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### **Return of Private Foundation**

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

OMB No 1545-0052

Open to Public Inspection

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.

For calendar year 2016 or tax year beginning 12/09/16, and ending 12/31/16A Employer identification number Name of foundation 81-4662041 RUMMANA AND SHAFIQ FOUNDATION INC Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite 718-757-5869 1 HANSON PLACE APT 24D City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here BROOKLYN NY 11243 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Amended return Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization | X | Section 501(c)(3) exempt private foundation if private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation **X** Cash I Fair market value of all assets at J Accounting method If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 0 line 16) ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment for charitable (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal purposes ıncome the amounts in column (a) (see instructions) ) books (cash basis only) x % # " . . 330,000 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ If the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 71 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ×. ž », i 7 Capital gain net income (from Part IV, line 2) \$ £ 8 Net short-term capital gain źź 9 Income modifications \$ 3 10a Gross sales less returns and allowances #: 2 Less Cost of goods sold Gross profit or (loss) (attach schedule) C **#**": 11 Other income (attach schedule) 330,000 0 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses Other employee salaries and wages 14 Pension plans, employee-benefits 15 Legal fees (attach schedule) 16a Accounting fees (atta & Escheduse) 2017 b Other professional fees (attach schedule) OGDEN. UT 17 Interest Taxes (attach schedule) (see instructions) 18 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) 24 Total operating and administrative expenses. 0 Add lines 13 through 23 0 25 Contributions, gifts, grants paid 0 0 0 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 330,000 а Excess of revenue over expenses and disbursements 0 Net investment income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Form 990-PF (2016)

SCANNED SEP

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	Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income				
		ribe the kind(s) of property sold (e.g., real estate, irehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P Purchase D Donation	(c) Date ac		(d) Date sold (mo , day, yr )
18	a N/A						
t	b						
	<u> </u>		·				
	d	<del></del>					
	<del></del>		<del></del>	L			<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	ł ·-·	r other basis ense of sale			or (loss) ) minus (g)
_	a		<del></del>				
	b c						
	d	<del></del>					
	9						
	Complete only for assets showing	gain in column (h) and owned by the for	undation on 12/31/69	9	m ·	Gains (Col	(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any		(k), but not	less than -0-) or om col (h))
a	a						
_ t	b	<del></del>					
	<u> </u>						
	d				<u> </u>		
e	•		<u></u>				
2	Capital gain net income or (net ca	If gain, also enter in If (loss), enter -0- in	Part I, line 7		,		
3	Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)	_		2		
J	, ,	column (c) (see instructions) If (loss), er					
	Part I, line 8	30.01.11 (a) (600 mendenene) ii (1600), 61			3		
F		nder Section 4940(e) for Reduc	ed Tax on Net	Investment Inco	me		
(Fc	or optional use by domestic private	foundations subject to the section 4940(	a) tax on net investr	nent income )			
lf s	section 4940(d)(2) applies, leave thi	is part blank					N/A
		·	_				
		ion 4942 tax on the distributable amount		ase period?			Yes No
		fy under section 4940(e) Do not comple	<del></del>	<del> </del>			
	Enter the appropriate amount in e	each column for each year, see the instru	ctions before making	g any entries	<del></del>		(d)
	Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value	(c) e of noncharitable-use asset	s		ribution ratio divided by col. (c))
	2015						
	2014						
	2013						
	2012						
	2011			<del> </del>			
						ĺ	
	Total of line 1, column (d)				2		
3	-	s-year base period – divide the total on lii	ne 2 by 5, or by the				
	number of years the foundation ha	as been in existence if less than 5 years			3	<del> </del>	
		to use seeds for 2040 forms Book V. Lore	-			1	
4	Enter the net value of noncharitab	ple-use assets for 2016 from Part X, line	5		4	<del> </del>	
5	Multiply line 4 by line 3				5	[	
,	watapiy inte 4 by inte 3				ا ا	<del>                                     </del>	<del></del>
_	Enter 1% of net investment incom				I	İ	
O		e (1% of Part I, line 27b)			6	<u> </u>	
		e (1% of Part I, line 27b)			6		
	Add lines 5 and 6	e (1% of Part I, line 27b)			7		
7	Add lines 5 and 6				7		
7	Add lines 5 and 6  Enter qualifying distributions from	Part XII, line 4	and complete that p	art using a 1% tax rate	7		
7	Add lines 5 and 6  Enter qualifying distributions from		and complete that pa	art using a 1% tax rate	7		

Form 990-PF (2016) RUMMANA AND SHAFIQ FOUNDATION INC 81-4662041

	990-PF (2016) RUMMANA AND SHAFTQ FOUNDATION INC 81-4662U41		<u></u>	<del>· ·</del>	Pa	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1						
Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	_1_				
	here, and enter 1% of Part I, line 27b	, 74	, , , , , , , , , , , , , , , , , , ,	,		
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	~-	-mm-	~~ ~~		
_	Part I, line 12, col (b)					^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	<b></b>			0
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4_				_ <u>0</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		<b>)</b> ;	<u>**</u> *	-
6	Credits/Payments	k j.	*			
а	2016 estimated tax payments and 2015 overpayment credited to 2016	D K	\$	4.	* }	
ь	Exempt foreign organizations – tax withheld at source 6b	4,	*	\$	li-	É
С	у при		, 1	3		\$
d	Backup withholding erroneously withheld 6d 6	Á	, ,	* 3	da.	*
7	Total credits and payments Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_8_	ļ			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	l			
<u> Pa</u>	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		<u> </u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			1b		77
	Instructions for the definition)?				38-5	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1		
	published or distributed by the foundation in connection with the activities				)	Na. :
С	Did the foundation file Form 1120-POL for this year?			1c	<del></del>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			8. 5	. N	~ % z
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_				1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				,'' \$ 	iš &
_	on foundation managers > \$			*	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· •
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			_2		X
_	If "Yes," attach a detailed description of the activities			· *		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				, ,	X
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		N/A	4a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		M/W	4b	-	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	<u> </u>
_	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			1		4
	By language in the governing instrument, or  By state legislation that offertually expende the governing instrument as that as manufacture directions that			A.		, j
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				x	, }
_	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part >	(V		7		*
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					**
_	NY			2	72 e	1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			] * ]	X	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	^	_ <del></del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				3.	, · · · · · ·
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			ا ٍ ا	, !	v
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			ا مر ا	. [	v
	names and addresses			10	0-PF	X (2016)
			-	orm <b>373</b>	/U-F F	(2010)

disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

foundation had excess business holdings in 2016)

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X

X

3b

4a

N/A

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Pa	art VII-B Statements Regarding A	Activities for Which Form	4720 May Be R	Required (cont	inued)		
5a	During the year did the foundation pay or incur	any amount to			_	1	]
	(1) Carry on propaganda, or otherwise attemp	t to influence legislation (section 4	1945(e))?	\	res 🗓 No	- 1	l
	(2) Influence the outcome of any specific publ	ic election (see section 4955), or t	to carry on,			l	- {
	directly or indirectly, any voter registration	drive?		\	res 🗓 No		- (
	(3) Provide a grant to an individual for travel,	study, or other similar purposes?			res X No	ļ	
	(4) Provide a grant to an organization other th	an a charitable, etc , organization	described in			Í	<b>\</b> '
	section 4945(d)(4)(A)? (see instructions)				res 🗓 No	1	• }
	(5) Provide for any purpose other than religiou	us, charitable, scientific, literary, or	r educational			1	,
	purposes, or for the prevention of cruelty to	o children or animals?		\ \	res 🏻 No		. ,
b	If any answer is "Yes" to 5a(1)-(5), did any of the	the transactions fail to qualify unde	er the exceptions de	scribed in		.	
	Regulations section 53 4945 or in a current no	tice regarding disaster assistance	(see instructions)?		N/A	5b	
	Organizations relying on a current notice regar	ding disaster assistance check he	ere		▶ 🔲	ľ	[ * .
С	If the answer is "Yes" to question 5a(4), does t	he foundation claim exemption fro	m the tax			. [	
	because it maintained expenditure responsibili	ty for the grant?		N/A	res No		
	If "Yes," attach the statement required by Regu	ulations section 53 4945–5(d)				_ s]	
6a	Did the foundation, during the year, receive an	y funds, directly or indirectly, to pa	y premiums		-	· 4	
	on a personal benefit contract?				res 🗓 No	* .	
þ	Did the foundation, during the year, pay premit	ums, directly or indirectly, on a per	sonal benefit contra	ict?		6b	X
	If "Yes" to 6b, file Form 8870					. >	, 1
7a	At any time during the tax year, was the foundation	ation a party to a prohibited tax sh	elter transaction?		res X No	3 ;	4
b	If "Yes," did the foundation receive any procee	ds or have any net income attribut	table to the transacti	ion?	N/A	7b	
»,P,a	art VIII Information About Office	rs, Directors, Trustees, Fo	oundation Man	agers, Highly	Paid Employ	ees,	
	and Contractors						
1 L	ist all officers, directors, trustees, foundation	on managers and their compens	sation (see instruc	tions).			
			(b) Title, and average	(c) Compensation	(a) Contributions to		
	(a) Name and address		hours per week	(If not paid,	employee benefit plans and deferred		ense account, allowances
		·	devoted to position	enter -0-)	compensation		
SH	AFIQUR RAHMAN	BROOKLYN	DIRECTOR				
1	HANSON PLACE APT 24D	NY 11243-0000	0.50	0	o	_	0
RU	MMANA RAHMAN	BROOKLYN	DIRECTOR				
1,	HANSON PLACE	NY 11243-0000	0.25	o	o	1	0
SU	FANA HUQ	LAWTON	DIRECTOR				
50	5_N PINE STREET	IA 51030-0000	0.25	o	o	1	0
						[	
2	Compensation of five highest-paid employe "NONE."	ees (other than those included	on line 1 – see ins	tructions). If non	e, enter		
			(b) Title, and average		(d) Contributions to	·	
	(a) Name and address of each employee paid mo	re than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense account, allowances
			devoted to position		compensation	Other	anowances
NO	NE						
			1				
		<del> </del>					
			i				
			1				
			<del>                                     </del>		<del></del>		
					•	1	
	<del></del>		<del> </del>				
			1				
Total	number of other employees paid over \$50,000		<del></del>	<del></del>	<b>•</b>		0

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Part VIII Information About Officers, Directors, Trustees, Found	lation Managers, Highly Paid E	mployees,
and Contractors (continued)  3 Five highest-paid independent contractors for professional services (see instru	uctions). If none, enter "NONE."	<del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE .		<del></del>
<del></del>		
<del></del>		<del></del>
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A		
2		
		<del> </del>
3		
		}
4		<del> </del>
<del></del>		L
Part IX-B. Summary of Program-Related Investments (see instru	ctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		1
2	<del></del>	<del> </del>
		<b>\</b>
All other program-related investments. See instructions		
3		}
		ļ
Total. Add lines 1 through 3	<b>&gt;</b>	1

For	n 990-PF (2016) RUMMANA AND SHAFIQ FOUNDATION INC 81-4662041		Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n fou	ndations,
	see instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	330,000
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	330,000
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	] ]	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	330,000
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	4,950
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	325,050
6	Minimum investment return. Enter 5% of line 5	6	1,021
. P	art.XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	dations
	and certain foreign organizations check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1_1_	1,021
2a	Tax on investment income for 2016 from Part VI, line 5	,	1
b	Income tax for 2016 (This does not include the tax from Part VI)	] ` * [	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,021
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,021
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,021
Ř	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<b>1</b> 3.	
а	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	0
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		<del></del>
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<del></del>
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	لينا	<del></del>
	qualifies for the section 4940(e) reduction of tax in those years		

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_	orm 990-PF (2016) RUMMANA AND SHAFIQ FOR Part XIII Undistributed Income (see instruction	ns)	81-4662	041	Page
1	Distributable amount for 2016 from Part XI, . line 7	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
2	Undistributed income, if any, as of the end of 2016		<del></del>	<u> </u>	1,02
	a Enter amount for 2015 only			-	
	b Total for prior years 20, 20, 20		<del></del>	<del> </del>	
3	Excess distributions carryover, if any, to 2016				<del> </del>
	a From 2011	ľ			
	b From 2012	7			
	c From 2013				
	d From 2014				
	e From 2015	* *		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
	f Total of lines 3a through e		»		
4	Qualifying distributions for 2016 from Part XII,	· 3.	, ,		
	line 4 ▶ \$				
	Applied to 2015, but not more than line 2a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , ,	^ ^	
	Applied to undistributed income of prior years	<b>N</b>			
	(Election required – see instructions)		2	, , , , , ,	
,	Treated as distributions out of corpus (Election		, , ,	, ,	
	required – see instructions)  Applied to 2016 distributable amount		* '	, , , , , , , , , , , , , , , , , , , ,	
	Privatio 2010 distributable amount	* * * * * * * * * * * * * * * * * * * *	* * *		
5	Remaining amount distributed out of corpus  Excess distributions carryover applied to 2016		· 1 1	, , , , ,,	*
•	(If an amount appears in column (d), the same		* * *		
	amount must be shown in column (a) )			* ; } #	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	Enter the net total of each column as				
	indicated below:				
а		*			
b	Prior years' undistributed income Subtract	* · · · · · · · · · · · · · · · · · · ·	<u></u>		<u> </u>
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed	* * * * * * *			1000
	income for which a notice of deficiency has		ļ		
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				1 1 1 1 1 1
	amount – see instructions		ļ		
е	Undistributed income for 2015 Subtract line	* * * * * *			<u> </u>
	4a from line 2a Taxable amount - see			k	<pre></pre>
	Instructions			<i>\$</i> 20	
f	Undistributed income for 2016 Subtract lines	3 7 7 7 7			<u></u>
	4d and 5 from line 1 This amount must be				
_	distributed in 2017				1 00-
7	Amounts treated as distributions out of corpus		^	* * * * * * * * * * * * * * * * * * * *	1,021
	to satisfy requirements imposed by section			, , ,	
	170(b)(1)(F) or 4942(g)(3) (Election may be	ĺ		, ,	
	required—see instructions)				*
8	Excess distributions carryover from 2011 not				3 9 3
	applied on line 5 or line 7 (see instructions)			`	* * *
	Excess distributions carryover to 2017.			,	
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2012	<i>(</i>			,
	Excess from 2013				
	Excess from 2014		ľ		
	Excess from 2015		j		
<u>e</u>	xcess from 2016				

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Pa	art XIV Private Operating Fo	undations (see_in	structions and Par	t VII-A, question 9	)-	
1a	If the foundation has received a ruling or	determination letter that	at it is a private operati	ng		
	foundation, and the ruling is effective for	2016, enter the date of	the ruling	<b>&gt;</b>	L	
b	Check box to indicate whether the found	ation is a private opera	ting foundation describ	ed in section 4	942(j)(3) or 4942	?(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for					
	each year listed			L		
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed		·	<u> </u>		
d	Amounts included in line 2c not used directly		•			
	for active conduct of exempt activities	 				
е	Qualifying distributions made directly	Į.				
	for active conduct of exempt activities	į				
	Subtract line 2d from line 2c	<u> </u>				
3	Complete 3a, b, or c for the	,		}		
	alternative test relied upon		1			
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)			<u> </u>		
þ	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in			i		
	section 4942(j)(3)(B)(iii)			<u> </u>	<b> </b>	
	(3) Largest amount of support from	ı			}	
	an exempt organization					
	(4) Gross investment income			<u> </u>	<u> </u>	
Рa	rt·XV Supplementary Inform	•	•	the foundation h	ad \$5,000 or more	in assets at
	any time during the y		ions.)			
1	Information Regarding Foundation Ma	_				
а	List any managers of the foundation who				•	
	before the close of any tax year (but only	if they have contributed	more than \$5,000) (\$	See section 507(d)(2)		
	N/A	100/	<del></del>	<del></del>	<del></del>	
b	List any managers of the foundation who			· · · · · · · · · · · · · · · · · · ·	oortion of the	
	ownership of a partnership or other entity <b>N/A</b>	) of which the foundation	on has a 10% or greate	er interest		
2	Information Regarding Contribution, C	Crant Cift Loon Sob	olosobin etc. Decem	<del></del>	<del></del>	
_		makes contributions to				
	unsolicited requests for funds If the found					
			its, etc. (see instruction	ns) to individuals of or	ganizations under	
	other conditions, complete items 2a, b, c,		the person to the second			
а	The name, address, and telephone numb SHAFIQUR M RAHMAN 71		the person to whom a	pplications should be a	adaressed	
	ONE HANSON PLACE BRO		242			
				ala a colatora do		
b	The form in which applications should be $\mathbf{N/A}$	sublimited and informa	uon and materiais they	snoula include		•
	Any submission deadlines	<del></del>	<del></del>	<del></del>		
·	N/A					
d	Any restrictions or limitations on awards,	such as by geographic	al areas charitable field	ds kinds of institutions	or other	
-	factors	ter. as a, geograpino	c.cco, onamable liel	ao, minas or mantations	, or other	
	N/A					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year N/A Total **▶** 3a Approved for future payment N/A Total ▶ 3b

	016) RUMMANA AND SHAFIQ FO		INC	81-46620	41	- Page 12
Part XVI-A		ctivities				
inter gross amo	ounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1 Program se		<del></del>	<del></del>			
b		- <del> </del>				
		- <del> </del>				· · · · · · · · · · · · · · · · · · ·
d		-	<del>                                     </del>	<del></del>		<del></del>
		-	[			
f						
g Fees ar	nd contracts from government agencies					
2 Membership	dues and assessments		1			
3 Interest on s	savings and temporary cash investments					
4 Dividends a	nd interest from securities					
5 Net rental in	ncome or (loss) from real estate	J. J. J. J.	*			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Debt-fin	anced property					
<b>b</b> Not deb	ot-financed property					
<ol><li>Net rental in</li></ol>	ncome or (loss) from personal property					
7 Other invest	tment income					
	s) from sales of assets other than inventory					·
	or (loss) from special events					
	or (loss) from sales of inventory	<b></b>				
	ue a	- }	<b></b>			
		-	<del> </del>			
		- }	<del> </del>	<del></del>		
	<del></del>	-	ļ			
e	d columns (b), (d), and (e)		<del> </del>	0	0	0
	ine 12, columns (b), (d), and (e)		L	0	13	
	in line 13 instructions to verify calculations )				13 _	
Part XVI-B		Accomplishm	ent of Exen	nnt Purnose	<u> </u>	
Line No.	Explain below how each activity for which income					
▼	accomplishment of the foundation's exempt purp	oses (other than	by providing fu	nds for such pu	poses) (See instructio	ns )
N/A						
			<del></del>			
						<del>,</del>
		<del></del>		<del></del>		
					<del></del>	<del></del>
<del></del>					<del></del>	
	L				<del></del>	<del></del>
<del></del>				<del></del>		
<del></del>						

K.K. Mehta CPA Associates PLLC

11530

100 Ring Rd Ste 300

Garden City, NY

P01085260

27-3121426

516-663-5990

PTIN

Firm's EłN ▶

Phone no

Preparer

Use Only

Firm's name

Firm's address ▶

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

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

ZU16

Employer identification number

RUMMANA AND S	HAFIQ FOUNDATION INC	81-4662041				
Organization type (check on	e)					
Filers of:	Section <sup>.</sup>					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	•					
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See				
General Rule						
or more (in money or	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						
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test o tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part hat received from any one contributor, during the year, total contributions of the greater of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I a	II, line (1)				
contributor, during the	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. Don't 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.						
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form st answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 99 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 99	90-EZ or on its				

Name of organization

RUMMANA AND SHAFIQ FOUNDATION INC

Employer identification number 81-4662041

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	SHAFIQUR M RAHMAN 1 HANSON PL APT 24D BROOKLYN NY 11243	\$ 330,000	Person X Payroli Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		