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Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Departmer⁴ of the Treasury Internal Revenue Service

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

	For c	alend	ar year 2014 or tax year beginning , a	and ending				
	Nam	ne of fou	ndation			A Emple	oyer identification number	
	B2	AIN	FOUNDATION		27	-0279346		
			street (or P O box number if mail is not delivered to street address)	om/suite		hone number (see instructions	s)	
			VACCARO DR state or province, country, and ZIP or foreign postal code			20	1-871-3607	
	•	•	SKILL NJ 07626			C If exer	mption application is pending,	check here
	G	песк а		rn of a former public ch	narity	D 1 Fo	oreign organizations, check he	ere
			Final return Amended				reign organizations meeting to	
			Address change Name cha	·· ·		00	% test, check here and attach	i computation
			ype of organization 🗵 Section 501(c)(3) exempt private				ate foundation status was tem	ninated under
		Section		le private foundation		sectio	n 507(b)(1)(A), check here	- L
	I Fa	ur mar	ket value of all assets at J Accounting method	X Cash Acc	rual		foundation is in a 60-month te	
ŀ		d of ye	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere 🕨 🔝
33	<u>lin</u>	e 16) l	▶ \$ 0 (Part I, column (d) must	be on cash basis)			r 	
のつきるが高い	Pa	irt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and expenses per	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
1/3			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	books	incor	ne	ıncome	purposes (cash basis only)
喬		1	Contributions, gifts, grants, etc., received (attach schedule)	42,500				(cash basis only)
		2	Check ▶ ☐ If the foundation is not required to attach Sch B					
		3	Interest on savings and temporary cash investments					
نزد ان		4	Dividends and interest from securities				-··	`
N		5a	Gross rents					
0		ь	Net rental income or (loss)					
	֝֟֝֟֝ <u>֚</u>	6a	Net gain or (loss) from sale of assets not on line 10					
202	Revenue	ь	Gross sales price for all assets on line 6a					
ت	é	7	Capital gain net income (from Part IV, line 2)	***************************************		0		
		8	Net short-term capital gain	***************************************			0	
		9	Income modifications	***************************************				
		10a	Gross sales less returns and allowances	***************************************				
		ь	Less Cost of goods sold					
		C	Gross profit or (loss) (attach schedule)					
ı		11	Other income (attach schedule)					
!		12	Total. Add lines 1 through 11	42,500		0	0	
		13	Compensation of officers, directors trustees: etc	0				
	penses	14	Other employee salaries and wages	1881				
	Ë	15	Pension plans, employee benefits Legal fees (attach schedule)			•		
		16a	Legal fees (attach schedule)	I Que				
	Ш	Ь	Accounting fees (attach schedille)					
	<u>.</u>	С	Other professional fees (attach schedule)	1= 1				
	<u>ra</u>	17	Interest					
	<u>is</u>	18	Taxes (attach schedule) (see instructions)					
	Ë	19	Depreciation (attach schedule) and depletion					
	듄	20	Occupancy					
	≤	21	Travel, conferences, and meetings					
1	<u> </u>	22	Printing and publications					
ł	5	23	Other expenses (att sch)					
I	Operating and Administrative Ex	24	Total operating and administrative expenses.					
	ā		Add lines 13 through 23	0		0	0	0
	ğ	25	Contributions, gifts, grants paid	0				0
I	S	26	Total expenses and disbursements. Add lines 24 and 25	0		0	0	0
		27	Subtract line 26 from line 12					
		a	Excess of revenue over expenses and disbursements	42,500				
		b	Net investment income (if negative, enter -0-)			0		
		ء ا	Adjusted net income (if negative, enter -0-)				0	

For Paperwork Reduction Act Notice, see instructions.

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	Part I	- Balance Sheets Attached schedules and amounts in the description column		Beginning of year		End o	f year
_	* ***	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	9	(c) Fair Market Value
	1 (Cash – non-interest-bearing		9,611			
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less. allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see					
1		instructions)					
	7	Other notes and loans receivable (att. schedule)	_				
		Less allowance for doubtful accounts ▶	0				
ţ	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ä	10a	Investments – U S and state government obligations (attach schedule)					
	b	Investments – corporate stock (attach schedule) See Stmt 1	•	92,436			
	С	Investments – corporate bonds (attach schedule)					
	11	Investments – land, buildings, and equipment, basis					
		Less accumulated depreciation (attach sch.)					
	12	Investments - mortgage loans					
1	13	Investments – other (attach schedule)					
	14	Land, buildings, and equipment basis		1			
		Less accumulated depreciation (attach sch)					
ĺ	15	Other assets (describe ▶)	-			
	16	Total assets (to be completed by all filers – see the				_	_
\dashv		Instructions Also, see page 1, item I)		102,047		0	0
	17	Accounts payable and accrued expenses					
S	18	Grants payable					
itie	19	Deferred revenue					
Ε	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe >)				
\dashv	23	Total liabilities (add lines 17 through 22)	ক্	0		0	
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	X				
S	24	· · · · · · · · · · · · · · · · · · ·		102,047	144,	E 4 7	
lan	2 4 25	Unrestricted Temporarily restricted		102,047	144,	34/	
Ba	26	Temporarily restricted Permanently restricted		-			
Net Assets or Fund Balances	20	Foundations that do not follow SFAS 117, check here					
3		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds					
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds					
ţ	30	Total net assets or fund balances (see instructions)		102,047	144,	547	
Š	31	Total liabilities and net assets/fund balances (see		102/01/		31,	
j	٠.	instructions)		102,047	144,	547	
_	Part I		<u></u>			, ,,,,,	
		net assets or fund balances at beginning of year – Part II, column (a), line 3		st agree with			
•		of-year figure reported on prior year's return)	- (u	39.00 11(0)		1	102,047
2		amount from Part I, line 27a				2	42,500
		r increases not included in line 2 (itemize)				3	-2,500
		ines 1, 2, and 3				4	144,547
		eases not included in line 2 (itemize)				5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	umn (i	b), line 30		6	144,547

(a) List and desc	nd Losses for Tax on Investm ribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co)	ent Income	(b) How acquired P – Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A			D – Donation		+
b					
c					<u> </u>
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	or other basis ense of sale		ain or (loss) (f) minus (g)
_a					
b					
С					
		 			
Complete only for assets showin	g gain in column (h) and owned by the	foundation on 12/31/	/60		
Complete only for assets snowin			_		ol (h) gain minus ot less than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31 <i>/</i> 69		essofcol (i) ol (j), ifany		(from col (h))
a					
b		-			
c					
d		-	· · · · · · · · · · · · · · · · · · ·		
е					
2 Capital gain net income or (net c	apital loss) If gain, also enter in	Part I, line 7		2	
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (_			
If gain, also enter in Part I, line 8	, column (c) (see instructions) If (loss),	enter -0- in]	
Part I, line 8				3	
Part V Qualification U	nder Section 4940(e) for Redu	ced Tax on Net	Investment Inco	ome	
(For optional use by domestic private	e foundations subject to the section 494	0(a) tax on net inves	stment income)		
If section 4940(d)(2) applies, leave the	his part blank				N/A
	ction 4942 tax on the distributable amou	• •	base period?		Yes No
	lify under section 4940(e) Do not comp				
	each column for each year, see the inst	tructions before mak	ing any entries		(d)
(a) Base period years Calendar year (or tax year beginning in	Adjusted qualifying distribution	ns Net valu	(c) ue of noncharitable-use asse		(d) stribution ratio b) divided by col (c))
2013			_		
2012					
2011					
2010		·		<u> </u>	
2009	1		- · 		
2 Total of line 1, column (d)				2	
	5-year base period - divide the total on	line 2 by 5 or by the	2	-	
-	has been in existence if less than 5 year		•	3	
namber of years the foundation	mas been in existence in less than 5 year	.5			
4 Enter the net value of noncharita	able-use assets for 2014 from Part X, lin	ne 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	
7 Add lines 5 and 6					
				7	
8 Enter qualifying distributions from	π Part XII, line 4			8	
, , ,	m Part XII, line 4 in line 7, check the box in Part VI, line 1	b, and complete tha	t part using a 1% tax	8	

<u>Fòrm</u>	990-PF (2014) BAINS FOUNDATION 27-0279346				P	age 4
_Pa	Tt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0
3	Add lines 1 and 2	3				<u>~</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				_ 0
6	Credits/Payments					<u>-</u>
	· I I					
a	2014 estimated tax payments and 2013 overpayment credited to 2014 5					
b	Exempt foreign organizations – tax withheld at source 6b					
С.	Tax paid with application for extension of time to file (Form 8868) 6c					
d _	Backup withholding erroneously withheld 6d 6d	_				
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
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 2015 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities			-		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	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 year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_	-,	5		X
_	if "Yes," attach the statement required by General Instruction T					<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	x	i
7		. V\ /		7	X	_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Par	١٨٧		-		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) None					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	`
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"				i	1
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		X
			F	om 9 9	0-PI	(2014)

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		<u>jarding Activities for Which Fo</u>	orm 4720 May Be R	lequired (cont	nued)		
5a	During the year did the foundation				(
	• • • • •	wise attempt to influence legislation (see	, ,,	Y	'es 🏻 No		1
	• •	pecific public election (see section 4955	5), or to carry on,		(ES)		
	directly or indirectly, any voter			Y	es X No		
	` '	for travel, study, or other similar purpo:		Y	es 🗓 No		
	· ·	ion other than a charitable, etc., organiz	zation described in		(==)		
	section 4945(d)(4)(A)? (see ins			Y	es 🗓 No		
		than religious, charitable, scientific, liter	ary, or educational				
		of cruelty to children or animals?			es X No		
b	If any answer is "Yes" to 5a(1)-(5),	did any of the transactions fail to qualif	fy under the exceptions d	escribed in	,	- 1	
	Regulations section 53 4945 or in a	a current notice regarding disaster assis	stance (see instructions)?	•	N/A	5b	
	Organizations relying on a current	notice regarding disaster assistance che	eck here		▶ []		
С	If the answer is "Yes" to question 5	a(4), does the foundation claim exempt	ion from the tax				
	because it maintained expenditure	responsibility for the grant?		N/A 🗌 Y	'es 💹 No		
	If "Yes," attach the statement requi	red by Regulations section 53 4945–5(c	d)				
6a		, receive any funds, directly or indirectly	, to pay premiums		[
	on a personal benefit contract?				es 🗓 No		
b	•	, pay premiums, directly or indirectly, on	n a personal benefit contr	act?	ļ	6b	X
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, wa	s the foundation a party to a prohibited t	tax shelter transaction?	Y	es X No		
b		any proceeds or have any net income a			N/A	7b	
Pa		ıt Officers, Directors, Trustees	s, Foundation Mana	agers, Highly	Paid Employe	es,	
	and Contractors			-·			
1 L	ist all officers, directors, trustees	, foundation managers and their com	pensation (see instruc	tions).			
	(a) Nam	e and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit	(e) Expe	nse account,
	(a) Hair	e and address	devoted to position	enter -0-)	plans and deferred compensation	other	allowances
w a	NJIT BAINS	CRESSKULL	TRUSTEE		Compensation		
	4 VACCARO DRIVE	NJ 07626	0.00	٥	0		•
	RSHAN BAINS	CRESSKILL	TRUSTEE				0
		NJ 07626			0		•
	4 VACCARO DRIVE LPANA BAINS	HILLSDALE	0.00	0	0		0
			TRUSTEE		•		•
	9 OAKLAND ST RINA BAINS	NJ 07642 CRESSKILL	0.00 TRUSTEE	0	0		0
					•		•
	4 VACCARO DRIVE	NJ 07626 nid employees (other than those inclu		tructions) If non	0		0
2	"NONE."	nd employees (other than those inclu	ided on line 1 - see insi	tructions). If non-	e, enter		
—	NONE.				(d) Contributions to		
	(a) Name and address of each em	playee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expe	ense account,
	(a) Name and address of each em	soyee paid more than 450,000	devoted to position	(c) compensation	plans and deferred compensation	other	allowances
					соттрепвация	<u> </u>	
MC	NE						
	-						
			-			<u> </u>	
	 				-	 	
						Į	
					<u> </u>	 -	
oto	I number of other employees paid or	vor \$50,000			<u> </u>		
υŒ	mumber of other employees paid of	/EI 430,000					0

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Part VIII	Information About Officers, Directors, Trustees, For and Contractors (continued)	undation Managers, Highly Paid E	mployees,
3 Five high	nest-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Fotal number o	f others receiving over \$50,000 for professional services		
			
Part IX-A	Summary of Direct Charitable Activities		
List the foundation	n's four largest direct charitable activities during the tax year. Include relevant statistical informa-	ation such as the number of	
organizations and	other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see in	structions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 N/A			
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
2			
			,
	related investments. See instructions		
3			

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Total. Add lines 1 through 3

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0

3a

3b 4

> 5 6

3

5

6

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

Pa	irt XIII Undistributed Income	(see instructions)		.,		
1	Distributable amount for 2014 from Part XI	,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7					0
2	Undistributed income, if any, as of the end	of 2014				
	Enter amount for 2013 only				<u>.</u>	
b	Total for prior years 20, 20	, 20				
3	Excess distributions carryover, if any, to 20	014				
а	From 2009					
b	From 2010					
C	From 2011			1		
d	From 2012					
е	From 2013					
f	Total of lines 3a through e					
4	Qualifying distributions for 2014 from Part	XII,				
	line 4 ▶ \$					
а	Applied to 2013, but not more than line 2a					
b	Applied to undistributed income of prior ye	ars				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Elec	ction				
	required – see instructions)					
d	Applied to 2014 distributable amount	-				
	Remaining amount distributed out of corpu	ıs				
5	Excess distributions carryover applied to 2					
	(If an amount appears in column (d), the s					····
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5				
	Prior years' undistributed income Subtract					
-	line 4b from line 2b					
C	Enter the amount of prior years' undistribut	ted				
•	income for which a notice of deficiency has					
	been issued, or on which the section 4942					
	tax has been previously assessed	(-)				
d	Subtract line 6c from line 6b Taxable		······································	1		
_	amount - see instructions				i	
e	Undistributed income for 2013 Subtract lin	ne				
	4a from line 2a Taxable amount – see					
	instructions					
f	Undistributed income for 2014 Subtract lin	nes				<u> </u>
•	4d and 5 from line 1. This amount must be					
	distributed in 2015	•				0
7	Amounts treated as distributions out of coi	mus				
•	to satisfy requirements imposed by section	•				
	170(b)(1)(F) or 4942(g)(3) (Election may b					
	required—see instructions)					
8	Excess distributions carryover from 2009 r	not				
U	applied on line 5 or line 7 (see instructions					
9	Excess distributions carryover to 2015.					
J	Subtract lines 7 and 8 from line 6a					
10						
10	Analysis of line 9 Excess from 2010					
a	F					
b	Excess from 2011					
C	Excess from 2012					
d	Excess from 2013	 				
<u>e</u>	Excess from 2014		L	<u> </u>	1	<u> </u>

factors N/A

Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	ntinued)			
3 Grants and Contributions Paid During the		uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION OF	
a Paid during the year			T	
N/A				
			1	
			1	
•				
			<u> </u>	
			<u> </u>	
			1	
Total			▶ 3a	
b Approved for future payment			J Sa	
N/A				
			1	
j			1	
			<u> </u>	
Total			▶ 3b	

Part XVI-A	Analysis of Income-Producing Acti	vities				
	ounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
•		(a) Business code	(b)	(c) Exclusion	(d)	(e) Related or exempt function income
1 Program se	nuce revenue	Business code	Amount	code	Amount	(See instructions)
_		<u> </u>		1		
						
-						
f						
g Fees ar	nd contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on	savings and temporary cash investments					
4 Dividends a	nd interest from securities					
5 Net rental in	ncome or (loss) from real estate					
a Debt-fin	anced property			<u> </u>		· <u> </u>
b Not deb	ot-financed property					
6 Net rental in	ncome or (loss) from personal property					
7 Other inves				-		
	s) from sales of assets other than inventory			-		
	or (loss) from special events					
	t or (loss) from sales of inventory			<u> </u>		
	nue a			<u> </u>		
				 		
_						
				 		
_					0	
12 Subtotal A	dd columne (h) (d) and (a)		1	3 1		
	dd columns (b), (d), and (e)	<u> </u>	<u> </u>	<u> </u>		
13 Total. Add	line 12, columns (b), (d), and (e)	<u> </u>	I ~	<u> </u>	13 _	
13 Total. Add (See worksheet	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations)	complishm			13 _	
13 Total. Add (See worksheet Part XVI-B	line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the Ac		nent of Exempt P	urpose	13 <u> </u>	0
13 Total. Add (See worksheet	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	is reported in o	nent of Exempt P	urpose	13	0
13 Total. Add (See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the Ac	is reported in o	nent of Exempt P	urpose	13	0
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13 Total. Add (See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	is reported in o	nent of Exempt P	urpose	13	0
13 Total. Add (See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	is reported in o	nent of Exempt P	urpose	13	0
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13 Total. Add (See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	is reported in o	nent of Exempt P	urpose	13	0
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13 Total. Add (See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	is reported in o	nent of Exempt P	urpose	13	0
13 Total. Add (See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	is reported in o	nent of Exempt P	urpose	13	0
13 Total. Add (See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	is reported in o	nent of Exempt P	urpose	13	0
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13 Total. Add (See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	is reported in o	nent of Exempt P	urpose	13	0
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13 Total. Add (See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) tin line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in	is reported in o	nent of Exempt P	urpose	13	0
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7 71	, , , , , , , , , , , , , , , , , , , ,	Exempt O	rganiza	tions		_						
1	Did the orga	anization direc	ctly or indi	rectly engag	e in any of the follo	owing with any	other organization d	escribed			Yes	No
	in section 5	01(c) of the C	ode (othe	r than sectic	on 501(c)(3) organi	zations) or in se	ection 527, relating t	o political				
	organization	ns?						•				
а	Transfers fr	om the report	ing founda	ation to a no	ncharitable exemp	t organization o	ıf					į
	(1) Cash									1a(1)		X
	(2) Other a	ssets								1a(2)		X
b	Other trans	actions										
	(1) Sales o	f assets to a r	noncharita	ible exempt	organization					1b(1)		X_
	(2) Purcha	ses of assets	from a no	ncharitable (exempt organizatio	on				1b(2)		_X_
	(3) Rental	of facilities, ed	quipment,	or other ass	ets					1b(3)		_X_
	(4) Reimbu	ırsement arrai	ngements							1b(4)		X
	(5) Loans (or loan guaran	ntees							1b(5)		X
	(6) Perform	nance of servi	ces or me	mbership or	r fundraising solicit	ations				1b(6)		X
C	Sharing of f	acılıtıes, equip	pment, ma	ailing lists, o	ther assets, or paid	d employees				1c		_X_
d	If the answer	er to any of the	e above is	"Yes," com	plete the following	schedule. Colu	mn (b) should alway	ys show the fa	ır market			
	value of the	goods, other	assets, o	r services gi	iven by the reporting	ig foundation I	the foundation rece	eived less than	faır market			
	value in any	transaction of	or sharing	arrangemer	nt, show in column	(d) the value o	the goods, other as	ssets, or service	ces received			
	a) Line no	(b) Amount i	nvolved	(c) Name	e of noncharitable exemp	t organization	(d) Descript	ion of transfers, tra	nsactions, and sharing a	rrangeme	nts	
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Za					than section 501(c		k-exempt organization	ons			es X	1
			• •	•	man section 501(C	(3)) or in secu	OH 52/7				es A	J NO
		mplete the fol (a) Name of organ		ledule	(b) Type of o	rganization		(c) Description	tion of relationship			
	N/A	(a) Name of organi	iizalion		(5) Type of C	Tganization		(c) Descript	tion of relationship			
	.4 / 22						 					
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					 		† · · · · · · · · ·					
							†					
	Under pe	enalties of perjury,	, I declare th	at I have exami	ned this return, including	g accompanying sci	nedules and statements,	and to the best of i	my knowledge and belie	f, it is tru		
	correct, a	and complete De	claration of p	reparer (other t	than taxpayer) is based	on all information o	which preparer has any	knowledge	May the IRS dis	cuss this r	etum	
Sigi	n		^		α				with the prepare			
-ler		- 1/	<i>;</i>	-0	(/		,		(see instruction	5)?	Yes	No
	7	& ble	lind	· (, ;	* and e	\ <i>7</i> /	26/28/5 1	TRUS	TEE OSho.	 e^ /		
	Sigi	nature of officer or	trustee			Dat	, //	Title		<u> </u>		
_	Print/T	ype preparer's nai	me			Preparer's signat	лье .		Date			<u> </u>
	ļ	7-2 5-2-010, 9 HG				,	1.0.10~		Date			X of
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					,				THORD TO SE			

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

2014

BAINS FOUNDA	TION	27-0279346
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	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. i(7), (8), or (10) organization can check boxes for both the Gener	al Rule and a Special Rule See
X For an organization or more (in money	filing Form 990, 990-EZ, or 990-PF that received, during the yea or property) from any one contributor. Complete Parts I and II. Se	
contributor's total o	ontributions	
For an organization regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that me ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A d that received from any one contributor, during the year, total co f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)
contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 the year, total contributions of more than \$1,000 exclusively for renal purposes, or for the prevention of cruelty to children or animal	eligious, charitable, scientific,
contributor, during contributions totale during the year for General Rule appl	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 the year, contributions exclusively for religious, charitable, etc., pd more than \$1,000. If this box is checked, enter here the total coan exclusively religious, charitable, etc., purpose. Do not completes to this organization because it received nonexclusively religionare during the year.	ourposes, but no such contributions that were received ste any of the parts unless the
990-EZ, or 990-PF), but it i	nat is not covered by the General Rule and/or the Special Rules on nust answer "No" on Part IV, line 2, of its Form 990, or check the to certify that it does not meet the filing requirements of Schedu	e box on line H of its Form 990-EZ or on its

BAINS FOUNDATION Port Contributors (see instructions) Use duplicate copies of Port Life additions	27-0279346
Part : Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed.

ranı	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	BAINS CHARITABLE LE 154 VACCARO DRIVE CRESSKILL	NJ 07626	\$ 15,000	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
2	BAINS CHARITABLE LE 154 VACCARO DRIVE CRESSKILL	NJ 07626	s 15,000	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
3	BAINS CHARITABLE LE 154 VACCARO DRIVE CRESSKILL	NJ 07626	\$ 12,500	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
20 00 00 00 00 00 00 00 00 00 00 00 00 0			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Fair Market Value Basis of Valuation Statement 1 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments End of Year Federal Statements 92,436 92,436 Beginning of Year BAINSFOUNDA BAINS FOUNDATION Description 27-0279346 FYE: 12/31/2014 Total