 from Part X,   | , line 5  |               | 4  | 46,984.  |
| 5 Multiply line 4 by line 3   |  |   |               | 5  | 65,522.  |
| 6 Enter 1% of net investment in                                     | come (1% of Part I, line 27b)  |   |               | 6  | 1.   |
| 7 -Add lines 5 and 6  |  |   |               | 7  | - 65,523.  |

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

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Form 990-PF (2014)

X

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

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| om 990-PF (2014) Mufiz & Zain Chauhan Foundation  | 71-0847031   | Р                      | age 5  |
|---|--|------------------------|--|
| Statements Regarding Activities (continued)   |  |                        |  |
| 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)  | y<br>  | 11                     | x  |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation advisory privileges? If Yes,' attach statement (see instructions)   | or a disqualified person had                           | 12                     | X  |
| 13 Did the foundation comply with the public inspection requirements for its annual returns an  | nd exemption application?                              |                        |  |
| Website address N / A   |  |                        |  |
| 14 The books are in care of Mufiz and Zain Chauhan  Located at PO Box 1070  Newport  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —  | Telephone no. ► (870)                                  | 523-659                | <del></del> -  |
| Located at PO Box 1070 Newport  | AR ZIP+4 72112   |                        |  |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -   | Check here   | <del>-</del> -         |  |
| and enter the amount of tax-exempt interest received or accrued during the year   |  |                        | _  |
| 16 At any time during calendar year 2014, did the foundation have an interest in or a signatur bank, securities, or other financial account in a foreign country?   | re or other authority over a                           | Yes                    | No<br>X  |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly enter the name of the foreign country  |  |                        |  |
| Partiviles Statements Regarding Activities for Which Form 4720 May  | Be Required  | and a so office a feet |  |
| File Form 4720 if any item is checked in the Yes' column, unless an exception appli   |  | Yes                    | 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 disqualified person?  |  |                        |  |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  |  |                        | 100  |
| (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 availab for the benefit or use of a disqualified person)?   | <u> </u>   |                        | A STATE OF THE STA |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a great to or to employ the official for a period after termination.   | he ;   |                        |  |
| of government service, if terminating within 90 days.)  b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions of the acts fail to qualify under the exception of the acts fail to qualify under the exception of the acts fail to qualify under the exception of the acts fail to qualify under the exception of the acts fail to qualify under the exception of the acts fail to qualify under the exception of the acts fail to qualify       | Yes X No   |                        |  |
| Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see  | e instructions)? · · · · · · · · · · · · · · · · · · · | 1 b                    | -8 6 - 68 - 73   |
| 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 exthat were not corrected before the first day of the tax year beginning in 2014?  | xcepted acts,  | 1 c                    | Х  |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundat<br>private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):  | tion was a   |                        |  |
| At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?   | Yes X No   |                        | 100  |
| If 'Yes,' list the years ▶ 20 , 20 , 20 , 20  |  |                        | 1  |
| <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of (relating to incorrect valuation of assets) to the year's undistributed income? (If applying all years listed, answer 'No' and attach statement — see instructions.)  | section 4942(a)(2) to                                  | . 2 b                  | A (2)  |
| c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, ii  |  | X TO                   | 1 1 1  |
| ► 20 , 20 , 20  |  |                        | A CONTRACT   |
| 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  | Yes X No   |                        |  |
| b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer public to the commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, For determine if the foundation had excess business holdings in 2014.)   | period approved<br>r bequest; or<br>rm 4720. to        | . 3b                   |  |
| 4 a Did the foundation invest during the year any amount in a manner that would jeopardize charitable purposes?   | ite  | . 4a                   | x  |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) the jeopardize its charitable purpose that had not been removed from jeopardy before the fire party before | nat could  |                        |  |
| the tax year beginning in 2014?   | · · · · · · · · · · · · · · · · · · ·                  |                        | <u> </u>   |
| BAA   |  | orm 990-PI             | F (2014  |

| Form 990-PF (2014) Mufiz & Zain Chauh   |   |  | 71-084  | 7031 Page 6                           |
|---|---|--|---|---------------------------------------|
| Statements Regarding Activiti   | es for Which Form   | 4720 May Be Requ                               | uired (continued)   |                                       |
| 5a During the year did the foundation pay or incur ar   | •   |  | О., О   |                                       |
| <ul><li>(1) Carry on propaganda, or otherwise attempt to</li><li>(2) Influence the outcome of any specific public e</li></ul>                         | •   | ,  | · · · · Yes X   | No                                    |
| on, directly or indirectly, any voter registration  (3) Provide a grant to an individual for travel, study  | drive?`   |  |   | No<br>No                              |
| (4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions)  | a charitable, etc. organiz                                      | ation described                                |   |                                       |
| (5) Provide for any purpose other than religious.   | charitable scientific liter                                     | ary or   |   | No                                    |
| educational purposes, or for the prevention o  b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in a | transactions fail to qualify                                    | under the exceptions                           |   |                                       |
| (see Instructions)?   |   |  |   | 5 b                                   |
| c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsible  | foundation claim exempti  | on from the                                    | Yes   | No                                    |
| If 'Yes,' attach the statement required by Regulat  | ions section 53.4945-5(d  | ).   |   |                                       |
| 6 a Did the foundation, during the year, receive any f on a personal benefit contract?  |   |  |   |                                       |
| b Did the foundation, during the year, pay premium  | s, directly or indirectly, or                                   | n a personal benefit cont                      | tract?  | 6b X                                  |
| If 'Yes' to 6b, file Form 8870.   | on a nashi ta a nashihitad                                      | tov sheltes transaction?                       |   | No                                    |
| 7 a At any time during the tax year, was the foundation b If Yes,' did the foundation receive any proceeds  | on a party to a pronibited<br>or have any net income s          | tax sneiter transaction?                       | ····· [ Yes X   | 7b                                    |
| Paraville Information About Officers, D   |   |  |   |                                       |
| and Contractors   |   | · oanaanon mana                                | goro, rngmy r ala t   | inproyees,                            |
| 1 List all officers, directors, trustees, foundation  | n managers and their c  | ompensation (see insti                         | ructions).  |                                       |
| (a) Name and address  | (b) Title, and average<br>hours per week<br>devoted to position | (c)Compensation<br>(if not paid,<br>enter -0-) | (d)Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expense account, other allowances |
| Mufiz A Chauhan MD  |   |  |   |                                       |
| 1205 McLain Street  | Director  |  |   |                                       |
| Newport AR 72112  | 0.00  | 0.   | 0.  | 0.                                    |
| AJ Chauhan  |   |  |   |                                       |
| 7 Dogwood Drive   | Director  |  |   |                                       |
| Newport AR 72112  | 0.00  | 0.   | 0.  | 0.                                    |
| Zainab Ali Khan   | <b>.</b>  |  |   |                                       |
| 1209 Zorvar   | Director  | •  |   | 1                                     |
| White Hall AR 71602   | 0.00  | 0.   | 0.  | 0.                                    |
|   |   |  |   |                                       |
| 2 Compensation of five highest-paid employee  | s (other than those Inc   | luded on line 1 — see li                       | nstructions). If none, e  | nter 'NONE.'                          |
| (a) Name and address of each employee paid more than \$50,000   | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation                               | (d)Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expense account, other allowances |
| None  |   |  |   |                                       |
|   |   |  |   |                                       |
|   |   |  |   | }                                     |
|   |   |  |   |                                       |
|   |   |  |   |                                       |
|   |   |  | <del>                                     </del>                              |                                       |
|   |   | -  | -   |                                       |
|   |   |  |   | 1                                     |
| <u></u>   |   |  | -7  |                                       |
| Total number of other employees paid over \$50,000  | TELANGE   |  | ·   | None                                  |

|                       |  | -0847031 Page 7    |
|-----------------------|--|--------------------|
| i filet               | Information About Officers, Directors, Trustees, Foundation Managers, Highly P and Contractors (continued)   | aid Employees,     |
| 3_F                   | ive highest-paid independent contractors for professional services (see instructions). 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   | ► None             |
| Pin                   | Summary of Direct Charitable Activities  |                    |
| List the organization | foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.   | Expenses           |
| 1                     |  |                    |
|                       |  |                    |
| 2                     |  |                    |
|                       |  |                    |
| 3                     |  |                    |
|                       |  |                    |
| 4                     |  |                    |
|                       |  |                    |
| 1:070                 | Summary of Program-Related Investments (see instructions)  |                    |
| Desc                  | ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  | Amount             |
| 1                     | the the target program related investments made by the logination during the tax year on lines 1 and 2.  | Amount             |
| ·                     |  |                    |
| 2                     |  |                    |
| 2                     |  |                    |
| Att -A                | Language and the discontinuous for the second secon |                    |
| All of                | her program-related investments. See instructions.   |                    |
| J                     |  |                    |
|                       |  |                    |
|                       | Add lines 1 through 3  | •                  |
| BAA                   |  | Form 990-PF (2014) |

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 a 0. 1 b 47,699. c Fair market value of all other assets (see instructions) 1 c 47,699. Reduction claimed for blockage or other factors reported on lines 1a and 1c 2 3 47,699. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 715. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . . . 46,984. 2,349. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 🕒 🦳 and do not complete this part.) 1 2,349. 2 a Tax on investment income for 2014 from Part VI, line 5 . . . . . . b Income tax for 2014. (This does not include the tax from Part VI.)...... 2 c 1. Distributable amount before adjustments. Subtract line 2c from line 1 . . . . . . . . . . . . . . . . 3 2,348. 4 5 2,348. R Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . . . . . 2,348. Particular Qualifying Distributions (see instructions) 1. 42,500. 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes . . 2 3 a 3 b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . . 42,500. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 5 42,500. Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2014)

### Undistributed Income (see instructions)

|   | (a) (b) Corpus Years prior to 2013   |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 1 Distributable amount for 2014 from Part XI,   |  |  |  | <del>-2</del> ,-348.   |  |  |
| 2 Undistributed income, if any, as of the end of 2014:  |  |  |  | 27540.   |  |  |
| a Enter amount for 2013 only  |  |  |  |  |  |  |
| <b>b</b> Total for prior years: 20 , 20 , 20  |  |  |  |  |  |  |
| 3 Excess distributions carryover, if any, to 2014.  | - 1  |  | The state of the s | 2  |  |  |
| a From 2009   |  |  |  |  |  |  |
| <b>b</b> From 2010  |  |  |  |  |  |  |
| c From 2011   |  |  |  |  |  |  |
| d From 2012   | ,  |  |  |  |  |  |
| e From 2013   | <u> </u>   |  |  |  |  |  |
| f Total of lines 3a through e   |  |  |  |  |  |  |
| 4 Qualifying distributions for 2014 from Part XII, line 4: \$ 42.500.                         |  |  |  |  |  |  |
| XII, line 4: \$ 42,500.  a Applied to 2013, but not more than line 2a.                        |  |  |  |  |  |  |
|   |  | <u> </u>   |  | en e   |  |  |
| b Applied to undistributed income of prior years<br>(Election required — see instructions)    |  |  |  |  |  |  |
|   |  | 4  | —gru <del>pte</del> ri i greduta i zu<br>L   | ranger of the state of the stat             |  |  |
| c Treated as distributions out of corpus (Election required — see instructions)               |  | . *  |  |  |  |  |
| d Applied to 2014 distributable amount  |  |  |  | <u> </u>   |  |  |
| e Remaining amount distributed out of corpus  | 42,500.  | The state of the s           | - ವಿಶ್ವಾಧವಿಷ್ಯ ಪರ್ಣಕ್ಕೆ ಪ್ರತಿಗಳು<br>- ಕ  | a <mark>pagan na na mina di para mina angan mina angan mina di para mina di</mark> |  |  |
| 5 Excess distributions carryover applied to 2014  |  |  |  |  |  |  |
| (If an amount appears in column (d), the<br>same amount must be shown in column (a).)         | and the state of t |  | rigge register of the earth of the   |  |  |  |
|   |  |  |  |  |  |  |
| 6 Enter the net total of each column as   |  |  |  |  |  |  |
| indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                          | 42,500.  |  |  |  |  |  |
| •   | 42,300.  | eranicae Star erano  | And the second s | graphics that an installation  |  |  |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b                     |  | 0  |  |  |  |  |
| c Enter the amount of prior years' undistributed  | Autorities of Colorest personal series of the Colorest Co |  | The same of the sa | er af fråk minst i 1100 million och store och som oppratiet.   |  |  |
| income for which a notice of deficiency has been issued, or on which the section 4942(a)      | :  | ,  |  |  |  |  |
| tax has been previously assessed  |  |  |  |  |  |  |
| d Subtract line 6c from line 6b. Taxable  |  |  |  | er green and the second and the second   |  |  |
| amount - see instructions   | · Partie i mai i e i sega i i jama app   | 0  | ·  | <u> </u>   |  |  |
| e Undistributed income for 2013. Subtract line 4a from  |  |  |  |  |  |  |
| line 2a. Taxable amount — see instructions  | a la   | in the second se           | 0  | • <u>                                     </u>   |  |  |
| f Undistributed income for 2014. Subtract lines   |  |  |  |  |  |  |
| 4d and 5 from line 1. This amount must be   |  |  |  | 2,348.   |  |  |
| distributed in 2015   |  | <del>- Property of the second of t</del> |  | 2,340.   |  |  |
| corpus to satisfy requirements imposed by   |  |  |  |  |  |  |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)              |  |  |  |  |  |  |
| • •   | <del></del>  |  | iga saari kasaa ka s   | Approximate the second              |  |  |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) | o  | •  |  | iliania era era era era era era era era era er   |  |  |
| 9 Excess distributions carryover to 2015.   |  |  |  | <u> 7 ± 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1</u>  |  |  |
| Subtract lines 7 and 8 from line 6a   | 42,500   | <u> </u>   | ್ಟ್ ಚಿತ್ರಚಿಸುವಾಹನಗಳ ಗ್ರಾಪಕ್ಷವಾಗ್ಯಾಗಿ   |  |  |  |
| 10 Analysis of line 9:  |  | di<br>I  |  |  |  |  |
| a Excess from 2010 0  |  |  |  |  |  |  |
| b Excess from 2011 0  |  |  |  | į,   |  |  |
| © Excess from 2012  |  |  |  |  |  |  |
| d Excess from 2013  | <del></del> )  |  |  |  |  |  |
| e Excess from 2014  | • 1  |  |  | Form 990-PF (2014)   |  |  |

| han Foundat  | ion  | VAL A .: -2:  | 71-0847031   | Page 1   |
|--|--|---|--|--|
|  |  |   |  | N/A  |
| rmination letter that  | it is a private opera  | ating foundation, and t   | he ruling  |  |
| •  |  |   | 4942(i)(3) or  | 4942(j)(5)   |
|  | 3  |   | 1 1.572()(0) 01  | 1.0120/(0/   |
|  | (b) 2013   | <del></del>   | (d) 2011   | (e) Totai  |
| 1-7-   | (5)  | 10,200  | (a) 23 · · ·   | (0) 10111  |
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|  | <u> </u>   | <del></del>   | <del> </del>   |  |
| ers:   | than 2% of the tota  | of contributions receive<br>tion 507(d)(2).)  | ed by the foundation b   | efore the  |
| ndation has a 10%  It, Gift, Loan, Schookes contributions to | or greater interest.  plarship, etc, Progr   | rams:<br>able organizations and   | d does not accept uns  | olicited   |
| or e-mail address of   | the nerson to what   | m applications should   | be addressed:  |  |
| or e-mail address of   | the person to whole  | m applications should   | be addressed   |  |
| omitted and informa  | tion and materials t   | hey should include:   | , <u>, , , , , , , , , , , , , , , , , , </u>  |  |
| · · · · · · · · · · · · · ·                                  | · · · · · · · · · · · · · · · · · · ·  |   |  | <del> </del>   |
| h as by geographic   | al areas, charitable   | fields, kinds of institu  | tions, or other factors  |  |
|  |  | *,  |  |  |
|  |  |   |  |  |
|  | (Complete this a private operation of the contributed more than a 10% or more of the contributed more than a 10% or e-mail address of the contributed more than a 10% or e-mail address of the contributed more than a 10% or e-mail address of the contributed more than a 10% or e-mail address of the contributed and informatical contribut | (Complete this part only if the year — see instructions.)  In 10% or more of the stock of a corporate only indication has a 10% or greater interest.  In 10% or more of the stock of a corporate only in the year indication has a 10% or greater interest.  In 10% or more of the stock of a corporate only in the year indication has a 10% or greater interest.  In 10% or more of the stock of a corporate only in the year indication has a 10% or greater interest.  In 10% or more of the stock of a corporate only in the year indication has a 10% or greater interest.  In 10% or more of the stock of a corporate only in the year indication has a 10% or greater interest.  In 10% or more of the stock of a corporate only in the year indication has a 10% or greater interest.  In 10% or more of the stock of a corporate only indication has a 10% or greater interest.  In 10% or more of the stock of a corporate only indication has a 10% or greater interest.  In 10% or more of the stock of a corporate only indication has a 10% or greater interest. | rmination letter that it is a private operating foundation, and to get a private operating foundation described in section  Tax year Prior 3 years  (a) 2014 (b) 2013 (c) 2012  (Complete this part only if the foundation had be year — see instructions.)  lets:  The contributed more than 2% of the total contributions receive intributed more than \$5,000). (See section 507(d)(2).)  The foundation has a 10% or greater interest.  The contributions to preselected charitable organizations and infig. grants, etc (see instructions) to individuals or organization or e-mail address of the person to whom applications should comitted and information and materials they should include: | mination letter that it is a private operating foundation, and the ruling growth of the stock of a corporation (or an equally large portion of the owner indation has a 10% or greater interest.  It, Glft, Loan, Scholarship, etc, Programs: is a private operating foundations and does not accept unsifts, grants, etc (see instructions) to individuals or organizations under other condition or e-mail address of the person to whom applications should be addressed: |

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| Recipient  |                  |           | If recipient is an individual,<br>show any relationship to any<br>foundation manager or | Foundation status of | Purpose of grant or contribution | Amount   |
|--|------------------|-----------|---|----------------------|----------------------------------|----------|
| Name and address (home or be   | ome or business) |           | substantial contributor   | recipient            | Contribution                     |          |
| a Paid during the year   |                  |           |   |                      | ,                                |          |
| Maryam Usman   |                  |           |   |                      |                                  |          |
| 2111 Holly Hall St   |                  |           |   |                      |                                  | 1        |
| Houston  | TX               | 77054     | none  | I                    | Medical                          | 1,000    |
| I-Care Foundation<br>97 Lester Drive   |                  |           |   |                      |                                  |          |
| Tappan   | NV               | 10983     |   | NC                   | Medical                          | 5,000    |
| APPNA  | 14.1             | 10903     |   | INC.                 | medical                          | 3,000    |
| 6414 S Cass Ave  |                  |           |   |                      |                                  |          |
| Westmont   | ΙL               | 60559     |   | NC                   | Scholarship                      | 17,000   |
| Ann Walls Medical Fund   |                  |           |   |                      | 1                                |          |
| 1219 E Joyce Blvd  |                  |           |   |                      |                                  |          |
| Fayetteville   | AR               | 72703     | none  | I                    | Medical                          | 1,500    |
| Medina Institute   |                  |           |   | 1                    |                                  |          |
| 4991 Burns Road  | •                |           |   | Į.                   |                                  |          |
| Lilburn  |                  | 30047     |   | NC                   | Educational                      | . 12,000 |
| Zakat Foundation of Am   | eric             | a         |   |                      |                                  |          |
| PO Box 639<br>Worth  | <b>T</b> T       | 60482     |   | NC                   | Madi an 1                        | 1 000    |
| Muslim Global Relief   | Τ'n              | 00402     |   | INC                  | Medical                          | 1,000    |
| PO Box 2018  |                  |           |   | ļ                    |                                  |          |
| Nelson, United Kingdom   | ı                |           | , '   | NC                   | Medical                          | 1,000    |
| Fazal Dad Chauhan Trus   |                  |           |   |                      |                                  | _,       |
| 10 Dilkusha Bldg   |                  |           |   |                      |                                  |          |
| Lahore, Pakistan   |                  |           |   | NC                   | Medical                          | 4,000    |
|  |                  |           |   |                      |                                  |          |
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| b Approved for future payment  | • • •            | · · · · · | 1   |                      |                                  | 42,500   |
| D Approved to racine paymont   |                  |           |   |                      |                                  |          |
|  |                  |           |   | ì                    |                                  |          |
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| T. Control of the Con |                  |           | 1 .   | 1                    | 1                                | 1 3      |

71-0847031

## Analysis of Income-Producing Activities

| um Ain     | ss amounts unless outerwise mulcated.  | Unitelate  | d business income  | CACHAGE                                 | 1 by Section 512, 513, 01 514                                 | (e)  |
|------------|--|--|--|---|---|--|
| 1 Pro      | gram service revenue:  | (a)<br>Business<br>code                          | (b)<br>Amount  | (c)<br>Exclu-<br>sion<br>code           | (d)<br>Amount   | Related or exempt function income (See instructions.)  |
| a          | · · · · · · · · · · · · · · · · · · ·  |  |  |   |   |  |
| b          |  |  |  |   |   |  |
| c          |  |  |  |   |   |  |
| d          |  | <del> </del>                                     |  | <u> </u>                                |   |  |
| •          |  | ļ  |  | -                                       |   |  |
| ' <u>-</u> |  | <del>                                     </del> |  |   |   |  |
| _          | es and contracts from government agencies  |  |  | <del> </del>                            |   | <u> </u>   |
|            | mbership dues and assessments rest on savings and temporary cash investments                 | <u></u>  |  | 14                                      | 73.   |  |
|            | idends and interest from securities  |  |  | +                                       | 73.   |  |
|            | rental income or (loss) from real estate:  | -  |  |   |   | Service and the service of the servi |
|            | bt-financed property   | all and the transfer of the                      | d Source Medical (1985), a strate transport and the state of the state | 1 | hadders (Al-Andre Carthern Address de Chair Sea on travella e | 1986 - Million Million Advisor - Mill Mount In 1997 Annabas (1861)   |
|            | t debt-financed property   |  |  | 1                                       |   |  |
| 6 Net      | rental income or (loss) from personal property   |  |  |   |   |  |
|            | ner investment income  |  |  |   |   |  |
|            | n or (loss) from sales of assets other than inventory  |  |  |   |   |  |
|            | t income or (loss) from special events   |  |  | <u> </u>                                |   |  |
| 10 Gn      | oss profit or (loss) from sales of inventory   |  |  | 21 CAN 2000000                          |   |  |
| 11 Ott     | ner revenue:   |  |  |   |   | A Maria is near  |
|            |  | <del> </del>                                     | <u> </u>   | <del> </del>                            |   |  |
| ₽          |  | <del> </del>                                     |  |   |   |  |
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| d          |  | <del> </del>                                     | <del> </del>   | +                                       |   |  |
| 12 Si      | btotal. Add columns (b), (d), and (e)  | Ax X AxX   |  |   | 73.   |  |
|            | tal. Add line 12, columns (b), (d), and (e)  |  |  | . See . A. Stary & .                    | 13  | 73.  |
|            | ksheet in line 13 instructions to verify calculation   |  |  |   | •   |  |
| Line N     | Explain below how each activity for which inc<br>accomplishment of the foundation's exempt p |  |  |   |   | the<br>uctions.)   |
|            |  |  |  | -                                       |   |  |
|            |  |  |  |   |   |  |
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# Form 990-PF (2014) Mufiz & Zain Chauhan Foundation 71-0847031 Par XIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

|          |            |                              |   |  | •••                                |                             |   |                                       |                     | Yes No                    |
|----------|------------|------------------------------|---|--|------------------------------------|-----------------------------|---|---------------------------------------|---------------------|---------------------------|
| 1 Did    | the on     | ganization directly          | or indirectly enga                                  | ige in any of the followl<br>r than section 501(c)(3)                | ng with any                        | other org                   | janization<br>section 527                   |                                       | 1                   | -,,                       |
| rela     | ating to   | political organization       | ons?  | r ulan secuon son (c)(s)   | Organizatio                        | 116) 01 111                 | 3 <del>0</del> CuOH 327,                    |                                       |                     |                           |
|          | -          |                              |   | oncharitable exempt or   | rganization o                      | of:                         | •   |                                       |                     | 4                         |
|          |            | • •                          |   |  | -                                  |                             |   |                                       | 1 a (1)             | х                         |
|          |            |                              |   |  |                                    |                             |   |                                       |                     |                           |
|          |            |                              |   | • • • • • • • • • • • •  |                                    |                             |   |                                       | . 18 (2)            | X                         |
| -        |            | sactions:                    |   |  |                                    |                             |   |                                       |                     |                           |
|          |            |                              | -   | ot organization  |                                    |                             |   |                                       |                     | X                         |
|          |            |                              |   | e exempt organization .  |                                    |                             |   |                                       |                     | X                         |
| (3)      | Renta      | il of facilities, equip      | ment, or other as                                   | ssets  |                                    |                             |   |                                       | . 1 b (3)           | X                         |
| (4)      | Reiml      | bursement arrange            | ments   |  |                                    |                             |   |                                       | . 1 b (4)           | X                         |
| (5)      |            |                              |   |  |                                    |                             |   |                                       |                     | X                         |
| (6)      |            | _                            |   | or fundraising solicitation  |                                    |                             |   |                                       |                     | X                         |
|          |            |                              | •   | other assets, or paid e  |                                    |                             |   |                                       | 1c                  | $\frac{x}{x}$             |
| 9 31     | iai irig o | riaciilles, equipilie        | ant, maining iists,                                 | outer assets, or paid er   | iipioyees                          | • • • •                     |   |                                       |                     |                           |
| d If t   | he ans     | wer to any of the al         | hove is 'Yes ' con                                  | nplete the following sch   | edule Colu                         | mn (b) s                    | hould always sh                             | nw the fair market                    | value of            |                           |
| the      | e goods    | , other assets, or s         | services given by                                   | the reporting foundation   | n. If the four                     | ndation r                   | eceived less tha                            | n fair market value                   | in                  |                           |
| an       | y transi   | action or sharing a          | rrangement, show                                    | w in column (d) the valu   | ue of the goo                      | ods, othe                   | r assets, or serv                           | ices received.                        |                     |                           |
| (a) Line | nó         | (b) Amount involved          | (c) Name o  | of noncharitable exempt orga   | anization '                        | (d)                         | Description of trans                        | iers, transactions, and               | sharing arrang      | ements                    |
|          |            |                              |   |  |                                    | _                           |   |                                       |                     |                           |
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| 2 a ls   | the fou    | ndation directly or          | indirectly affiliate                                | d with, or related to, or  | e or more ta                       | ax-exemi                    | ot organizations                            |                                       | _                   | _                         |
| de       | escribe    | in section 501(c)            | of the Code (other                                  | er than section 501(c)(  | 3)) or in sect                     | ion 527?                    |   |                                       | Yes                 | X No                      |
| ЬIf      | Yes,' c    | omplete the followi          | ng schedule.  |  |                                    |                             |   |                                       | _                   | _                         |
|          | (a)        | Name of organizat            | tion  | (b) Type of or   | ganization                         |                             | (c  | Description of rel                    | ationship           |                           |
|          |            |                              |   | <u> </u>   |                                    |                             |   | · · · · · · · · · · · · · · · · · · · |                     |                           |
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| 1        | Under pe   | enaities of penjury, I decis | are that I have examine<br>n of preparer (other the | ed this return, including accome<br>an taxpayer) is based on all inf | panying schedul<br>ormation of whi | les and stat<br>ch preparer | ements, and to the be<br>has any knowledge. | at of my knowledge and                | belief, it is true, |                           |
| Sign     |            | 100                          | T   |  |                                    | <b>p p</b>                  |   |                                       | May the             | RS discuss                |
| Here     | ا          |                              | 11/   |  |                                    |                             | _   |                                       | this return         | n with the<br>shown below |
|          | <u> </u>   |                              | <del></del>   |  |                                    |                             | Director                                    |                                       | (see toatr          | uctions)?                 |
|          | Signal     | ture of officer or trustee   |   | Date   | A                                  | T                           | ide   |                                       |                     | Yes No                    |
|          |            | Print/Type preparer's n      | ame   | Prefiarer's signatu  | 11/1-                              | 011                         | Date  | Check if                              | PTIN                |                           |
| Paid     |            | Jesse White                  | mire  | 1 Joseph   | Tolom                              | 2 CAN                       | 01/08/16                                    | self-employed                         | P00441              | 914                       |
|          |            | Firm's name                  | WHITMIRE,   | ROBINSON & CO  | CPA, I                             | JTD                         |   | Firm's EIN ► 71-                      | 0803227             |                           |
| Prepa    |            | Firm's address               |   |  | CEM, I                             | עונג                        |   | , 1                                   | UUUJEE1             |                           |
| Use C    | niy        | - HILL CALLUTS               | 200 PSE R   | υαα  |                                    |                             | 110 -                                       | Phone co 107                          | 0. É03              | 1216                      |
|          |            |                              | Newport   |  |                                    | AR 72                       | 112   | Phone no. (87                         | 0) 523-             |                           |
| BAA      |            |                              |   |  |                                    |                             |   |                                       | Form 99             | 0-PF (2014)               |

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

**Schedule of Contributors** 

OMB No. 1545-0047

Employer Identification number

2014

Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF
 Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.lrs.gov/form990.

71-0847031 Mufiz & Zain Chauhan Foundation Organization type (check one): Section: Filers of: 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

| Schedule   | <b>B</b> '(Form 990, 990-EZ, or 990-PF) (2014)  | Page                          | 1 of <u>1</u> of Part 1   |
|--|---|-------------------------------|---|
| Name of orga   |   | 1 ' '                         | Identification number   |
| Mufiz & Zain Chauhan Foundation 71-0847031   |   |                               |   |
| Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |   |                               |   |
| (a)<br>Number  | (b)<br>Name, address; and ZIP + 4               | (c)<br>Total<br>contributions | (d) Type of contribution  |
|  | Mufiz A Chauhan  PO Box 1270  Newport  AR 72112 | \$ <u>61</u> _846.            | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>Number  | (b)<br>Name, address, and ZIP + 4               | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|  |   | \$                            | Person Payroll Noncash (Complete Part II for                            |
| (a)<br>Number  | (b)<br>Name, address, and ZIP + 4               | (c)<br>Total<br>contributions | noncash contributions.)  (d)  Type of contribution                      |
|  |   | \$                            | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a)<br>Number  | (b)<br>Name, address, and ZIP + 4               | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|  |   | \$                            | Person Payroll Noncash Complete Part II for noncash contributions.)     |
| (a)<br>Number  | (b)<br>Name, address, and ZIP + 4               | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|  |   | -<br> <br> -<br> -<br> -      | Person Payroll Noncash Complete Part II for noncash contributions.)     |
| (a)<br>Number  | (b)<br>Name, address, and ZIP + 4               | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|  |   | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)    |
| BAA  | TEEA0702 07/17/14                               | Schedule R (Form 90           | 90, 990-EZ, or 990-PF) (2014)   |
|  | TEENUTOZ UTITITA                                | Consultion of (1 Oliff of     | ,, 000 - 1 / (2017)   |