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### Form **990-PF**

Peturn of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ 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.

For c	alen	dar year 2016 or tax year beginning		, and en	ding					
Nan	ne of	foundation		A Employer identification	number					
		JE FAMILY FOUNDATION	<del></del>			36-4335005				
Num 1		nd street (or PO box number if mail is not delivered to street as VICTORIA CT.	ddress)	{	Room/suite	B Telephone number 630-986-82	12			
City	or to	own, state or province, country, and ZIP or foreign po	ostal code			C If exemption application is pe				
» <del></del> -		BROOK , IL 60523  all that apply: Initial return	Initial return of a fo	ormer public ch	narity	D 1 Foreign organizations	s, check here			
 <u></u> _		Final return Address change	Amended return Name change			2 Foreign organizations me check here and attach co	eting the 85% test,			
	heck	type of organization. X Section 501(c)(3) ex		<del></del>		E If private foundation sta				
			Other taxable private founda			under section 507(b)(1)(A), check here				
Offer.	om F		her (specify)	Accru	al 		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here			
(V)		640 , 147 . (Part I, colu	mn (d) must be on cash b	asis)		<u> </u>				
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	( <b>b)</b> Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
		Contributions, gifts, grants, etc., received	10,000.			N/A				
	2	Check \[ \] If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments	12,748.	11	,806.	<del></del>	STATEMENT 1			
	4	Dividends and interest from securities	7,220.		7,161.		STATEMENT 2			
	5a	Gross rents								
	b	Net rental income or (loss)								
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<3,036.>							
Revenue	b	assets on line 6a			0.	<u> </u>	<del> </del>			
Rev	7 8	Capital gain net income (from Part IV, line 2)  Net short-term capital gain	<del></del>			<del></del>	<del> </del>			
	9	Income modifications				<del></del>				
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold								
	C	Gross profit or (loss)				l 	<u> </u>			
		Other income	26 022	1.0	0.07					
	12	Total. Add lines 1 through 11	26,932. 0.	<u></u>	3,967. 0.		0.			
	13 14	Compensation of officers, directors, trustees, etc  Other employee salaries and wages			•		·			
		Pension plans, employee benefits								
es	40-	Legal fees								
Expense	b	Accounting fees	DECEIVED							
Exp	C	Other professional fees	1000	181						
ive		Interest Carees	1 2017	100			<del> </del>			
dministrative			MAY 1 3 2011				<del> </del> -			
iji	19 20	Occupancy .	TOODEN. U	4P		<del></del>				
Adn	21	Travel, conferences, and meetings	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/			<u> </u>			
and ,		Printing and publications								
Ğ	23	Other expenses STMT 3	3,577.	3	3,532.		45.			
peratin	24	Total operating and administrative	2	_						
Ope		expenses Add lines 13 through 23	3,577. 57,919.	<del></del>	3,532.		45. 57,919.			
J		Contributions, gifts, grants paid	5/,919.	<del></del> _		<del></del>	57,919.			
	20	Total expenses and disbursements. Add lines 24 and 25	61,496.		3,532.		57,964.			
_	27	Subtract line 26 from line 12:			.,		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	1	Excess of revenue over expenses and disbursements	<34,564.>							
	1	Net investment income (if negative, enter -0-)		15	5,435.					
	C	Adjusted net income (if negative, enter -0-)				N/A				

ΓÞ	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only		Beginning of year	End of	year
	ai t	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	21,620.	37,630.	37,630.
	3	Accounts receivable			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less, allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			
છ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
¥	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	С	Investments - corporate bonds STMT 4	278,151.	238,070.	248,692.
	11	Investments land buildings and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	341,197.	330,704.	353,825.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)	·		·.—.—.—.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	640,968.	606,404.	640,147.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Se	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable		<del></del>	
	22	Other liabilities (describe			
				, [	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	l	Foundations that follow SFAS 117, check here			
S	١	and complete lines 24 through 26 and lines 30 and 31.		Į	
		Unrestricted	<del></del>		
ajai	25	Temporarily restricted			
Ø,	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
Assets or Fund Balance	ļ	·			
<u>.</u>	07	and complete lines 27 through 31	0.	0.	
ets	27 28	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund	<del>0.</del> 1	0.	,
SS	29	Retained earnings, accumulated income, endowment, or other funds	640,968.	606,404.	
Net A	30	Total net assets or fund balances	640,968.	606,404.	
Ž	30	Total net assets of fully paralless	030,300.	000,303.	
	31	Total liabilities and net assets/fund balances	640,968.	606,404.	
后	art			<del></del>	
뜨	art	Analysis of Changes in Net Assets of Fana Sa			
		net assets or fund balances at beginning of year - Part II, column (a), line 3	30	1 1	
		st agree with end-of-year figure reported on prior year's return)		11	640,968.
		r amount from Part I, line 27a		2	<34,564.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		. [4]	606,404.
		eases not included in line 2 (itemize)	l (%) 1 CO		606,404.
<u>6</u>	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numn (b), line 30	6	Form <b>990-PF</b> (2016)
					101111 000 11 (2010)

		AMILY FOUNDAT		Income				36-43	35005	Page 3
(a) List and desc	ribe the k	and(s) of property sold (e.g., or common stock, 200 shs.	real estate,	moonic	<b>(b)</b> H	ow acquire Purchase Donation	d (d	Date acquired (mo., day, yr.)	( <b>d</b> ) Dat (mo., da	
1a SCHWAB ST - SE	E ATT	TACHED			<u> </u>	P			<del> </del>	
	E ATT	TACHED				P			<del> </del>	
c CAPITAL GAINS	DIVII	DENDS								
d										
е	·								<u> </u>	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (los (e) plus (f) minus		
a 552.				25						294.
b 107,259.				112,75	0.				<5,4	191.>
c 2,161.									2	<u>,161.</u>
<u>d</u>	ļ									
<u>e</u>	L				_					
Complete only for assets shown	r	```					(I) G	iains (Col. (h) gai k), but not less th	n minus	
(i) F.M V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1)			l (1	osses (from col.	(h))	
a										294.
b										191.>
С									2 ,	,161.
d										
_e						<del> </del>		,		
2 Capital gain net income or (net ca	apıtal loss	$ \begin{cases}     If gain, also enter \\     If (loss), enter -0- \end{cases} $	ın Part I, lıne ın Part I, lıne	7 7	}	2		······································	<3,0	)36 <b>.</b> >
3 Net short-term capital gain or (lo	ss) as def	ined in sections 1222(5) and	(6)		$\langle \cdot  $					
If gain, also enter in Part I, line 8,		c)			$\downarrow$			,	_	
If (loss), enter -0- in Part I, line 8  Part V   Qualification U	ndor C	ection 4940(e) for F	20duood	Toy on Not I	7	3	lnoon	N/2	<u> </u>	
							iiicoii	<u> </u>		
(For optional use by domestic private	e roundati	ons subject to the section 45	940(a) tax on	net investment inc	come.)					
If section 4940(d)(2) applies, leave t	hıs part bi	ank.								
Was the foundation liable for the sec	tion 4942	tax on the distributable amo	unt of any ve	ear in the base peri	od?				Yes	X No
If "Yes," the foundation does not qua				•					100	
1 Enter the appropriate amount in					itries.					<del></del> -
(a)		(b)			(c)			Ducti	(d)	
Base period years Calendar year (or tax year beginni	ng in)	Adjusted qualifying distr	ibutions	Net value of no	ncharit	table-use a	ssets	(col. (b) d	ibution ratio livided by col.	(c))
2015		22	2,595.			629,6	83.		.03	35883
2014			7,690.			607,2				52069
2013			7,014.			569,2				55018
2012			5,893.			617,7				08287
2011		49	669.	<u> </u>		640,6	83.	,	.07	77525
2 Total of line 1, column (d)								2	. 34	18782
3 Average distribution ratio for the	5-year ba	se period - divide the total or	n line 2 by 5.	or by the number	of year	rs				
the foundation has been in existe	-			•	-			3	.06	<u> 59756</u>
4 Enter the net value of noncharital	ole-use as	sets for 2016 from Part X, III	ne 5					4	612	<u>,969.</u>
5 Multiply line 4 by line 3								5	42	758.
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6		154.
7 Add lines 5 and 6								7	42	,912.
	- <b>5</b>	A = 4								
8 Enter qualifying distributions from		•						8	5/	<u>,964.</u>
If line 8 is equal to or greater tha	n line 7, c	heck the box in Part VI, line	1b, and comp	plete that part using	g a 1%	tax rate.				

	rt VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	3 - 4333 3 - see in	struc	tions	age 4
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	1			<del>'</del>
1a		İ			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here   X and enter 1%	1		1 -	54.
D		<del>`</del>			<u></u>
	of Part I, line 27b  All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1			
		2			0.
		3		1 5	54.
_		4	0.		
		5		1 5	54.
	Credits/Payments:	<u> </u>			
	2016 estimated tax payments and 2015 overpayment credited to 2016  6a 381.	1			
	Exempt foreign organizations - tax withheld at source				ĺ
	Tax paid with application for extension of time to file (Form 8868)  6c				1
	Backup withholding erroneously withheld  6d	İ			}
		7		38	31.
		8			
		9			
		10		22	27.
	· ' '	11			0.
	rt VII-A   Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?	i	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or		ł	1
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1	
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .		. 1	Ī	1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			ł	
2	managers.  \$\bigs\\$  \qua		2		
_	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, or		1	ĺ	j
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	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		j		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	<i>N</i>			
	remain in the governing instrument?		6		<u>X</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
				' <b> </b>	ł
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				1
	IL  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				1
0			8b	Х	
9	of each state as required by General Instruction G? If "No," attach explanation  Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ar i	- "		
3	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10			10		X
<u>,,,</u>	and the second s	For	m <b>99</b> 0	)-PF	

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Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	Ī		
	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?	- 1		
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► N/A		455	
14	The books are in care of ► FGMK ATTN: BARRY R. GOLDBERG Telephone no. ► 847-			
		<u>60015</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	NT.	· / ¬ ►	٠
40	and enter the amount of tax-exempt interest received or accrued during the year  15		/A Yes	No
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	T 16	163	X
	securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for EurCEN Form 114. If "You " onter the name of the	16		<del>^</del>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year did the foundation (either directly or indirectly).	<u> </u>	1.00	<del>````</del>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	, )		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	` }	<b>'</b>	Ì
	a disqualified person?			}
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	0		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0	} .	
	(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)? $oxed{\Box}$ Yes $oxed{X}$ N	0		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	o		] }
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>	<b> </b>	لـــــا
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		-	
	Organizations relying on a current notice regarding disaster assistance check here	<b>-</b>		<b> </b>
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		├	X
0	before the first day of the tax year beginning in 2016?  Taxes on failure to distribute program (costs on 4042) (does not apply for years the foundation was a private costs to distribute program (costs on 4042) (does not apply for years the foundation was a private costs to distribute program (costs on 4042) (does not apply for years the foundation was a private cost of the foun	1c	├	┝╧┐
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	l		
	before 2016? Yes X N	.		
		Ĭ		]
ь	If "Yes," list the years \( \bigsim_ \),,,,	Ì	ì	]
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		) }
	statement - see instructions.)	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.			
	<b>&gt;</b>	- 1	,	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	- 1	ļ	
	during the year?	0		ll
b	of "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	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	1		
	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,	<u> </u>	ļ	لــــا
	Form 4720, to determine if the foundation had excess business holdings in 2016.)	3b	<b> </b>	<u> </u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>	<del> </del>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>	<u> </u>	<del>                                     </del>
_	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X
		Form <b>99</b>	ひ-ピト	(2016)

orm 990-PF (2016) HAQUE FAMILY FOUNDATION			<u>36-43350</u>	05_	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired <sub>(contini</sub>	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	1 4945(e))?	Ye	s X No	j	] [
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,	ļ		
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	s X No	1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	s X No	[	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe	or	I		
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53 4945	-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		T Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal 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 s	helter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly			
1 List all officers, directors, trustees, foundation managers and their of	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) accc all	Expense ount, other owances
DR. AZRA HAQUE	DIRECTOR		<u>.                                    </u>		
10 VICTORIA CT.	]				
OAK BROOK, IL 60523	1.00	0.	0.		0.
ALIYA HAQUE	DIRECTOR		<u></u>		
10 VICTORIA CT.	]				
OAK BROOK, IL 60523	1.00	0.	0.		0.
	DIRECTOR				
10 VICTORIA CT.					
OAK BROOK, IL 60523	1.00	0.	0.		0.
DR. MOHAMMAD IMAD HAQUE	DIRECTOR				
10 VICTORIA CT.	]				
OAK BROOK, IL 60523	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(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	(e) accc all	Expense ount, other owances
NONE	,				
	1				
		<u></u>		_	_
	<u></u>			<u></u>	
	1				
	]				
Total number of other employees paid over \$50,000	<u> </u>				0

Form **990-PF** (2016)

P	art.X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	597,612.
b	Average of monthly cash balances	1b	24,692.
С	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	622,304.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<del></del>
	1c (attach detailed explanation) 1e 0.	]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	622,304.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,335.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	612,969.
6	Minimum investment return Enter 5% of line 5	6	30,648.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here	d certain	
1	Minimum investment return from Part X, line 6	1	30,648.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	154.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	30,494.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	30,494.
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	30,494.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		55.064
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	_1a	57,964. 0.
þ	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	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:	LI	
а	Suitability test (prior IRS approval required)	3a	
Þ	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	57,964.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<b>.</b>
	income. Enter 1% of Part I, line 27b	5	154.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	57,810.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies foi	the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2016)

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016
1 Distributable amount for 2016 from Part XI,	Обіраз	rours prior to 2010	2010	
line 7				30,494.
2 Undistributed income, if any, as of the end of 2016	ļ			
a Enter amount for 2015 only	<del>-</del>		0.	
<b>b</b> Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2016				<u> </u>
1 40 00 -				
a From 2011 18,097. b From 2012 36,422.				
c From 2013 8,894.				
d From 2014 8,010.				
e From 2015				
f Total of lines 3a through e	71,423.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 57,964.				
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	···			
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				30,494.
e Remaining amount distributed out of corpus	27,470.			
Excess distributions carryover applied to 2016     (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	98,893.			
b Prior years' undistributed income. Subtract	3070300			
line 4b from line 2b		0.		
c Enter the amount of prior years'			1	
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed	1	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				-
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must	Ì			_
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	<del></del>	<del> </del>	<del></del>
8 Excess distributions carryover from 2011	10 007			
not applied on line 5 or line 7	18,097.	<del>-</del>		
9 Excess distributions carryover to 2017	80,796.			
Subtract lines 7 and 8 from line 6a	00,730.			
10 Analysis of line 9: a Excess from 2012 36, 422.				
b Excess from 2013 8,894.				
c Excess from 2014 8, 010.				
d Excess from 2015				
e Excess from 2016 27, 470.				

Form 990-PF (2016) <b>HAQUE F</b>	36-4335005 Page 10				
Part XIV Private Operating F	N/A				
1 a If the foundation has received a ruling o	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of	the ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the found	lation is a private operati	ng foundation described	in section	4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed	j	{		}	
<b>b</b> 85% of line 2a			T		
c Qualifying distributions from Part XII,					
line 4 for each year listed		1			
d Amounts included in line 2c not					
used directly for active conduct of	İ		1		
exempt activities	1	1			
e Qualifying distributions made directly		†	<del>†</del>	<del> </del>	<del></del>
for active conduct of exempt activities.			ľ		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		<del>                                     </del>		<del>     </del>	<del></del>
alternative test relied upon:	1	}	1		
a "Assets" alternative test - enter:	l.				
(1) Value of all assets	<del> </del>	<del> </del>	<del> </del>	+	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			ľ		
b "Endowment" alternative test - enter	<del> </del>	<del> </del>	<del> </del>	+	
2/3 of minimum investment return	}				
shown in Part X, line 6 for each year	,				
listed		<del> </del>	<del> </del>	+	<del></del>
c "Support" alternative test - enter:					
<ol> <li>Total support other than gross investment income (interest,</li> </ol>		]	1		
dividends, rents, payments on		1	1		
securities loans (section		}			
512(a)(5)), or royalties)	<del></del>	<del> </del>	+	<del> </del>	
(2) Support from general public and 5 or more exempt					
organizations as provided in			Ì		
section 4942(j)(3)(B)(iii)	}	<del> </del>	<del>                                     </del>	<del> </del>	
(3) Largest amount of support from	<b>!</b>	+	1		
an exempt organization	<b> </b>	<del> </del>	<del></del>	<del> </del>	
(4) Gross investment income		4:41:		1	
Part XV Supplementary Info			it the foundation	nad \$5,000 or more	e in assets
<del></del>		detions.)	<del></del>		
1 Information Regarding Foundation	<del>-</del>				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	foundation before the close	of any tax
, , , ,	iore mair \$5,000). (See	Section 307 (d)(2).)			
DR. AZRA HAQUE			/		
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equany large porti-	on the ownership of a par	mership or
NONE	o . o . groutor intorc				
	an Creat Citt Lean	Sahalayahin ata D		<del></del>	<del></del>
2 Information Regarding Contribution Check here ► X if the foundation of				not appeal uppolicated regue	ata for funda If
the foundation makes gifts, grants, etc.					
<del></del>	<del>`                                    </del>	<del></del>			<u></u>
a The name, address, and telephone num	Jei Oi e-iliali audiess di	the person to whom appr	ications snould be addres	sseu.	
<b>b</b> The form in which applications should t	e submitted and informa	ation and materials they s	hould include:		
c Any submission deadlines;					
A Any rootrotions or limitations as a const	o ough so by access to	nol orono, obsertable feeta-	kinds of contitutions -	other feeters	
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitable fields	, kinus oi insututions, or	omer factors:	

Total	SEE CON	TINUATION	SHEET(S)	 ▶ 3a	57,919.
<b>b</b> Approved for future payment					
NONE					
Total		I		 <b>▶</b> 3b	0.

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclud	led by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
_	code	<del></del>	1 000		
a	<del> </del>		+-+		
b	<del> </del>		++	<del>-</del>	
<u> </u>	1		+	<del></del>	
d	<del> </del>		+		
e	<del></del>		+	<del>+</del>	
g Fees and contracts from government agencies	<del></del>		+ - +		
2 Membership dues and assessments	<del></del>		+ - +		
3 Interest on savings and temporary cash			+	·	
investments	1		14	12 748	
Dividends and interest from securities	<b> </b>	<del></del>	14	12,748.	<del></del>
5 Net rental income or (loss) from real estate:	<del> </del>	<del></del>	╅╧┪	7,2200	
	<del> </del>	<del></del>	++	<del></del>	
Debt-financed property     Not debt-financed property			╁╼╼╌╁	<del></del>	<del></del> _
· · ·			<del>}                                    </del>		
6 Net rental income or (loss) from personal	1		1 1		
property  7. Other repositment recome	<del></del>		<del>{ −                                   </del>		
7 Other investment income	<b>-</b>		<del>} -                                   </del>		
8 Gain or (loss) from sales of assets other	1 1		18	<3,036.>	
than inventory	<del></del>		1 19		
9 Net income or (loss) from special events     Gross profit or (loss) from sales of inventory	<del></del>		╂╌┈╂		<del></del>
• • • •	<del></del>		+	<del></del>	
11 Other revenue:	] ]		1 1		
a			+ +		
b			<del>                                     </del>		
·	<b></b>		╂╌╌┼		
d	├ <del>-</del>		+-+	<del></del>	<del></del>
e		0.	+ +	16,932.	0.
12 Subtotal. Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)				13	10,932.
(See worksheet in line 13 instructions to verify calculations.)					<del></del>
Part XVI-B Relationship of Activities to	the Acco	mplishment of Ex	empt l	Purposes	
Line No. Explain below how each activity for which incor	ne is reported i	n column (e) of Part XVI-A	contribi	uted importantly to the accomp	lishment of
the foundation's exempt purposes (other than t				, , , , , , , , , , , , , , , , , , , ,	
		<del></del>			
		<del> </del>		<del></del>	<del></del>
		<del></del>		<del></del>	
				<del></del>	- <del></del>

### Form 990-PF (2016) HAQUE FAMILY FOUNDATION 36-4335005 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								·		Yes	
1	Did the or	the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of									
	the Code $$	(other than section 501(c)(3) or	ganizations) or i	n section 527	7, relating to politica	al organiza	ations?				ľ
a	Transfers	from the reporting foundation to	o a noncharitable	e exempt org	anızatıon of:						
	(1) Cash								1a(1)		_X
	(2) Other	rassets							1a(2)		<u>X</u>
b	Other tran	nsactions.							<u> </u>		
		s of assets to a noncharitable exe	-						1b(1)		X
		hases of assets from a nonchard		anızatıon					1b(2)		<u>X</u>
	• •	al of facilities, equipment, or oth	er assets						1b(3)		X
		bursement arrangements							1b(4)		X
		s or loan guarantees							1b(5)		<u>X</u>
	• •	ormance of services or members	•	-					1b(6)		<u>X</u>
		of facilities, equipment, mailing li				مساط ماسم	wa about the four w	nortest value of the o			
a		wer to any of the above is "Yes," es given by the reporting foundat								eis,	
		s given by the reporting roundar d) the value of the goods, other a			u 1655 illali lali illal	Ket value i	iir ariy transaction	or sharing arrangen	ient, snow iii		
a ) ı	ine no	(b) Amount involved			exempt organization		(d) Description	of transfers, transaction	ns and sharing arra	ngemen	ts
-,-		(C) Tanada Tanada	(0)	N/A	onempt or gamzatio		(4) 2000				
	-		<del></del>							-	
		<del></del>		<u> </u>							
			<del></del>								
		-		· -							
			<del></del>	<del></del>						-	
						_					
								<del>-</del>			
							ļ				
							ļ				
					_ <del>_</del>						
							L				
2a		ndation directly or indirectly affil				t organiza	tions described			_ <del></del>	٦
		501(c) of the Code (other than	section 501(c)(3	3)) or in secti	on 5277				Yes	X	No
D	IT Yes, C	omplete the following schedule. (a) Name of organizat	tion		(b) Type of organ	ızatıon		(c) Description of re	lationship		
		N/A			(b) Type or Organ	izalion		(c) Description of te	iationship		
_		N/A				<del></del>	<del></del>	<del></del>	<del></del>		
_											
_						-					
_		<del> </del>					<del></del>				
		penalties of perjury, I declare that I ha							May the IRS o	iscuss ti	nie "
	gn   👢	elief, it is true, correct, and complete [		arer (other than	taxpayer) is based on a	ill information	n of which preparer ha	as any knowledge	return with the shown below	prepare	r
He	re	alstagn	e _		5.10	-17	PRESI	ENT	X Yes	(300 1130	No
	Sigi	nature of officer or trustee			Date		Title				
		Print/Type preparer's name		Preparer's si	gnature	[	Date	Check ıf	PTIN		
_			j			1	j	self- employed			
Pa –		BARRY R. GOLD		BARRY	R. GOLDBE	RG 0	5/09/17		P00491		
	eparer	Firm's name ► FGMK,	LLC					Firm's EIN > 3	6-29296	01	
US	e Only							ļ			
		Firm's address ► 2801				LOOR				40-	
		BANNO	CKBURN,	IL 60	0012			Phone no. 84	7-374-0		
									Form 990	ノーピト	(2016)

HAQUE FAMILY FOUNDATION

Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye			<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u> </u>
CHICAGO CENTER FOR THE HOMELESS	NONE	PUBLIC CHARITY	UNRESTRICTED	50.
				<del> </del>
CHICAGO PUBLIC MEDIA	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<del> </del>			120.
COMMON CAUSE	NONE	PUBLIC CHARITY	UNRESTRICTED	100.
COMPASSION & CHOICES	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<del> </del>			50.
COUNCIL OF INDIAN NATIONS	NONE	PUBLIC CHARITY	UNRESTRICTED	
				50.
DUPAGE SPONSORS	NONE	PUBLIC CHARITY	UNRESTRICTED	100.
ELMHURST ROTARY CHARITABLE TRUST FUND	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<del>                                     </del>	<del>                                     </del>	\ 	2,140.
PARTIDONAPHWAI DESENCE EIND	NONE	PUBLIC CHARITY	THIRE COMP I COMP D	
ENVIRONMENTAL DEFENSE FUND	NONE	PUBLIC CHARITY	UNKESTRICTED	50.
FEED THE CHILDREN	NONE	PUBLIC CHARITY	UNRESTRICTED	50
	<del> </del>			50.
FINCA	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<u> </u>		<u> </u>	50.
Total from continuation sheets				57,361.

Part XV Supplementary Information				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<del> </del>
FOOD FOR THE POOR	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<del> </del>			50
FREE SPEECH TV	NONE	PUBLIC CHARITY	UNRESTRICTED	}
	ļ			150
		;		
FRIENDS OF OAKBROOK LIBRARY	NONE	PUBLIC CHARITY	UNRESTRICTED	
	NONE	- CHARTII	ONNEGRATION	100.
GREENPEACE USA	NONE	PUBLIC CHARITY	(INID ECAD I CAED	
GREENPEACE USA	NONE	FUBLIC CHARITI	UNRESTRICTED	50.
		is the state of th	,	
HABITAT FOR HUMANITY	NONE	PUBLIC CHARITY	UNRESTRICTED	100
HCHS FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED	1,460
HELP THE WORLD	NONE	PUBLIC CHARITY	UNRESTRICTED	101.
HUMAN RIGHTS WATCH	NONE	PUBLIC CHARITY	UNRESTRICTED	100
INDIAN MUSLIM EDUCATION FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED	500
INTERNATIONAL RESCUE	NONE	PUBLIC CHARITY	UNRESTRICTED	100
Total from continuation sheets	<del></del>	·	<del></del>	<del>                                     </del>

HAQUE FAMILY FOUNDATION

| Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		<del> </del>
IQRA FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED	
				100.
ISLAMIC FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<del> </del>		<u> </u>	12,710.
JDRF INTERNATIONAL	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<u> </u>			100.
LEUKEMIA LYMPHOMA SOCIETY	NONE	PUBLIC CHARITY	UNRESTRICTED	
			ļ	100.
MECCA CENTER	NONE	PUBLIC CHARITY	UNRESTRICTED	
				5,
MERCY CORPS	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<del></del>			50.
MERCY HOME FOR BOYS	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<del></del>	<u> </u>		25,
	,		1	
NATION BUILDERS	NONE	PUBLIC CHARITY	UNRESTRICTED	
	<del></del>	<u> </u>		100.
NATIONAL AUDUBON SOCIETY	NONE	PUBLIC CHARITY	UNRESTRICTED	
		+		50.
NATIONAL PARK FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED	
Total from continuation sheets		<u> </u>		50.
II am Aammaanan anaan				<del></del>

Part XV   Supplementary Information 3 Grants and Contributions Paid During the Y		<del></del>	<del></del>	<del></del>
3 Grants and Contributions Paid During the Y Recipient	If recipient is an individual	<del></del>		ļ
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
maile and address (notice of business)	or substantial contributor	recipient		
NORTHERN ILLINOIS FOOD BANK	NONE	PUBLIC CHARITY	UNRESTRICTED	100
NORTHWEST COMMUNITY HOSPITAL	NONE	PUBLIC CHARITY	UNRESTRICTED	15,000.
PLANNED PARENTHOOD	NONE	PUBLIC CHARITY	UNRESTRICTED	100
PUBLIC CITIZENS	NONE	PUBLIC CHARITY	UNRESTRICTED	100.
SHAMSBAD WELFARE SOCIETY	NONE	PUBLIC CHARITY	UNRESTRICTED	20,000
SOUND VISION FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED	200
SPECIAL OLYMPICS	NONE	PUBLIC CHARITY	UNRESTRICTED	50.
ST. LABRE INDIAN SCHOOL	NONE	PUBLIC CHARITY	UNRESTRICTED	100
SVDP USA NATIONAL COUNCIL	NONE	PUBLIC CHARITY	UNRESTRICTED	100
TECHNOSERVE	NONE	PUBLIC CHARITY	UNRESTRICTED	

Part XV Supplementary Information				<del></del>
3 Grants and Contributions Paid During the Y	ear (Continuation)			<del> </del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
USA FOR UNHCR	NONE	PUBLIC CHARITY	UNRESTRICTED	100
JU SVCE COMMITTEE	NONE	PUBLIC CHARITY	UNRESTRICTED	100
VETERAN OF FOREIGN WARS	NONE	PUBLIC CHARITY	UNRESTRICTED	50
ZAYTUNA COLLEGE	NONE	PUBLIC CHARITY	UNRESTRICTED	2,500.
Total from continuation sheets		<u> </u>		<u> </u>

### 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/torm990 .

OMB No 1545-0047

2016

Name of the organization

Employer identification number

HAQUE	FAMILY FOUNDATION	36-4335005
Organization type (check one)		
Filers of: Secti	ion:	
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 X	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ed by the <b>General Rule</b> or a <b>Special Rule</b> . or (10) organization can check boxes for both the General Rule and a Special Rule	See instructions
General Rule		
	Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling to the property of the prop	·
Special Rules		
sections 509(a)(1) and 170	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support te 0(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, on the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount Complete Parts I and II	r 16b, and that received from
year, total contributions o	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate to children or animals Complete Parts I, II, and III	•
year, contributions exclus is checked, enter here the purpose Don't complete	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an sively for religious, charitable, etc., purposes, but no such contributions totaled mose total contributions that were received during the year for an exclusively religious, any of the parts unless the <b>General Rule</b> applies to this organization because it recontributions totaling \$5,000 or more during the year	re than \$1,000 If this box , charitable, etc ,
but it must answer "No" on Part IV	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (For /, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its For g 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) (2016)

Name of or	ganization	)	Employer identification number
HAQUE	FAMILY FOUNDATION		36-4335005
Part I	Contributors (See instructions) Use duplicate copies of Part I if an	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1	DR. AZRA HAQUE  10 VICTORIA COURT	\$ 10,00	Person X Payroll Noncash (Complete Part II for
	OAK BROOK, IL 60523		noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
			Person Payroll

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(c)

**Total contributions** 

(c)

**Total contributions** 

Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions)

Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

(d)

Type of contribution

(d)

Type of contribution

(a)

No.

(a)

No.

Name of organization

Employer identification number

### HAQUE FAMILY FOUNDATION

36-4335005

(a) No. rom art I (a) No. rom art I (a) No. rom art I (a) No. rom	(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)  \$ (c) FMV (or estimate) (See instructions)  \$	(d) Date received  (d) Date received
No. rom art I  ———————————————————————————————————	Description of noncash property given	(c) FMV (or estimate) (See instructions)	
(a) No.	Description of noncash property given	FMV (or estimate) (See instructions)	
lo. om	/h)	\$	
lo. om	/h\	<del></del>	
art 1	Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-   - -			

Schedule B (Form 990, 990-EZ; or 990-PF) (2016) Page 4 Name of organization Employer identification number HAQUE FAMILY FOUNDATION 36-4335005 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERE	EST ON SAVI	NGS AND TEM	PORARY (	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE) PER BO	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB CHARLES SCHWAB - AC	CRIIED	1	5,758.		15,758.	<del></del>
INTEREST PAID CHARLES SCHWAB - TA		<:	3,952.> 942.		<3,952.> 0.	
TOTAL TO PART I, L	INE 3	1	2,748.		11,806.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REV	(A) VENUE BOOKS	(B) NET INVES MENT INCO	
CHARLES SCHWAB	9,381	. 2,16	1.	7,220.	7,16	1.
TO PART I, LINE 4	9,381	2,16	1.	7,220.	7,16	1.
FORM 990-PF		OTHER E	XPENSES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	JEST-	(C) ADJUSTED NET INCOM	
FILING FEES INVESTMENT FEES		45. 3,532.		0. 3,532.		45.
TO FORM 990-PF, PG	1, LN 23	3,577.		3,532.		45.
FORM 990-PF		CORPORAT	E BONDS	<del></del>		STATEMENT 4
FORM 990-PF DESCRIPTION		CORPORAT	E BONDS	ВОО	K VALUE	STATEMENT 4 FAIR MARKET VALUE
	ORP BONDS	CORPORAT	E BONDS	ВОО	K VALUE 238,070.	FAIR MARKET

FORM 990-PF C	OTHER INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB - MUTUAL FUNDS	COST	330,704.	353,825.
TOTAL TO FORM 990-PF, PART II, I	LINE 13	330,704.	353,825.





### Schwab One® Account of HAQUE FAMILY FOUNDATION

Account Number 9957-6131

Report Period January 1 - December 31, 2016

# 2016 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss)				A procedurate de la companya de la c	Accounting Method: First In First Out [FIFO]	rst In First Out [FIFO]
Short-Term	Quantity/Par	Acquired/ Opened	Sold/ Closed	Total Proceeds	Cost Basis	Realized Gain or (Loss)
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	5.0000	04/25/15	02/19/16	\$42.42	\$53.51	(\$11.09)
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	44.0000	07/10/15	02/19/16	\$373.33	\$52.44	\$320.89
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	5.0000	07/25/15	02/19/16	\$42.42	\$51.61	(\$9.19)
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	5.0000	10/25/15	02/19/16	\$42.42	\$48.75	(\$6.33)
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	6.0000	01/25/16	02/19/16	\$50.94	\$51.48	(\$0.54)
Security Subtotal				\$551.53	\$257.79	\$293.74
Total Short-Term				\$551.53	\$257.79	\$293.74
		Acquired/	Sold/	i	Cost Basis	Realized Gain or (Loss)

Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this report.

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Schwab One® Account of HAQUE FAMILY FOUNDATION

Account Number 9957-6131

Report Period January 1 - December 31, 2016

# 2016 Year-End Schwab Gain/Loss Report

Realized Gain or (Loss) (continued)					Accounting Method: First In First Out [FIFO]	t In First Out [FIFO]
Long-Term	Quantity/Par	Opened	Closed	Total Proceeds	Adjusted	Adjusted
ABBEY NATL TREASUR 4%XXX**MATURED** ABBEY NATL T: 002799AJ3	25,000.0000	09/05/12 04/27/16	04/27/16	\$25,000.00	\$26,068.25	(\$1,068.25)
					\$25,000.00	\$0.00b
Security Subtotal				\$25,000.00	\$26,068.25	(\$1,068.25)
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	1,346.0000	02/21/14 02/19/16	02/19/16	\$11,420.54	\$13,010.63	(\$1,590.09)
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	1.0000	04/25/14	02/19/16	\$8.48	\$9.78	(\$1.30)
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	5.0000	07/25/14	02/19/16	\$42.42	\$50.86	(\$8.44)
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	5.0000	10/25/14	02/19/16	\$42.42	\$49.44	(\$7.02)
ADVISORS DISCIPLINED XXX**MATURED** FOLIO SER 20: 00771T335	5.0000	01/25/15 02/19/16	02/19/16	\$42.42	\$51.42	(\$9.00)
Security Subtotal				\$11,556.28	\$13,172.13	(\$1,615.85)
BANK OF AMERICA C 7.8%16 DUE 09/15/16: 638585AU3	25,000.0000	09/24/12	09/15/16	\$25,000.00	\$29,497.75	(\$4,497.75)
				اسا	\$25,000.00	\$0.00₽
Security Subtotal				\$25,000.00	\$29,497.75	(\$4,497.75)