## Form 990-PF Department of the Treasury Internal Revenue Service

**Return 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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2017
Open to Public Inspection

or calendar year 2017 or tax year beginning	, a	nd ending		
Name of foundation			A Employer identification	number
TARIO AND ASMA FARID FOUND			46-3868042	<u> </u>
Number and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
95 BARNES ROAD			203-774-80	000
City or town, state or province, country, and ZIP or foreign p $WALLINGFORD$ , $CT 06492$	ostal code		C If exemption application is p	ending, check here
Check all that apply Initial return	Initial return of a former pul	olic charity	D 1 Foreign organization	s, check here
Final return	Amended return			OFO( 1
Address change	X Name change		Foreign organizations me check here and attach co	omputation
Check type of organization X Section 501(c)(3) ex		CIL	E If private foundation sta	
<del></del>	Other taxable private foundation no method Cash X	Asservat	under section 507(b)(1)	
Fair market value of all assets at end of year J Accounts (from Part II, col. (c), line 16)	ng method CashX_ ther (specify)	Accrual	F If the foundation is in a	. –
\$ 1,455,327. (Part I, colur			under section 507(b)(1)	)(B), Check here
Part   Analysis of Revenue and Expenses		et investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	ıncome	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	16,640.		N/A	
2 Check If the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	- FOODER	IVED.	<del></del>	
4 Dividends and interest from securities	5,721KEUE	-15-7217	<u> </u>	STATEMENT
5a Gross rents	<u> </u>	9 2018	<b>\$</b> }	
) Net rental income or (loss)	1 VOV 1	9 2018	<u> </u>	<del></del>
68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	0			
D assets on line 6a	h dept	N. U		
7 Capital gain net income (from Part IV, line 2)			<del></del>	<del> </del>
Net short-term capital gain     Income modifications	<del>-</del>	· · ·		
10a and allowances		<del> </del>		
b Less Cost of goods sold			1/2	
c Gross profit or (loss)		1	1x 20 1	
11 Other income			,	
12 Total, Add lines 1 through 11	22,361.	5,721.		
13 Compensation of officers, directors, trustees, etc	0.	0.		(
14 Other employee salaries and wages	797.	797.		
15 Pension plans, employee benefits			·	<del>                                     </del>
b Accounting fees STMT 2	- 6 6 7 0	2 225		2 221
b Accounting fees STMT 2	6,670.	3,335.	<u> </u>	3,33
c Other professional fees STMT 3	50.	25.	<del></del>	
17 Interest STMT 4	13,918.	0.	<u> </u>	
18 Taxes STMT 4	13,910:			
20 Occupancy			<del>-</del>	
17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings				
22 Printing and publications				
	5,759.	25.		5,734
24 Total operating and administrative expenses. Add lines 13 through 23				
expenses. Add lines 13 through 23	27,194.	4,182.		9,094
25 Contributions, gifts, grants paid	343,705.			343,70
26 Total expenses and disbursements.			]	
Add lines 24 and 25	370,899.	4,182.	<del> </del>	352,799
27 Subtract line 26 from line 12	240 520		ر يون فريون	
Excess of revenue over expenses and disbursements	<348,538.>	1 520	<u> </u>	<del>                                     </del>
b Net investment income (if negative, enter -0-)	<del></del>	1,539.	NT / A	<del> </del>
C Adjusted net income (if negative, enter -0-)	e, see instructions.		N/A	Form <b>990-PF</b> (20

723511 01-03-18

Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

424,453.

Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income	_					
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)						P - Purchase D - Donation		(c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)
1a					$\Box$					
b NO	N <u>E</u>				Ļ.,					
<u>c</u>				·	┢					·
d					}_					
<u>e</u>					Ь,				<del></del>	<u> </u>
(e) Gross sales price	(1)	Oepreciation allowed (or allowable)		st or other basis expense of sale					Gain or (loss is (f) minus	
<u>8</u>	<u> </u>									
b	ļ <u>.                                    </u>									
<u>c</u>	<del> </del>	<del></del>	<del> </del>	<del> </del>						
<u>d</u>	<del> </del>	<del></del>	<del> </del>	<del></del>						<del></del>
Complete only for assets shown	l ann in	column (h) and owned by t	the foundation	on 12/31/60				N Gaine //	Col. (h) coup	minus
Complete only for assets shown		(i) Adjusted basis	<del> </del>	xcess of col. (i)	-			l. (k), but	Col. (h) gain not less thai	n -0-) <b>or</b>
(i) FMV as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col. (	h))
		<del> </del>	<u> </u>	<del></del>	-					
<u>b</u>	<b></b>		<u> </u>							
d d	<del> </del>		<del> </del>							<del></del>
e			<u> </u>							
		C If gain, also entar	r in Part I lina	7	7					
2 Capital gain net income or (net ca	pital loss	If gain, also enter  If (loss), enter -0	- ın Part I, ille - ın Part I. line	, : 7	<b>)</b>	2				
3 Net short-term capital gain or (lo	•	•			´					
If gain, also enter in Part I, line 8,			u (o).		ال					
If (loss), enter -0- in Part I, line 8	-	•				3				<del></del>
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stm	ent Inc	ome		
(For optional use by domestic private	foundati	ons subject to the section 4	1940(a) tax on	net investment inc	come	.)				
If section 4940(d)(2) applies, leave t	his part bl	ank,								
Was the foundation liable for the sec If "Yes," the foundation doesn't qualit					1007					Yes X No
1 Enter the appropriate amount in					ntries.		<del>.,.</del>			<del></del>
(a)	00.0	(b)			(c)			Ī		(d) oution ratio
Base periód years Calendar year (or tax year beginni	(מו מט	Adjusted qualifying dis	tributions	Net value of no			use assets	J	Distrit	oution ratio iided by col. (c))
2016	<del></del> ./	1,10	9,232.			65	8,636		1	1.684135
2015			6,959.				6,743			1.045870
2014	_	66	5,998.			28	8,717			2.306750
2013								, , ,		
2012										
									}	
2 Total of line 1, column (d)								22	<u> </u>	5.036755
3 Average distribution ratio for the			on line 2 by 5.0	0, or by the numbe	er of y	/ears				1 (50010
the foundation has been in existe	nce if less	than 5 years						3	<del> </del>	1.678918
. <b>.</b>	_		_							701 100
4 Enter the net value of noncharitat	le-use as	sets for 2017 from Part X, I	line 5					4	<del> </del>	721,132.
- M. I. J. L. M. J A								_	i	1,210,721.
5 Multiply line 4 by line 3								5	<del> </del>	1,210,721.
C Enter 10/ of not recentment reconstruction	no / 10/ = f	Dort I line 07h)							1	15.
6 Enter 1% of net investment incon	15 (1% 01	raiti, iiiid 2/U)						6	<del> </del>	
7 Add lines 5 and 6								7		1,210,736.
, Add iiilos J alid U								<b>-</b>	<del>                                     </del>	_,,,,,,,
8 Enter qualifying distributions from	n Part XII,	, line 4						_8_		352,799.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, cl	heck the box in Part VI, line	1b, and comp	olete that part using	g a 1º	% tax r	ate.			

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Pa	rt VI Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b), 4940(e), o	r 494	18 - se	e instructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and exempt operating foundations described in section 4940(d)(2), check here	enter "N/A" on line 1.				I	
	Date of ruling or determination letter: (attach copy of letter if ne	cessary-see instructions)	_	_		,	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1		31.	
	of Part I, line 27b					_ [	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 49	6 of Part I, line 12, col. (b).	۔ ا	_			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers, enter -0-)	Ĺ	2		0.	
3	Add lines 1 and 2			3		31.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	thers, enter -0-)		4		0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		31.	
6	Credits/Payments:					1	
a	2017 estimated tax payments and 2016 overpayment credited to 2017		0.	ŀ	,		
b	Exempt foreign organizations - tax withheld at source		0.	- 1		- 1	
C	Tax paid with application for extension of time to file (Form 8868)		0.			1	
d	Backup withholding erroneously withheld	6d	0.				
7	Total credits and payments. Add lines 6a through 6d		L	7		0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	L	8		0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ L	9		31.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	▶ └	10			
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded		11			
Pa	rt VII-A Statements Regarding Activities	<u> </u>					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or inter	vene in	)	<u> </u>	es No	
	any political campaign?				1a	X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses? See the instructions for the i	definiti	on	1b	X	
	If the answer is "Yes" to ${f 1a}$ or ${f 1b}$ , attach a detailed description of the activities and copies	of any materials published or					
	distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?				_1c	X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		_				
	(1) On the foundation. > \$ 0. (2) On foundation managers	• • — — — — — — — — — — — — — — — — — —	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	iture tax imposed on foundation				1 1	
	managers. ▶ \$ 0 .						
2	Has the foundation engaged in any activities that have not previously been reported to the II	२८७			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	nstrument, articles of incorporation	on, or		-	_	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			•	3	<u> X</u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	L)		/-	4a	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A		<del></del>	
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	Alt au					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	tner					
	By language in the governing instrument, or	d				1 1	
	By state legislation that effectively amends the governing instrument so that no mandator	y directions that conflict with the	state la	IW	-	_ <u></u>	
_	remain in the governing instrument?				6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	plete Part II, col. (c), and Part XV			7 7	X	
_							
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ons. P			-		
	CT, DE		-		-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	πorney General (or designate)			-	<u>_</u>	
	of each state as required by General Instruction G? If "No," attach explanation				8b 2	<u>X</u> .	$\bigcirc$
9	Is the foundation claiming status as a private operating foundation within the meaning of se		calend	ar	-	_	- )
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," com				9	X	L
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ile listing their names and addresses			5 000 1	X X	
					Form 990-1	ㄷ (2017)	

Pa	rt VII-A   Statements Regarding Activities (continued)			
_	100		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
• •	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
-	If "Yes," attach statement. See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► KATE LABRECQUE  Telephone no. ► 203-62	6-5	776	
	Located at ▶95 BARNES ROAD, WALLINGFORD, CT ZIP+4 ▶06			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			1
	foreign country >			
Pa	rt 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
1a	During the year, did the foundation (either directly or indirectly):			Ī
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? X Yes No			] }
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after	ĺ		ĺ
	termination 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 described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			<u></u>
	before the first day of the tax year beginning in 2017?	1c	-	<del>-</del>
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)):			
8	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?  Yes X No			
	_	]		ļ
,	If "Yes," list the years \( \)  Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	Ì		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.			
·	The providence of socious to recording approaches any or the years not one years not one			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			$\Box$
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
	r <sub>o</sub>	rm <b>99</b> 0	)_DE	(2012)

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired_ <sub>(contin</sub>	ued)		<del>V 1</del>	- NI -
<ul><li>5a During the year, did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li></ul>	4045(a)\2	<b>□</b> •	es X No		Yes	No
(2) Influence the outcome of any specific public election (see section 4955); or	• • •	<del></del>	es [11] NO			1
any voter registration drive?	i to carry on, unectry or mune	• •	es X No	ĺ	ĺ	- 1
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?		es X No		1	- 1
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? See instructions			es X No	١	ļ	- 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or		- 1		
the prevention of cruelty to children or animals?			es 🗓 No	- 1		
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	ictions		N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check h	ere					1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					l	ĺ
expenditure responsibility for the grant?	N	[/AY	es			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			ľ			H
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on					
a personal benefit contract?		Y	es X No			ليد
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b		<u> </u>
If "Yes" to 6b, file Form 8870.	t-b- t		. 🖘	ı	ı	ļ
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No   N/A	7b		
Part VIII Information About Officers, Directors, Truste		agers Highly	11/1	/0		
Paid Employees, and Contractors	oo, i oundation man	iagoro, riigiii,				
1 List all officers, directors, trustees, and foundation managers and th	eir compensation.			-		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	T (	e) Expe	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	40	allowan	ices
TARIQ FARID	PRESIDENT, TR	EASURER	]			
97 BARNES ROAD						
WALLINGFORD, CT 06492	1.00	0.	0.	<u> </u>		0.
	SECRETARY	ļ				
97 BARNES ROAD	4 44			1		_
WALLINGFORD, CT 06492	1.00	0.	0.	—		<u>0.</u>
	<del></del>		<del></del>	$\vdash$		
<del></del>		İ		İ		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, 6	enter "NONE."	1			
	(b) Title, and average		(d) Contributions to employee benefit plans	(4	e) Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	40	count, allowan	
NONE						
	·			<u> </u>		
			ļ	↓		
				1		
			-	+-		
		İ		1		
The Laurence of other condenses and are 000 000		<u> </u>		1		0
Total number of other employees paid over \$50,000			Form	990	-PF (	

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		
	· I	1
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Total number of others receiving over \$50,000 for professional services		0
Part IX-A   Summary of Direct Charitable Activities		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A	5,000	
2		
		<del></del>
3		
4		
Part IX-B   Summary of Program-Related Investments	L	
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2	Amount
1 N/A	o i uno z.	Amount
2		
All about the second of the se		<del></del>
All other program-related investments. See instructions.		
<u> </u>		
Total, Add lines 1 through 3		0 . m <b>990-PF</b> (2017)
	FOI	m 300 1 (2017)

ĮP,	artix■ Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee 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	<u> </u>
ь	Average of monthly cash balances	1b	732,114.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	732,114.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	732,114.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,982.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	721,132.
6	Minimum investment return. Enter 5% of line 5	6	36,057.
IP.	artiXI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here   and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	36,057.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
Ç	Add lines 2a and 2b	2c	31.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	36,026.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	36,026.
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	36,026.
P	artiXIII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4-	352 700
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	352,799.
þ	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	0-	
	Suitability test (prior IRS approval required)	3a	
P	Cash distribution test (attach the required schedule)	3b	352,799.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	334,133.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	,	0.
	income. Enter 1% of Part I, line 27b	5	352,799.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section
	4940(e) reduction of tax in those years.		

Page 9

	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,				
line 7				36,026.
2 Undistributed income, if any, as of the end of 2017			0	
a Enter amount for 2016 only			0.	
b Total for prior years				
		0.		<del></del>
3 Excess distributions carryover, if any, to 2017				
a From 2012				
b From 2013				
c From 2014 651,600.				
d From 2015 1,680,905. e From 2016 1,103,592.				
	3,436,097.			
f Total of lines 3a through e	3,430,031.			
4 Qualifying distributions for 2017 from Part XII, line 4: ►\$ 352,799.				
a Applied to 2016, but not more than line 2a		i	0.	
b Applied to undistributed income of prior				<u> </u>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				36,026.
e Remaining amount distributed out of corpus	316,773.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,752,870.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		. <u></u>
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017, Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	ا م			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	0.			
not applied on line 5 or line 7				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	3,752,870.			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9	3,732,0701			
a Excess from 2013				
b Excess from 2014 651,600.	İ			
c Excess from 2015 1,680,905.				
d Excess from 2016 1,103,592.				
a Excess from 2017 316 773		Į.		

Part XIV   Private Operating Fo	D ASMA FAR			N/A	868042 Page 1
1 a If the foundation has received a ruling or				N/A	
foundation, and the ruling is effective for					•
b Check box to indicate whether the founda			in section	4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	g touridation described	Prior 3 years	1 1012()/(0) 01	T
income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			<del> </del>	<del> </del>	
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of	ĺ				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	}			}	-
Subtract line 2d from line 2c				<del> </del> -	<del> </del>
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter	J			J	]
(1) Value of all assets	···-	/	<del></del>	<b>.</b>	<del> </del> -
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			1		
b "Endowment" alternative test - enter		/	<del></del>	<del> </del>	<del></del>
2/3 of minimum investment return					ĺ
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:				<u> </u>	<del>                                     </del>
(1) Total support other than gross					}
investment income (interest,					
dividends, rents, payments on securities loans (section	/				
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided, in					
section 4942(j)(3)(B)(iij)			<u></u>		<u> </u>
(3) Largest amount of support from					
an exempt organization					<u></u>
(4) Gross investment income		- Abi A b -	is ab a samuel ad an i	CE 000	
Part XV   Supplementary Information at any time during the			if the foundation i	naa \$5,000 or mo	re in assets
				<del></del>	· <del>·····</del>
1 Information Regarding Foundation	•	00/ -/ 45 - 4-4-1			
a List any managers of the foundation who year (but only if they have contributed mo			tributions received by the	foundation before the clos	se of any tax
TARIQ FARID		-			
b List any managers of the foundation who	own 10% or more of the	stock of a corporation	for an equally large portio	n of the ownership of a n	artnership or
other entity) of which the foundation has a			(or arrequally large portio	ii oi iiic owiici siiip oi a p	artitionship of
NONE					
2 Information Regarding Contribution	n. Grant. Gift. Loan.	Scholarship, etc., Pr	rograms:		
			organizations and does n	ot accept unsolicited requ	ests for funds, If
the foundation makes gifts, grants, etc., to					
a The name, address, and telephone numbe	r or email address of the	person to whom applic	cations should be address	ed;	
TARIQ FARID, 203-774-	8000				
97 BARNES ROAD, WALLI	NGFORD, CT	06492			
${\bf b}$ The form in which applications should be ${\bf NONE}$	submitted and informati	on and materials they s	hould include:		
c Any submission deadlines NONE		<u> </u>			
d Any restrictions or limitations on awards,	Such as by generaphical	areae charitable fields	kinds of institutions or o	ther factors:	
NONE	ouch as by geographical	वाच्वा, जावासिकार गराण्ड	, minus of illistitutions, Of O	uisi 140tui 5.	

Page 11

er gross amounts unless otherwise indicated.	Unrelated	business income		section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
Program service revenue	code	Amount	code	Amount	function income
a	_				
b	_				
c					
d					<del></del>
e			.		
f	_				
g Fees and contracts from government agencies					
Membership dues and assessments		. <u></u> .	$\bot$		· <del></del> -
Interest on savings and temporary cash			ŀ		
Investments					
Dividends and interest from securities			14	5,721.	
Net rental income or (loss) from real estate:		·· <del>·</del>			
a Debt-financed property			_		
b Not debt-financed property					
Net rental income or (loss) from personal					
property	<u> </u>				
Other investment income	<u> </u>				
Gain or (loss) from sales of assets other					
than inventory					·····
Net income or (loss) from special events		<del></del>			
Gross profit or (loss) from sales of inventory					
Other revenue:					
â	_	<del></del>			<del></del> -
b	_				
C	_				
d	_				
e				- F F01	
Subtotal. Add columns (b), (d), and (e)	L	0		5,721.	
Total. Add line 12, columns (b), (d), and (e)				13	5,72
e worksheet in line 13 instructions to verify calculations	.)			<del></del>	·
art XVI-B Relationship of Activities	s to the Accom	plishment of E	xempt Pur	poses	
ne No. Explain below how each activity for which is	ncome is reported in	column (a) of Part XV	I-A contributed i	mnortantly to the accomp	dishment of '
the foundation's exempt purposes (other th			I-A continuates	importantly to the accomp	mannent of
		, , , , , , , , , , , , , , , , , , , ,			
					·
				<del></del>	
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	<del></del> -			<del></del>	
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l .					

Form 990	)-PF (2017)	TARIQ	AND ASM	A FARID	FOUND	ATION_			3868042	Page	13
(Part				nsfers to a	nd Trans	actions ar	nd Relationsh	nips With Non	charitable		
			izations			<del></del>	<del> </del>			Yes N	<u></u>
	the organization di						on described in sec	tion 501(c)		162 1	
•	her than section 501								ŀ		
	nsfers from the repo	orting lound	ation to a nonchari	table exempt of	yanızanını u				1a(1)	<b></b>	X
	Cash Other seets								1a(2)		X
٠,	Other assets er transactions:								10(2)		Ē
		a noncharita	ble evenut erasni	zation					1b(1)	-   -	X
٠,	Sales of assets to Purchases of asse								1b(2)		X
٠,	Rental of facilities,		-	t or garnzation					1b(3)		K
(-,	Reimbursement ar								1b(4)		X.
٠,	Loans or loan gua	-	•						1b(5)		X
	Performance of se		emhershin or fundr	aisina solicitatio	ens				1b(6)		X
	aring of facilities, eq		· · · · · · · · · · · · · · · · · · ·	-					10		X
						n (h) should alv	ways show the fair	market value of the			_
								n or sharing arrange		,	
	umn (d) the value of						•		·		
(a) Line n	· · · · · · · · · · · · · · · · · · ·		<del></del>	of noncharitable	e exempt org	anization	(d) Description	on of transfers, transaction	ons, and sharing arr	angements	
<del></del>		<del></del>		N/A							
							<u> </u>				
											_
		_									_
											_
							<u> </u>				
							<del>-</del>				
								· · · · · · · · · · · · · · · · · · ·			
											_
			<u> </u>				1				
	he foundation direct	-	•		or more tax	-exempt organi	zations described		<b></b>	কে.	
	section 501(c) (othe			section 527?					Yes	<u>  X  </u> N	10
<u>b If "\</u>	Yes," complete the fo				(h) Tuno o	f organization	ī	(c) Description of r	rolationship		-
	(a)	Name of or	yanızanını		(B) Type o	f organization		(c) Description of t	elationship		_
		N/A									_
			· · · · ·		-						_
									<del></del>		_
		·····			<del> </del>						_
	Under penalties of per	riurv. I declare	that I have examined the	nis return, including	accompanying	schedules and st	atements, and to the b	est of my knowledge			_
Sign			nplete Declaration of						May the IRS or return with th	e preparer	
Here		\ <i>\</i> \	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	<b>t</b>	1 13	14/18	PRESI	реит	shown below X Yes		۷o
	Signature of office	er or truste	1		Date	<del>                                     </del>	Title			۰ ســــــــــــــــــــــــــــــــــــ	
		preparer's n		Preparer's s			Date	Check If	PTIN		
			-		• •			self- employed			
Paid	ALAN	LARKI	N	ALAN L	ARKIN		11/06/18		P00297	957	
Prepa			MPFZNICK				<u> </u>	Firm's EIN ▶ 2			_

Phone no. 959-200-7000

Use Only

Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103

## 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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer identification number

TARIQ AND ASMA FARID FOUNDATION 46-3868042 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

TARTO	ΔMD	ASMA	CIRARE	FOUNDATION
TWITE	MIND	White	LWLID	LOONDALION

TAKIQ	AND ASMA FARID FOUNDATION		3000042
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FARID BRANDS, LLC F/K/A TARIFIQ, LLC 97 BARNES RD WALLINGFORD, CT 06492	\$ 8,625.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

## TARIO AND ASMA FARID FOUNDATION

46-3868042

	D ASMA FARID FOUNDATION  Incash Property (see instructions) Use duplicate copies of Par		3868042
	Trouble to the instructions, use depicate copies of Fai	Thin additional space is needed	<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ =		_	
		\$	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_=			
		<u> </u>	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		s	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	. (d) Date received
		<b></b>   \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _			1
1		<u> </u>	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) **Employer identification number** Name of organization 46-3868042 TARIO AND ASMA FARID FOUNDATION 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 Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

95 BARNES ROAD MALLINGFORD, CT 06492  FVAMC, INC 35 HARRIS ROAD AVON, CT 06001  GLITTER OF HOPE 4040 FALLS RIDGE DRIVE ALPHARETTA, GA 30022  IRIS 235 NICHOLL ST. 2ND FLOOR NEW HAVEN, CT 06511  LIFE FOUNDATION SUITE NO. 08 3RD FL SHAN PLAZA KARIN BLOCK MARKET ALLAMA LQBAL TOWN LAHORE, PAKISTAN  NEW HAVEN FRESH AIR FUND 633 3RD AVENUE NEW YORK, NY 10017  PAKISTAN AMERICAN ASSOCIATION OF CT PO BOX 769 SOUTH WINDSOR, CT 06074-0769  POLISH AMERICAN FOUNDATION OF CONNECTICUT 333 HEGEMBERGER ROAD SUITE 450 OOKLAND, CA 94621		
Show any relationship to status of recipients and recipients status of recipients status of recipients status of recipients status of recipients status of recipients		<u> </u>
DIBLE CARES  35 BARNES ROAD  4ALLINGFORD, CT 06492  FVAMC, INC  35 HARRIS ROAD  4AVON, CT 06001  SALITTER OF HOPE  4040 FALLS RIDGE DRIVE  ALPHARETTA, GA 30022  IRIS  235 NICHOLL ST. 2ND FLOOR  428 HAVEN, CT 06511  LIFE FOUNDATION  3UITE NO. 08 3RD FL SHAN PLAZA KARIM  3LOCK MARKET ALLAMA LQBAL TOWN  ALAHORE, PAKISTAN  NEW HAVEN FRESH AIR FUND  633 3RD AVENUE  NEW YORK, NY 10017  PAKISTAN AMERICAN ASSOCIATION OF CT  FOO BOX 769  SOUTH WINDSOR, CT 06074-0769  POLISH AMERICAN FOUNDATION OF  CONNECTICUT  333 HEGENBERGER ROAD SUITE 450  DAKLAND, CA 94621  SALMA KHATOON ACADEMY  RELATED PARTY  PC  31  32  33  34  35  35  36  37  36  37  37  38  38  39  30  30  30  30  30  30  30  30  30	Purpose of grant or contribution	Amount
EDIBLE CARES 95 BARNES ROAD 9ALLINGFORD, CT 06492  FVAMC, INC 35 HARRIS ROAD AVON, CT 06601  SLITTER OF HOPE 4040 FALLS RIDGE DRIVE ALPHARETTA, GA 30022  IRIS 235 NICHOLL ST. 2ND FLOOR NEW HAVEN, CT 06511  LIFE FOUNDATION SUITE NO, 08 3RD FL SHAN PLAZA KARIN BLOCK MARKET ALLAMA LQBAL TOWN LAHORE, PAKISTAN  NEW HAVEN FRESH AIR FUND 633 3RD AVENUE NEW YORK, NY 10017  PAKISTAN AMERICAN ASSOCIATION OF CT PO BOX 769 SOUTH WINDSOR, CT 06074-0769  POLISH AMERICAN FOUNDATION OF CONNECTICUT 333 HEGENBERGER ROAD SUITE 450 DAKLAND, CA 94621  SALMA KHATOON ACADEMY  RELATED PARTY PC 315 326 337 338 346 351 353 353 353 353 354 355 357 357 357 358 358 358 358 358 358 358 358 358 358		<u> </u>
PC SEARNES ROAD  INCLING PC SEARNES ROAD  INCON, CT 06001  SUITTER OF HOPE SUITTER OF HOPE SUITTER OF HOPE SUITTER OF AGE AS 30022  SERIS  SISS NICHOLL ST. 2ND FLOOR SEW HAVEN, CT 06511  JIFE FOUNDATION SUITE NO. 08 3RD FL SHAN PLAZA KARIM SUCK MARKET ALLAMA LQBAL TOWN JAHORE, PAKISTAN  SEW HAVEN FRESH AIR FUND SISS 33 3RD AVENUE NEW YORK, NY 10017  PARISTAN AMERICAN ASSOCIATION OF CT TO BOX 769 SOUTH WINDSOR, CT 06074-0769  PCOLISH AMERICAN FOUNDATION OF SOUTH WINDSOR, CT 06074-0769  PCOLISH AMERICAN FOUNDATION OF SOUTH WINDSOR, CT 06074-0769  PCOLISH AMERICAN FOUNDATION OF SOUTH WINDSOR, CT 06074-0769  PCONNECTICUT SISS HEGENBERGER ROAD SUITE 450 SAKLAND, CA 94621  SALMA KHATOON ACADEMY  RELATED PARTY PC SISSALMA KHATOON ACADEMY		
PVANC, INC  SETARTS ROAD  AVON, CT 06001  SLITTER OF HOPE  4040 FALLS RIDGE DRIVE  ALPHARETTA, GA 30022  IRIS  235 NICHOLL ST. 2ND FLOOR  NEW HAVEN, CT 06511  LIFE FOUNDATION  SUITE NO, 08 3RD FL SHAN PLAZA KARIM  BLOCK MARKET ALLAMA LQBAL TOWN  LAHORE, PAKISTAN  NEW HAVEN FRESH AIR FUND  633 3RD AVENUE  NEW YORK, NY 10017  PARISTAN AMERICAN ASSOCIATION OF CT  PO BOX 769  SOUTH WINDSOR, CT 06074-0769  POLISH AMERICAN FOUNDATION OF  CONNECTICUT  333 HEGENBERGER ROAD SUITE 450  DAKLAND, CA 94621  SALMA KHATOON ACADEMY  RELATED PARTY  PC  SE  SE  SE  SE  SE  SE  SE  SE  SE  S	ENERAL PURPOSE	
FVAMC, INC  35 HARRIS ROAD  AVON, CT 06001  SLITTER OF HOPE 4040 FALLS RIDGE DRIVE ALPHARETTA, GA 30022  IRIS  235 NICHOLL ST, 2ND FLOOR NEW HAVEN, CT 06511  LIFE FOUNDATION SUITE NO. 08 3RD FL SHAN PLAZA KARIM SLOCK MARKET ALLAMA LOBAL TOWN LAHORE, FAKISTAN  NEW HAVEN FRESH AIR FUND 533 3RD AVENUE NEW YORK, NY 10017  PAKISTAN AMERICAN ASSOCIATION OF CT PO BOX 769 SOUTH WINDSOR, CT 06074-0769 POLISH AMERICAN FOUNDATION OF CONNECTICUT 333 HEGENBERGER ROAD SUITE 450 DAKLAND, CA 94621  SALMA KHATOON ACADEMY  RELATED PARTY  PC  316  317  318  318  318  318  328  338  348  348  348  358  358  358  35		
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SUITE NO. 08 3RD FL SHAN PLAZA KARIM BLOCK MARKET ALLAMA LQBAL TOWN LAHORE, PAKISTAN  NEW HAVEN FRESH AIR FUND 633 3RD AVENUE NEW YORK, NY 10017  PAKISTAN AMERICAN ASSOCIATION OF CT PO BOX 769 SOUTH WINDSOR, CT 06074-0769  POLISH AMERICAN FOUNDATION OF CONNECTICUT 333 HEGENBERGER ROAD SUITE 450 DAKLAND, CA 94621  SALMA KHATOON ACADEMY  RELATED PARTY PC 34	ENERAL PURPOSE	
BLOCK MARKET ALLAMA LQBAL TOWN LAHORE, PAKISTAN  NEW HAVEN FRESH AIR FUND 633 3RD AVENUE NEW YORK, NY 10017  PAKISTAN AMERICAN ASSOCIATION OF CT PO BOX 769 BOUTH WINDSOR, CT 06074-0769  POLISH AMERICAN FOUNDATION OF CONNECTICUT 333 HEGENBERGER ROAD SUITE 450 DAKLAND, CA 94621  SALMA KHATOON ACADEMY  RELATED PARTY PC SE	ENERAD FORFOSE	
DAHORE, PAKISTAN  NEW HAVEN FRESH AIR FUND  633 3RD AVENUE  NEW YORK, NY 10017  PAKISTAN AMERICAN ASSOCIATION OF CT  PO BOX 769  SOUTH WINDSOR, CT 06074-0769  POLISH AMERICAN FOUNDATION OF  CONNECTICUT  333 HEGENBERGER ROAD SUITE 450  DAKLAND, CA 94621  SALMA KHATOON ACADEMY  RELATED PARTY  PC SE		
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AMDEN, CT 06517		51,95
SALMA KHATOON FOUNDATION PF GE	ENERAL PURPOSE	
HOUSE NO 91, STREET 44		
ISLAMABAD, PAKISTAN  Total from continuation sheets		15,000 238,80

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient SALMA KHATOON HOSPITAL ÞС GENERAL PURPOSE STREET NO 1 SAHIWAL, PAKISTAN 41,555. SAVE THE CHILDREN GENERAL PURPOSE 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825 5,225. SHINE HUMANITY ÞС GENERAL PURPOSE 95 BARNES ROAD WALLINGFORD, CT 06492 1,000. SOUTH ASIAN YOUTH ACTION GENERAL PURPOSE 54-05 SEABURY STREET ELMHURST, NY 11373 15,000. TOWN OF NORTH HAVEN GENERAL PURPOSE 2802 32ND AVE S MINNEAPOLIS, MN 55406-1620 50,000. TOWN OF NORTH HAVEN, NHFD GENERAL PURPOSE ÞС 95 BARNES ROAD WALLINGFORD, CT 06492 16,000. Total from continuation sheets

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECUE	RITIES S'	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PEOPLE'S UNITED WEALTH MNGT	5,721		0. 5,721.	5,721.	
TO PART I, LINE 4	5,721	•	5,721.	5,721.	
FORM 990-PF		ACCOUNTI	NG FEES	S	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		6,670.	3,335.		3,335.
TO FORM 990-PF, PG 1	, LN 16B	6,670.	3,335.		3,335.
FORM 990-PF	O'	THER PROFES	SIONAL FEES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL SERVICES		50.	25.		25.
TO FORM 990-PF, PG 1	, LN 16C	50.	25.		25.
FORM 990-PF		TAX	ES	Si	PATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX		13,918.	0.		0.
TO FORM 990-PF, PG 1	, LN 18	13,918.	0.		0.

FORM 990-PF	OTHER EXPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EVENT EXPENSES BUSINESS REGISTRATION FEES	5,734.	0. 25.		5,734.
TO FORM 990-PF, PG 1, LN 23	5,759.	25.		5,734.

FORM 990-PF OTHER LIABILI	TIES	STATEMENT 6	
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
PAYROLL DUE TO NET SOLACE DUE TO TARIFIQ CASH OVERDRAFT	29,086. 165. 8,367. 0.	29,086. 0. 0. 1,788.	
TOTAL TO FORM 990-PF, PART II, LINE 22	37,618.	30,874.	