

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**SCANNED NOV 1 7 2015** 

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

, and ending

EXTENDED TO NOVEMBER 16, 2015

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.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

For calendar year 2014 or tax year beginning

OMB No 1545-0052

Nar	ne of foundation				A Employer identification	number
	HE DEEPAK RAGHAVAN FAMILY					
_	OUNDATION, INC.				58-2637116	
	ther and street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	0.405
_	O BOX 76070				(678) 778-	·. · · ·
	or town, state or province, country, and ZIP or foreign partition of the country	ostal code			C if exemption application is p	ending, check here
	heck all that apply: Initial return	Initial return of a form	ner public ch	arity	D 1. Foreign organizations	s, check here
	Final return	Amended return	·	•		,
	Address change	Name change			<ol><li>Foreign organizations me check here and attach co</li></ol>	eting the 85% test, proputation
H C	heck type of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation sta	
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	on		under section 507(b)(1)	
I Fa	ir market value of all assets at end of year   J   Accounti	ng method: X Cash	Accru	al	F If the foundation is in a	60-month termination
		her (specify)			under section 507(b)(1)	(B), check here
		mn (d) must be on cash ba	sis)			
Pa	The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a) )	L	IIICUI	-	,	(cash basis only)
	1 Contributions, gifts, grants, etc., received	585,330.			N/A	<u>'</u>
	2 Check if the foundation is not required to attach Sch. B. Interest on savings and temporary	<b>-</b>				
	3 cash investments	48,039.		1,954.		STATEMENT 2
	4 Dividends and interest from securities	40,033.		1,354.		STATEMENT Z
	5a Gross rents	-				
	D Net rental income or (loss)	198,090.				STATEMENT 1
Ę	68 Net gain or (loss) from sale of assets not on line 10  Gross sales price for all 1,363,339.	130,0301				
Revenue	7 Capital gain net income (from Part IV, line 2)		252	2,668.	=05117	<del>-0 1</del>
æ	8 Net short-term capital gain			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RECEIV	
	9 Income modifications		·			ar 101
	Gross sales less returns and allowances				13 NOV 13	(1)13 18/
	b Less Cost of goods sold				181	
	c Gross profit or (loss)		***************************************		OGDEN	U
	11 Other income					
	12 Total. Add lines 1 through 11	831,459.	297	7,622.		
	13 Compensation of officers, directors, trustees etc	0.		0.		0.
	14 Other employee salaries and wages					
so.	15 Pension plans, employee benefits					
JSe	16a Legal fees					
Expenses	b Accounting fees	F 050		. 050		
	c Other professional fees STMT 3	7,250.		7,250.		0.
Ě	17 Interest 18 Taxes STMT 4	454.		454.		0.
stra		454.		454.		0.
Ë	19 Depreciation and depletion 20 Occupancy					'
퉏	21 Travel, conferences, and meetings				-	
ğ	22 Printing and publications					
<u>a</u>	23 Other expenses	<u> </u>				
atin	24 Total operating and administrative			-		-
Operating and Administrative	expenses. Add lines 13 through 23	7,704.	•	7,704.		0.
ō	25 Contributions, gifts, grants paid	86,500.				86,500.
	26 Total expenses and disbursements.					
	Add lines 24 and 25	94,204.		7,704.		86,500.
	27 Subtract line 26 from line 12:					
	& Excess of revenue over expenses and disbursements	737,255.				`
	b Net investment income (if negative, enter -0-)		289	9,918.		
4235	C Adjusted net income (if negative, enter -0-)		-		N/A	5 000 35
4235 11-2	01 4-14 LHA For Paperwork Reduction Act Notice, see	instructions.	·	VK)	7	Form <b>990-PF</b> (2014)

FOI	111 99	10-PF (2014) FOUNDATION, INC.	D		263/116 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End o (b) Book Value	(c) Fair Market Value
=				(D) BOOK Value	
	1		24,317.		-21,141.
		Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶	Ĭ		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons	1		
	٦,	· · · · ·			
	7	Other notes and loans receivable	1		
	١.	Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
•	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 5	1,709,100.	2,464,536.	2,648,885.
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	l '	Land, buildings, and equipment basis			·
	'"				•
	1.5	Less accumulated depreciation	204	27 561	27 561
		Other assets (describe ► DUE FROM BROKER )	284.	27,561.	27,561.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	1,733,701.	2,492,097.	2,655,305.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Š	19	Deferred revenue		-: .	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
ت	22	Other liabilities (describe ► CASH DEFICIT )	0.	21,141.	
	23	Total liabilities (add lines 17 through 22)	0.	21,141.	
_	123	Foundations that follow SFAS 117, check here	•	21,141.	
	1	•			
Ś	l	and complete lines 24 through 26 and lines 30 and 31.			
ဦ		Unrestricted			
쿌		Temporarily restricted			
ĕ	26	Permanently restricted			
Ĕ	ì	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Ö	27	Capital stock, trust principal, or current funds	1,733,701.	2,470,956.	
Şe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
<del>o</del>	30	Total net assets or fund balances	1,733,701.	2,470,956.	
Z	"	7 - 12 110 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		2/2/0/3300	
	24	Total liabilities and net assets/fund balances	1,733,701.	2,492,097.	
_				4,474,071.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	20	<del></del>	
ı			JU		1 722 701
_		st agree with end-of-year figure reported on prior year's return)		1	1,733,701.
2		ar amount from Part I, line 27a		2	737,255.
3		er increases not included in line 2 (itemize)	<u>.</u> .	3	0.
4		lines 1, 2, and 3		4	2,470,956.
5		reases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,470,956.
					Form <b>990-PF</b> (2014)

2-story brick wai		nd(s) of property sold (e or common stock, 200 s				( <b>b)</b> I	low ac - Purc - Dona	quired hase ation		acquired ay, yr.)	(d) Date sold (mo., day, yr.)
a b SEE ATTACHED	Cmar	PEMENT				-					
b SEE ATTACHED	SIA.	LEMENT				-					<u>.</u>
<u></u>		<del>-</del>			·	┢		-			
e		<u> </u>				<del>                                     </del>					
(e) Gross sales price	(f) [	Depreciation allowed (or allowable)			st or other basis expense of sale					ain or (loss s (f) minus	
a											
)		_							_		
			-								
1 262 220			+		1 110 67	, 1					252 669
1,363,339.	a aoin in	column (h) and award h	y the f		1,110,67	<del>- 1</del>				-1 (6)	252,668
Complete only for assets showing			y tile it			$\dashv$				ol. (h) gain not less tha	
(i) F.M.V. as of 12/31/69	(	(j) Adjusted basis as of 12/31/69	1		cess of col. (1)			00		(from col. (	
			+	<b>Q+0</b> 1	(/// w)	$\dashv$					
)			+			$\dashv$					
2			+-			$\dashv$					
1			+			$\dashv$			·		
						$\dashv$					252,668
· I		C 14	4 D			╮┤					232,000
Capital gain net income or (net cap	nital loss)	If gain, also en If (loss), enter	ter in P	art I, line	7	١١	2				252,668
		•			,	<u>ا</u> ر					232,000
Net short-term capital gain or (los: If gain, also enter in Part I, line 8, (			and (b	):		٦١					
If (loss), enter -0- in Part I, line 8	column (t	- J-				PI	_			37/3	
						- 7 1	3			N/A	
or optional use by domestic private	foundation	ons subject to the section						nent Inc	come	N/A	
Part V   Qualification United or optional use by domestic private section 4940(d)(2) applies, leave the foundation liable for the sect "Yes," the foundation does not qualify.	foundations part black from 4942 fry under	ons subject to the section ank.  tax on the distributable a section 4940(e). Do not	n 4940 amount	(a) tax or t of any ye ete this pa	net investment in ear in the base pe art.	riod?	9-)	nent Ind	come	N/A	
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or optional use by domestic private section 4940(d)(2) applies, leave the as the foundation liable for the sect "Yes," the foundation does not qualicate the appropriate amount in each calendar year (or tax year beginning 2013 2012 2011 2010 2009  Total of line 1, column (d) Average distribution ratio for the 5the foundation has been in exister Enter the net value of noncharitab Multiply line 4 by line 3  Enter 1% of net investment income	foundation foundation 4942 and under the columns of	ons subject to the section ank.  tax on the distributable a section 4940(e). Do not mn for each year; see the (b)  Adjusted qualifying of the total seeperiod - divide the total set than 5 years.	amount comple e instru 66, 84, 11, 54, 52,	t of any yeate this partitions better the following the following better	ear in the base pe art. fore making any e	ntries (c) nnchai	, 58 , 05 , 11 , 03	use assets 0,785 6,316 7,925 6,622	2	Distrik	Yes X No (d) Outling ratio (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
or optional use by domestic private section 4940(d)(2) applies, leave the foundation liable for the sect "Yes," the foundation does not qualicate the appropriate amount in example (a)  Base period years Calendar year (or tax year beginning 2013)  2012  2011  2010  2009  Total of line 1, column (d)  Average distribution ratio for the state foundation has been in exister the net value of noncharitab Multiply line 4 by line 3  Enter 1% of net investment income Add lines 5 and 6	foundation spart black to a 4942 of y under teach columng in)  5-year basence if less alleuse as	ons subject to the section ank.  tax on the distributable a section 4940(e). Do not mn for each year, see the (b)  Adjusted qualifying of the total strain 5 years  sets for 2014 from Part 2	amount comple e instru 66, 84, 11, 54, 52,	t of any yeate this partitions better the following the following better	ear in the base pe art. fore making any e	ntries (c) nnchai	, 58 , 05 , 11 , 03	use assets 0,785 6,316 7,925 6,622	2 3 4 5 6 7	Distrik	(d) pultion ratio rided by col. (c))
or optional use by domestic private section 4940(d)(2) applies, leave the as the foundation liable for the sect Yes," the foundation does not qualicate the appropriate amount in each of the sect (a)  Base period years Calendar year (or tax year beginning 2013 2012 2011 2010 2009  Total of line 1, column (d)  Average distribution ratio for the 5the foundation has been in exister Enter the net value of noncharitab Multiply line 4 by line 3  Enter 1% of net investment income	foundation spart blaction 4942 (fy under each coluing in)  5-year basence if less (sile-use as as a fine (1% of an Part XII,	ons subject to the section ank.  tax on the distributable a section 4940(e). Do not mn for each year, see the (b)  Adjusted qualifying of the set of the s	amount comple e instru 66, 84, 11, 54, 52,	t of any yeate this partitions  500. 514. 645. 953. 069.	ear in the base peart. fore making any e  Net value of no	ntries (c) nchar 1 1 1	, 58 , 05 , 11 , 03	use assets 0,785 6,316 7,925 6,622 5,445	2	Distrik	Yes X N  (d) Outton ratio Ided by col. (c))  . 04206 . 08000 . 09986 . 05301 . 05566 . 33061 . 06612 2,086,044 137,938

THE DEEPAK RAGHAVAN FAMILY

Form 990-PF (2014) FOUNDATION, INC.		26371		F	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see ins	struc	tior	1S)
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)		ļ			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%	1		5	, 7	98.
of Part I, line 27b	ł				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1				_
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		5	,7	
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		5	, 7	98.
6 Credits/Payments:					
a 2014 estimated tax payments and 2013 overpayment credited to 2014  6a 1,923.					
b Exempt foreign organizations - tax withheld at source					
c Tax paid with application for extension of time to file (Form 8868)  6c 10,400.					
d Backup withholding erroneously withheld 6d 6d	_		1.0		2 2
7 Total credits and payments. Add lines 6a through 6d	7			, 3	23.
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			· F	<del></del>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ		, 5.	25.
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax   6,525. Refunded	11	<u> </u>			0.
Part VII-A Statements Regarding Activities		т.	1	/osl	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	III	⊢	1a	62	X
any political campaign?	١.0		1b		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		-	10	$\dashv$	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published distributed by the foundation in connection with the activities	eu oi				
c Did the foundation file Form 1120-POL for this year?		ŀ	1c	- 1	Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-	<del>''</del>		
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.					
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•				
managers. > \$ 0.					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	- 1	$\mathbf{x}^{\cdot}$
If "Yes," attach a detailed description of the activities		<u>-</u>	-		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r				ì
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	1	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u> </u>	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	T	X
If "Yes," attach the statement required by General Instruction T			$\neg$		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
By language in the governing instrument, or		1	- 1	ŀ	
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law		1		
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	/		7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)					
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)		<del></del>	- 1		
of each state as required by General Instruction G? If "No," attach explanation			8b	$\mathbf{x}$	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	endar	-	<del></del> +		
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	uai	<u> </u>	9	1	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
10 See any personal popularies contained and addresses		Form	-	DE /	

Pa	rt VII-A   Statements Regarding Activities (continued)	-		
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		X
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		X
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 ▶ DEEPAK RAGHAVAN  Telephone no. ▶ 678-7		485	
	Located at ▶P O BOX 76070, SANDY SPRINGS, GA ZIP+4 ▶30	358		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country			
P	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
18	in During the year did the foundation (either directly or indirectly):			
	(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 disgualified person?  Yes X No			
	(*)			
	(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)?  Yes X No			
	· · ·			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X No			
	ol 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)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	10		
	: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
. '	before the first day of the tax year beginning in 2014?	16	İ	х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<del></del>		
-	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years > , , , ,	1		
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	1		
	b If "Yes," did it have excess business holdings in 2014 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	;	٠	
	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 2014)  N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X
	Fo	rm <b>99</b> 0	)-PF	(2014)

orm	990-	PF	(2014)

Total number of other employees paid over \$50,000

### THE DEEPAK RAGHAVAN FAMILY

Form 990-PF (2014) FOUNDATION, INC.		2637116 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
<del>,</del>		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u>   0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the	Expenses
1 N/A		
2		
3		
4		
	<del></del>	
Part IX-B Summary of Program-Related Investments	lines 1 and 0	Amount
Describe the two largest program-related investments made by the foundation during the tax year on <b>1 N/A</b>	illies i aliu 2.	Amount
I A/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>•</b>	0.

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Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,104,524.
b	Average of monthly cash balances	1b	2,104,524. 13,287.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,117,811.
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	2,117,811.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,767.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,086,044.
6	Minimum investment return. Enter 5% of line 5	6	104,302.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	104,302.
2a	Tax on investment income for 2014 from Part VI, line 5   2a   5,798.		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	5,798.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	98,504.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	98,504.
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	98,504.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	86,500. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	-
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	86,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	86,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	or the section

Form **990-PF** (2014)

# THE DEEPAK RAGHAVAN FAMILY FOUNDATION, INC.

Part XIII Undistributed Income (see instructions) (b) (c) (d) Corpus Years prior to 2013 2013 2014 1 Distributable amount for 2014 from Part XI, 98,504. 2 Undistributed income, if any, as of the end of 2014 0 a Enter amount for 2013 only **b** Total for prior years: 0. 3 Excess distributions carryover, if any, to 2014: a From 2009 4,262 **b** From 2010 56,559 38,100 c From 2011 d From 2012 e From 2013 98,921 f Total of lines 3a through e 4 Qualifying distributions for 2014 from 86,500. Part XII, line 4: ►\$ 0 a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 86,500. d Applied to 2014 distributable amount 0. e Remaining amount distributed out of corpus 12,004. 12,004. 5 Excess distributions carryover applied to 2014 (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: 86,917. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2013. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2014, Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 0. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2009 0 not applied on line 5 or line 7 9 Excess distributions carryover to 2015. 86,917 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2010 48,817. b Excess from 2011 38,100. c Excess from 2012 d Excess from 2013

11-24-14

e Excess from 2014

### THE DEEPAK RAGHAVAN FAMILY

	ION, INC.			58-26	37116 Page 1
Part XIV Private Operating F	<b>oundations</b> (see in	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	at it is a private operating	Ī		
foundation, and the ruling is effective for	r 2014, enter the date of	the ruling	<b>▶</b>		
b Check box to indicate whether the found	lation is a private operat	<u>ing</u> foundation described	in section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
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					
exempt activities		<u> </u>			
<ul> <li>Qualifying distributions made directly</li> </ul>					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:		į			
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		<del></del>			<u>-</u>
(1) Total support other than gross		}			i
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)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed in			itributions received by the	e foundation before the clo	se of any tax
DEEPAK RAGHAVAN					
b List any managers of the foundation wh			(or an equally large port	on of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater intere	est.			
NONE		<del> </del>			
2 Information Regarding Contribut					
Check here X if the foundation of	only makes contributions	to preselected charitable	e organizations and does	not accept unsolicited requ	lests for funds. If
the foundation makes gifts, grants, etc.	<del></del>				1 0.
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	dications should be addre	essed:	
b The form in which applications should b	oe submitted and inform	ation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations of	o cuch as by gasara-bi-	nal aroan shorteble feld	lundo of matabatana	ather feet	
d Any restrictions or limitations on award	s, such as by geographi	vai ar <del>c</del> as, charnadie nelds	s, kinus of institutions, of	outer tactors;	

3 Grants and Contributions Paid During the		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		
a Paid during the year				
CHILDREN'S HEALTHCARE OF ATLANTA	N/A	PUBLIC	HEALTHCARE	
1001 JOHNSON FERRY RD				05.00
ATLANTA, GA 30342				25,00
CDODGLA CHARL INTURDICANY HOUNDANION	7/3	DUDI 14		
GEORGIA STATE UNIVERSITY FOUNDATION P.O. BOX 3963	N/A	PUBLIC	EDUCATION - GENERAL	
ATLANTA, GA 30302-3963				5,00
INDIAN-AMERICAN SCHOLARSHIP FUND	N/A	PUBLIC	INDIAN AMERICAN	
2707 RANGEWOOD DR			SCHOLARSHIP FUND	
ATLANTA, GA 30345				4,50
SANKARA NETRALAYA OM TRUST, INC. 9710 TRAVILLE GATEWAY DRIVE, # 392	N/A	PUBLIC	CULTURAL - GENERAL	
ROCKVILLE, MD 20850	<del>- </del>			5(
VIBHA INC	N/A	PUBLIC	ASSIST UNDERPRIVILEGED	
1830 CHATBURN WAY			CHILDREN	E (
DULUTH, GA 30097  Total SEE CC	NTINUATION SHEE	፲ የጥ ( S )	<b>▶</b> 3a	86,50
b Approved for future payment	***************************************	32 (5)	- Ja	
NONE				
Total			<b>▶</b> 3b	
10(4)	<u> </u>			m <b>990-PF</b> (20

nter gross amounts unless otherwise indicated.	Unrelated b			y section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_ \				
b	_				
c		<u>-</u>			- <u>-</u>
d	_				
e	_	· · · · · · · · · · · · · · · · · · ·			
f	_				
g Fees and contracts from government agencies	<u> </u>				
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		_	14	48,039.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	198,090.	
9 Net income or (loss) from special events	<del>                                     </del>		+	130,0301	
10 Gross profit or (loss) from sales of inventory		<u> </u>			
11 Other revenue:	<del></del>	-	+ + -		
8					
b	— <del> </del>	· · · · · ·	<del>-   -   -   -   -   -   -   -   -   -  </del>		
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		C	).[	246,129.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	246,129
See worksheet in line 13 instructions to verify calculation	s.)				
Part XVI-B Relationship of Activitie	es to the Accom	plishment of	Exempt Pu	urposes	
Line No. Explain below how each activity for which the foundation's exempt purposes (other to				importantly to the accomp	lishment of

_▼	the foundation's exempt p	urposes (other than by providing fund	is for such purposes).	
	<u>-</u>			
23621 1-24-14				Form <b>990-PF</b> (20

Part XVII	Information Regarding Transfers To and Transactions and Relationships	With Noncharitable
	Exempt Organizations	

1	Did the or	ganization directly or indir	rectly engage in any	of the followin	ig with an	y other organization	on described in sect	ion 501(c) of		Yes	No
	the Code (	other than section 501(c)	)(3) organizations) or	r ın section 52	27, relatin	g to political organ	uzations?				
a	Transfers	from the reporting found	ation to a noncharital	ble exempt org	ganızatıor	of:					
	(1) Cash								1a(1)		X
	(2) Other	assets							1a(2)		X
b	Other tran	sactions:									
	(1) Sales	of assets to a noncharital	ble exempt organizat	tion					1b(1)		X
	(2) Purch	nases of assets from a no	ncharitable exempt o	organization					1b(2)		_X_
	(3) Renta	il of facilities, equipment,	or other assets						1b(3)		<u>X</u>
	(4) Reimi	bursement arrangements							1b(4)		X
	(5) Loans	s or loan guarantees							1b(5)		X
	` '	rmance of services or me	·	•					1b(6)		Х
	•	f facilities, equipment, ma	• .						1c		X
								narket value of the goods, ot		ets,	
					ed less th	an fair market valu	ie in any transactior	or sharing arrangement, sh	ow in		
	<u>`</u>	<ul><li>the value of the goods,</li><li>(b) Amount involved</li></ul>			a avamnt	organization	1 (4) =				
(a)∟⊪	ne no	(b) Amount involved	(c) Name of	noncharitable	exempli	organization —	(U) Description	of transfers transactions, and sh	naring arr	angeme	nts
				N/A							
			<u> </u>				_				
							<del></del>	<del></del>			
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	_			<del></del>						_	
							_	·			
	<del></del>		-					<del></del>			
							-				
								-			
							•				
2a	Is the four	ndation directly or indirect	tly affiliated with, or r	elated to, one	or more	tax-exempt organi	zations described				
	ın section	501(c) of the Code (other	r than section 501(c)	(3)) or in sect	tion 527 <b>?</b>				Yes	X	No
b	If "Yes," co	omplete the following sch	edule.								
		(a) Name of org	anization		<b>(b)</b> Typ	e of organization		(c) Description of relationshi	р		
		N/A									
								<del> </del>			
Δ.	ممرة أم	penalties of perjury, I declare elief, it is true correct and con						May	he IRS d	scuss t	his
Siç He	n   🛌	1.Door				11/10/15		show	n with the		
ΠÇ		1022				<u></u>		SE LX	」 Yes		No
	Sigi	nature of officer or trustee		I Dropararia au	Da	nte	Title	Check I if I DTIN			
		Print/Type preparer's na	11116	Preparer's si	igilature		Date	Check if PTIN self- employed			
Pa	id	DOBEDM X	пурть		٠ ٦٠	UNDTE	11/06/15	' '	121	<b>/1</b> 2	
	eparer	ROBERT A.  Firm's name ► AGH		ROBERT	м.	UWDIL	11/06/15	Firm's EIN ► 58 – 25	131		
	e Only	Fill S hame PAGA	., шц					rimsein > 30-43	000	, 0	
	y	Firm's address ▶ 35	OMORIG OO	חק חער	SIITT	E 500		<del> </del>		-	
						_ 500		Phone no. 404-23	3-5	486	
	ATLANTA, GA 30305					1. 110110 110. IV = 4J	J J.				

423622 11-24-14

Form **990-PF** (2014)

Part IV Capital Gains and Lo	sses for Tax on Investment Income			1102 1 01 1
(a) List and 2-story b	d describe the kind(s) of property sol rick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a SEE ATTACHMENT	D-6744		P	12/31/14
b SEE ATTACHMENT			P	12/31/14
c SEE ATTACHMENT			P	12/31/14
d SEE ATTACHMENT	D-3083		P	12/31/14
e SEE ATTACHMENT			P	12/31/14
f SEE ATTACHMENT	D-3084		P	12/31/14
g SEE ATTACHMENT	D-8211		P	12/31/14
h SEE ATTACHMENT	D-8211		P	12/31/14
I SEE ATTACHMENT	D-8212		P	12/31/14
, SEE ATTACHMENT	D-8212		P	12/31/14
k SEE ATTACHMENT	D-8214	<del></del>	P	12/31/14
I SEE ATTACHMENT	D-8214		P	12/31/14
m BASIS ADJUSTME	NTS		P	12/31/14
n CAPITAL GAINS	DIVIDENDS			
0				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) lus (f) minus (g)
a 122,852.		132,477.		-9,625.
b 534,331.		383,712.		150,619.
c 148,822.		144,092.		4,730.
d 64,420.		55,063.		9,357.
e 22,921.		24,596.		-1,675.
f 55,593.		56,916.		-1,323.
g 77,777.		74,754.		3,023.
h 95,783.		66,352.		29,431.
1 24,282.		23,918.		364.
92,929.		63,274.		29,655.
k 26,912.		26,171.		741.
85,687.		57,950.		27,737.
m		1,396.		-1,396.
n 11,030.				11,030.
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	sses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		of col. (h) gain over col. (k), ot less than "-0-")
a				-9,625.
b				150,619.
С				4,730.
d				9,357.
<u>e</u>				-1,675.
<u>f</u>				-1,323.
9				3,023.
<u>h</u>				29,431.
1				364.
1				29,655.
<u>k</u>				741.
1				27,737.
<u>m</u>			<del> </del>	-1,396.
n				11,030.
0	<u> </u>		<del></del>	
2 Capital gain net income or (net c	apıtal loss) {   If gain, also enter =-(	r in Part I, line 7 )-" in Part I, line 7	2	252,668.
If gain, also enter in Part I, line 8		nd (6):		4-
If (loss), enter "-0-" in Part I, line	<u> </u>		_3	N/A

3 Grants and Contributions Paid During the	Year (Continuation)	-		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	O TO	
WOODWARD ACADEMY	N/A	PUBLIC	EDUCATION	
1662 RUGBY AVENUE				
ATLANTA, GA 30337				20,00
ZOO ATLANTA	N/A	PUBLIC	CONSERVATION	
300 CHEROKEE AVE SE	,			
ATLANTA, GA 30315				30,00
CIRCLE OF FRIENDS CELEBRATING LIFE	N/A	PUBLIC	HUMAN SERVICES	
P.O. BOX 1805 FAYETTEVILLE, GA 30214				1,00
· -				
		-		
	<del></del>	1		
				]
		<u> </u>		
Total from continuation sheets				51,0

### 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, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

**Employer identification number** 

2014

THE DEEPAK RAGHAVAN FAMILY FOUNDATION, INC. 58-2637116 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 501(c)(3) exempt private foundation 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 Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

58-2637116

Part I	Contributors (see instructions)	Use duplicate copies of Part I if additional space is needed
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Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	ai space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PRIYA DEEPAK  PO BOX 76070  SANDY SPRINGS, GA 30358	\$ 19,756.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DEEPAK RAGHAVAN AND PRIYA DEEPAK  PO BOX 76070  SANDY SPRINGS, GA 30358	\$5,917.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DEEPAK RAGHAVAN AND PRYIA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	\$ 26,958.	Person X Payroll  Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-	DEEPAK RAGHAVAN AND PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	\$ 20,017.	Person X Payroll

Employer identification number

58-2637116

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is neede	be
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional and additional actions are contributors.	tional space is needed
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7	DEEPAK RAGHAVAN AND PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8	DEEPAK RAGHAVAN AND PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	DEEPAK RAGHAVAN AND PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10	DEEPAK RAGHAVAN AND PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11	DEEPAK RAGHAVAN AND PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12	DEEPAK RAGHAVAN AND PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	Person X Payroll Noncash X (Complete Part II for noncash contributions)
423452 11-	05-14	Schedule B (Form 990, 990-EZ, or 990-PF) (20

Employer identification number

	ATION, INC.	<del> </del>	5-203/110
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DEEPAK RAGHAVAN AND PRIYA DEEPAK PO BOX 76070 SANDY SPRINGS, GA 30358	\$16,006.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	\$16,947.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	THE PD 2012 TRUST  PO BOX 76070  SANDY SPRINGS, GA 30358	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	THE PD 2012 TRUST  PO BOX 76070  SANDY SPRINGS, GA 30358	s46,540.	Person Payroll Noncash X (Complete Part II for noncash contributions)

Employer identification number

58-2637116

FOUND	DATION, INC.	58	3-2637116
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	s10,253.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	ss	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	THE PD 2012 TRUST  PO BOX 76070  SANDY SPRINGS, GA 30358	s13,235.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	935.	Person Payroll Noncash X (Complete Part II for noncash contributions)

423452 11-05-14

Name of organization THE DEEPAK RAGHAVAN FAMILY Employer identification number

FOUND.	ATION, INC.	58	-2637116
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	\$14,766.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	\$8,394.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	THE PD 2012 TRUST  PO BOX 76070  SANDY SPRINGS, GA 30358	\$1,548.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	THE PD 2012 TRUST  PO BOX 76070  SANDY SPRINGS, GA 30358	\$4,017.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	THE PD 2012 TRUST  PO BOX 76070  SANDY SPRINGS, GA 30358	\$11,607.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	\$836.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	s18,754.	Person Payroll Moncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	THE PD 2012 TRUST PO BOX 76070 SANDY SPRINGS, GA 30358	\$6,402.	Person Payroll Noncash X (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 (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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 Payroll Poncash Payroll Part II for noncash contributions )

Employer identification number

Part II	Noncash Property	(see instructions)	Use duplicate copies	of Part II if additiona	I space is needed
---------	------------------	--------------------	----------------------	-------------------------	-------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	175 SHS APPLE INC	_	:
		\$	12/23/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	500 SHS CHURCH AND DWIGHT CO INC		
		\$\$.	12/23/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	375 SHS UNITED TECHNOLOGIES CORP		
		ss	12/23/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	30 SHS LOCKHEED MARTIN CORP		
		5,917.	12/23/14
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	150 SHS BUFFALO WILD WINGS		
		<u>26,958.</u>	12/23/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	250 SHS CHURCH AND DWIGHT INC		
			12/23/14

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	ıf addıtıc	onal space is needed	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
7	1,000 SHS COURIER CORPORATION	-		
		_ _ _	14,605.	12/23/14
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
8	1250 SHS HELIX ENERGY SOLUTIONS GRP INC	-		
		_ _ _	26,625.	12/23/14
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
9	400 SHS WORLD FUEL SERVICES CORP	_		
		_ _ _	19,130.	12/23/14
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
10	775 SHS INTEL CORP	-		
		_ _ _	29,062.	12/23/14
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
11	250 SHS APPLE INC	-		
		_ _	28,224.	12/23/14
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
12	300 SHS WORLD FUEL SERVICES CORP	-		
		_ _ _ \$_	14,348.	12/23/14 990, 990-EZ, or 990-PF) (20

Employer identification number

Part II	II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
13	150 SHS VANGUARD INFO TECH ETF				
13		\$16,006.	12/23/14		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
14	300 SHS AMER INTL GP INC NEW				
		\$16,947.	12/24/14		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
15	225 SHS APPLE INC		-		
		\$\$	12/24/14		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
16	100 SHS CHURCH & DWIGHT CO INC				
		\$8,057.	12/24/14		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
17	350 SHS COGNIZANT TECH SOLUTIONS CL A				
		\$19,000.	12/24/14		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
18	2,000 SHS CORNING INC				
		\$46,540.	12/24/14 990, 990-EZ, or 990-PF) (2		

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
19	285 SHS DSW INC CL A			
			12/24/14	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
20	170 SHS EPAM SYSTEMS			
		sss,291.	12/24/14	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
21	285 SHS EVEREST RE GROUP LTD			
		s49,047.	12/24/14	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
22	25 SHS GOOGLE INC CL C			
			12/24/14	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
23	31 SHS GOOGLE INC-CL A			
		\$16,668.	12/24/14	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
24	25 SHS INTEL CORP	_		
23453 11-0	E-14	\$ 935.	12/24/14 990, 990-EZ, or 990-PF) (20	

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	t II if additional space is needed	pace is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
25	75 SHS LOCKHEED MARTIN CORP			
25				
		<u> </u>	12/24/14	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
26	40 SHS MCKESSON CORP			
		\$8,394.	12/24/14	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	20 SHS NATHANS FAMOUS INC			
27		<del></del>		
		1,548.	12/24/14	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	10 SHS NEWMARKET CORP (HLDG CO)			
28		<del></del>		
		\$\$.	12/24/14	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
20	250 SHS ORACLE CORP		<del> </del>	
29		<del></del>		
		\$\\$\\$	12/24/14	
(a)		(c)		
No. from	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received	
Part I	8 SHS POWERSHARES QQQ TR			
30				
1		\	12/24/14	

Name of organization THE DEEPAK RAGHAVAN FAMILY

Employer identification number

(b) escription of noncash property given  E FINANCIAL SEL SECT SPDR FD  (b) escription of noncash property given  TED THERAPEUTICS CORP  (b) escription of noncash property given  (b) (c) (b)	\$	18,754.  2) estimate) cuctions)  6,402.	(d) Date received
(b) escription of noncash property given  TED THERAPEUTICS CORP  (b) escription of noncash property given  (b)	\$	6,402.	12/24/14 (d)
(b) escription of noncash property given  (b) escription of noncash property given  (b)	\$	6,402.	(d) Date received  12/24/14
(b) escription of noncash property given  (b) escription of noncash property given  (b)	\$	6,402.	12/24/14 (d)
(b) escription of noncash property given	(c FMV (or e (see instr	estimate)	(d)
(b)	(c FMV (or e (see instr	estimate)	(d)
(b)	FMV (or e (see instr	estimate)	
• •	<u> </u>		
• •	<u> </u>		
• •			
escription of noncash property given	(c FMV (or e (see instr	estimate)	(d) Date received
	\$	<del></del>	
(b) escription of noncash property given	FMV (or e	estimate)	(d) Date received
	\$		
(b) escription of noncash property given	FMV (or e	estimate)	(d) Date received
	(b)	(b) escription of noncash property given  (b)  (b)  (c)  FMV (or experiment)  (b)  FMV (or experiment)	(b) escription of noncash property given  (c) FMV (or estimate) (see instructions)  (c)  (d) FMV (or estimate)  (c) FMV (or estimate)

Name of organization

THE DEEPAK RAGHAVAN FAMILY

Employer identification number

FOUNDA	TION, INC.		58-2637116		
Part III	completing Part III, enter the total of exclusively religious.	, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations riless for the year (Enter this info once)		
(=) N = 1	Use duplicate copies of Part III if additiona	l space is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of gif	it Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gif			
  -  -	Transferee's name, address, an		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		