Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2023 calenda		01/01/2023	and ending	12	31/202	3
B c	heck if ap	pplicable:	C Name of organization			D Empl	oyer ide	ntification number
	Address c	change	93-2453888					
	lame cha	Telephone number						
=	✓ Initial return Final return/terminated 10709 W 172nd Street							2-860-1602
=	inal retur Amended		City or town, state or province, country, and ZIP of	or foreign postal code		F Grou	ıp Exen	nption
=		n pending	Overland Park, KS 66221			Num	•	•
		ting Method:	✓ Cash		н	Check	if the	organization is not
		•	aelrayaanfoundation.org		··			ch Schedule B
			ck only one) — 🗹 501(c)(3) 🔲 501(c) () (insert no.) 4947(a)(1) or 527	(Form 99		
				Association O		(/-	
		-	7b to line 9 to determine gross receipts. If gr			al assets		
			500,000 or more, file Form 990 instead of Fo	•			. \$	98,220
	art I	, ,,	e, Expenses, and Changes in Net					
	AI C I		the organization used Schedule O to		,			•
	1	Contributio	ns, gifts, grants, and similar amounts re	eceived			1	98,220
	2	Program se	ervice revenue including government fee	es and contracts .			2	0
	3	Membersh	p dues and assessments				3	0
	4	Investment	income				4	0
	5a	Gross amo	unt from sale of assets other than inver	ntory	5a	0		
	b	Less: cost	or other basis and sales expenses		5b	0		
	С		ss) from sale of assets other than invent		rom line 5a)		5c	0
	6		d fundraising events:	, ,	,			
	а	Gross inc	ome from gaming (attach Schedule	G if greater than				
ne					6a	0		
Revenue	b	Gross inco	me from fundraising events (not includir	ng \$	o of contribution	ons		
è		from fundr	aising events reported on line 1) (attac	h Schedule G if the				
_		sum of suc	h gross income and contributions exce	eds \$15,000)	6b	0		
	С	Less: direc	t expenses from gaming and fundraising	g events	6c	0		
	d	Net income	e or (loss) from gaming and fundraising	g events (add lines 6	a and 6b and su	btract		
		line 6c) .					6d	0
	7a	Gross sale	s of inventory, less returns and allowand	ces	7a	0		
	b	Less: cost	of goods sold		7b	0		
	С	Gross prof	t or (loss) from sales of inventory (subtr	act line 7b from line 7	a)		7c	0
	8	Other reve	nue (describe in Schedule O)				8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and				9	98,220
	10		similar amounts paid (list in Schedule (10	13,286
	11		id to or for members	·			11	0
Ş	12	-	her compensation, and employee bene	fits			12	0
Expenses	13		al fees and other payments to independ				13	5,285
be	14		v, rent, utilities, and maintenance				14	0
Ж	15		ublications, postage, and shipping				15	1,597
	16		nses (describe in Schedule O) .See Sc				16	2,442
	17		nses. Add lines 10 through 16				17	22,610
(0	18	Excess or	deficit) for the year (subtract line 17 from	m line 9)			18	75,610
šet	19		or fund balances at beginning of year					2,000
Ass			r figure reported on prior year's return)				19	0
Net Assets	20	Other char	ges in net assets or fund balances (exp				20	0
ž	21		or fund balances at end of year. Combi				21	75,610
						-		,5,510

Form 990-EZ (2023) Page **2**

Pai	t II Balance Sheets (see the instructions to	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
	<u> </u>	·		(A) Beginning of year		(B) End of year
Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any organization used Schedule O Schedule O Schedule O Statement of Program Service Accomplishments (see the ingent of the organization used Schedule O to respond to any organization used Sched		[0	22	75,610	
23	Land and buildings		[0	23	0
24			[0	24	0
				0	25	75,610
			L		26	0
	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	75,610
						70,010
	<u> </u>	- `		•		Expenses
What	<u> </u>		• .			quired for section
		· · · · · · · · · · · · · · · · · · ·				(c)(3) and 501(c)(4) anizations; optional fo
as m	easured by expenses. In a clear and concise m	anner, describe the			othe	•
	· · · · · · · · · · · · · · · · · · ·	· •	ont facility in Labore	Dakistan		
20						
		en with routine check-	ups and preventive	care,		
	(Continued on Schedule O, Statement 3)	includes foreign are	nto chook horo		000	244
00	(Grants \$ 3,464) If this amount				28a	3,464
29	A). Daily Meals and Medical Support, Orphan Homes					
	Lahore, Pakistan catering to 70 children. Hot meals	are prepared under hy	gienic conditions in	1 a		
	(Continued on Schedule O, Statement 4)					
	(Grants \$ 6,000) If this amount		•		29 a	6,000
30	Kansas City, KS Projects: We supported disaster rel					
	(ICJC) for A). Morocco Earthquake (\$500) and Libya	Floods (\$500) in Sept	ember 2023, B). Help	oing Hands		
	(Continued on Schedule O, Statement 5)			<u></u> -		
	(Grants \$ 2,000) If this amount	<u>v </u>			30a	2,000
31	Other program services (describe in Schedule O)					
	(Grants \$ 1,822) If this amount				31a	1,822
	Total program service expenses (add lines 28a	through 31a)			32	13,286
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstru	ctions for Part IV)
	Officer if the organization used Schedule	O to respond to an		Taitiv		· · · · <u></u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	1.0	Estimated amount of other compensation
Siba	ha Gull Chaudhary	20.00	C)	0	0
	ident, Secretary, Director				Ĭ	·
	ammad Umair Mushtaq	20.00	C	1	0	0
	President, Treasurer, Director	20.00			٩	U
	ha Akhtar	2.00	0	\	0	0
		2.00		'	١	U
Direc		2.00		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	0
Taha		2.00	C	'	0	U
Direc		2.00				
	Farrukh	2.00	C	'	0	0
Direc		0.00				
	s H Ling	2.00	C)	0	0
		1				
Direc						
Muh	ammad Junaid Akhtar	20.00	C)	0	0
Muha Vice	ammad Junaid Akhtar President, Director		-			
Muha Vice	ammad Junaid Akhtar	20.00	C		0	0
Muha Vice	ammad Junaid Akhtar President, Director ammad Saleem Ahmad Ranjha		-			
Muha Vice Muha Dired	ammad Junaid Akhtar President, Director ammad Saleem Ahmad Ranjha		-)		
Muha Vice Muha Dired	ammad Junaid Akhtar President, Director ammad Saleem Ahmad Ranjha ctor d Akram	2.00	C)	0	0
Muha Vice Muha Direc Jave Direc	ammad Junaid Akhtar President, Director ammad Saleem Ahmad Ranjha ctor d Akram	2.00	C)	0	0
Muha Vice Muha Direc Jave Direc	ammad Junaid Akhtar President, Director ammad Saleem Ahmad Ranjha etor d Akram etor ala Akram	2.00	C)	0	0
Muha Vice Muha Direc Jave Direc Sheh	ammad Junaid Akhtar President, Director ammad Saleem Ahmad Ranjha etor d Akram etor ala Akram	2.00	C)	0	0

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: KS			
42a	The organization's books are in care of: Muhammad Umair Mushtaq Telephone no.	347-59	3-1080	0
_	Located at: 10709 W 172nd Street, Overland Park, KS 66221 ZIP + 4	662	,	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	If "Yes," enter the name of the foreign country:	42b		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Pakistan	42c	'	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
	completed instead of Form 990-EZ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	15h		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (20	023)							Р	age 4
46		ne organization engage, directly or in							Yes	No
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) Organizations	s Only					46		'
		All section 501(c)(3) organization 50 and 51.					he tab	oles to	or line	es
		Check if the organization used Scl	nedule O to respond	I to any question in	n this Par	t VI		<u> </u>		
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		ect during th	e tax	47	Yes	No
40	-	organization a school as described in						47		~
48 49a		ne organization make any transfers to						49a		~
b		es," was the related organization a se	=	_			T I	49b		
50		olete this table for the organization's							⊥ es an	d ke
		oyees) who each received more than								
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contribu C/ benefit p	lealth benefits, itions to employed plans, and deferred ompensation			ed amou	
None				1000 1120)		poriodiiori	+			
None										
							+-	—		
f	Total	number of other employees paid ov	er \$100,000							
51		olete this table for the organization',000 of compensation from the organ			nt contra	ctors who ea	ch rece	eived	more	thar
	(a)	Name and business address of each independ	dent contractor	(b) Type of s	service		(c) Comp	ensati	on	
None										
				-						
				_						
				-						
d	Total	number of other independent contra	actors each receiving	over \$100,000 .		•			,	
52		the organization complete Schedu Deted Schedule A	ule A? Note: All se	ection 501(c)(3) or	ganization	ns must atta	_	Yes	;	No
		of perjury, I declare that I have examined this of complete. Declaration of preparer (other than					knowled	ge and	l belief,	it is
Sign		Signature of officer				Date				
Here		Muhammad Umair Mushtaq, Treasure Type or print name and title	r/Vice President							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	if F	PTIN		
Prep	arer					self-emp				
Use		Firm's name				Firm's EIN				
		Firm's address discuss this return with the prepare	r shown shows? See:	inetructions		Phone no.		1 Vac		N _C
ividy II	יט ו או	GIOCUSS LIIS LELUITI WILL LIE DIEDALE	I SHUWII ADUVE! SEE	เมอน นบนบท 5				res		AU

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

		Rayaan Foundation					93-24	
Par		Reason for Public Cha						ons.
The o	_	zation is not a private founda		,		-	•	
1	=							
2							1) (A) (***)	
3		hospital or a cooperative homedical research organization						(iii) Entartha
4		ospital's name, city, and state	•	onjunicuon with a nosp	Jilai desc	nbea in s	section 170(b)(1)(A)	(iii). Enter the
5		n organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
		ection 170(b)(1)(A)(iv). (Com		conogo or aniversity	oou o	Гороган	ou by a government	ar arm doornood in
6		federal, state, or local gover	•					
7		organization that normally			port from	a gover	nmental unit or fron	n the general public
_		escribed in section 170(b)(1)		•				
8	_	community trust described i			-			
9	or ur	n agricultural research organ university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	SU	n organization that normally in ceipts from activities related apport from gross investment by the organization a	t income and uni	related business taxal	ole incom	ne (less se	ection 511 tax) from	fees, and gross 33 ¹ /3% of its businesses
11	☐ Ar	n organization organized and	l operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12		n organization organized and	•		•			
		ne or more publicly supported						
		e box on lines 12a through 12		• • • • • • • • • • • • • • • • • • • •			•	. •
а		Type I. A supporting organization						
		supporting organization. Y					the directors of trust	ees of the
b		Type II. A supporting organ	-	· ·			supported organizati	on(s) by having
	' Ш	control or management of						
		organization(s). You must						9
С		Type III functionally integ	rated. A suppor	ting organization oper	ated in c	onnectio	n with, and function	ally integrated with,
		its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d		Type III non-functionally it that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е		Check this box if the organ	•	•		-		ıl Tyne III
·		functionally integrated, or						e ii, Type iii
f	Ente	er the number of supported of	• •					
g	Prov	vide the following information	n about the supp	orted organization(s).				
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
								,
					Yes	No		
(A)								
(B)								
(C)								
(D)								
/E\								
(E)								
							ı	

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2020 (a) 2019 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 0 0 0 0 98,220 98,220 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 **Total.** Add lines 1 through 3 4 0 0 0 0 98,220 98,220 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 98,220 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 0 0 0 0 98,220 98,220 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 0 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 98.220 Gross receipts from related activities, etc. (see instructions) 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2022 Schedule A, Part II, line 14 % 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,		,		,	
0	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•			or fifth tax ye		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8						%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				<u> </u>
17	Investment income percentage for 2023 (-			%
18	Investment income percentage from 2022						%
19a	331/3% support tests—2023. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	331/3% support tests—2022. If the organiz						
	line 18 is not more than 331/3%, check this l	_	=				_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions .

Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

secti	on A. All Supporting Organizations		V	NI-
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
50	purposes. Did the ergenization add substitute or remove any supported ergenizations during the tay year? If "Vee."	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
b	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI</i> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9b 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page 6

	(. ugo -
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III suppo	rting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
The Mikael Rayaan Foundation	93-2453888
Form 990-EZ, Part I, Line 10 - Pakistan Projects, Total: \$10,086, details: 1)- AAPKA Pediatric Clinic Lahore	\$2,734, 2)- Meals on Wheels
Lahore \$1,508, 3)- Orphanage meal Lahore \$4,492, 4)- Children Hospital Lahore Medical and Surgical Supp	lies \$730, 5)- Peshawar school
and mosque \$622, 6)- Water Wells Sindh \$1,200. Islamic Center of Johnson County (ICJC) Disaster Relief F	Projects, Total: \$2,000.00,
details: Morocco earthquake \$500, Libya floods \$500, Helping Hands Palestine relief \$500, PAMA Palestine	medical relief \$500.

Schedule O, Statement 1 The Mikael Rayaan Foundation

Form: **Form 990-EZ (2023)** EIN: **93-2453888**

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Website	536
MRF Introduction Kansas City KS	1,580
MRF Introduction St Louis MO	178
Banking Fees	148
Total:	2,442

Schedule O, Statement 2 The Mikael Rayaan Foundation

Form: Form 990-EZ (2023) EIN: 93-2453888

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

The Mikael Rayaan Foundation was founded to honor the enduring spirit of their two boys, Mikael and Rayaan, whose memory fuels our tireless commitment to creating a long-lasting and compassionate impact in the lives of those in need. The foundation focuses on the health and well-being of underprivileged and vulnerable children worldwide through supporting child healthcare delivery, ensuring food/water security, and offering vital community support.

Schedule O, Statement 3 The Mikael Rayaan Foundation

Form: Form 990-EZ (2023) EIN: 93-2453888
Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

subspecialty consultation services, diagnostics including imaging and laboratory services, medications, and social assistance, in collaboration with the Al-Rafay Foundation. B). Pediatric Surgical Supplies and Medicines, Children Hospital, Lahore: We are providing vital aid to needy families with free medical and surgical supplies for life-saving surgeries, including medications, surgical instruments, implants, and other essential materials necessary for life-saving interventions.

Schedule O, Statement 4 The Mikael Rayaan Foundation

Form: Form 990-EZ (2023) EIN: **93-2453888** Page: 2 Part III, Line 29

Second Program Service Accomplishments Description

well-maintained kitchen, packaged and delivered daily in collaboration with the Gulzar e Medina Foundation. B). Weekly Meals on Wheels Camp, Lahore: Weekly meal service at the DHA EME society serving hot meals to about 150 needy persons catering to the needy and underprivileged children every Thursday.

Description

Schedule O, Statement 5 The Mikael Rayaan Foundation

Form: Form 990-EZ (2023) EIN: **93-2453888** Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

Palestine relief (\$500) in October 2023 and Palestinian American Medical Association (PAMA) medical relief (\$500) in November 2023.

Description

Schedule O, Statement 6

The Mikael Rayaan Foundation

Form: **Form 990-EZ (2023)** EIN: **93-2453888**

Page: 2

Part III, Line 31

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Clean Drinking Water Wells: In collaboration with the Paani Project (a US-based non-profit organization), we installed 2 deep water wells in Sindh, Pakistan in villages lacking access to clean water. Each well serves about 200 people. This will help alleviate water scarcity and increase access to clean water in Pakistan.	1,200		1,200
Others International Projects: School and mosque renovation in Peshawar, Pakistan	622	Yes	622
Total:			1,822