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Form 990-PF

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

OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

2010

Intern	al Reven	ue Service	<u>parate instructions is </u>	at www.ii	s.gov/form9	990pf. □pøi	to Public Inspection
For	calend	ar year 2015 or tax year beginning	, 2015, a	nd ending	9		, 20
Na	me of fo	oundation			A Employer	identification number	
Th	e Jh	averi Foundation			04-3812		
Nu	mber ar	nd street (or P O box number if mail is not delivered to street address)	Ro	om/suite	B Telephone	number (see instructions	5)
		High Parkway				•	•
		n, state or province, country, and ZIP or foreign postal code			C If avament	on application is produce	shask bara
	•	River, OH 44116			Cirexempt	ion application is pending	i, check here
			of a former public charit	 tv	D 1. Foreigi	n organizations, check h	ere 🕨
-		Final return Amended ret	•	,			
		Address change Name chang				n organizations meeting t	
H C	heck to	/pe of organization X Section 501(c)(3) exempt priva			ŀ	here and attach compute	
		· -	axable private foundate	Ωn		foundation status was tei 07(b)(1)(A), check here	minated under
LE		ket value of all assets at J Accounting method:	7	Accrual	1		
	-	ear (from Part II, col. (c), Other (specify)	[]	.00,		ndation is in a 60-month t ction 507(b)(1)(B), check	1 1
	ne 16)		on cash hasis)		1	λιοπ σοτ (Σχ τ χ Σ), σποσκ	
	rtl	Analysis of Revenue and Expenses (The total of	on dash dasis ;		<u> </u>		(d) Dishuramenta
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions))	books		come	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	10,000				(SEE/I BUGIS OTHY)
		Check In the foundation is not required to attach Sch B	10,000	 			
		Interest on savings and temporary cash investments	·	 -		-	·
		Dividends and interest from securities					
		· .					
		··		 			<u> </u>
		Net rental income or (loss)					
Ģ	_	Net gain or (loss) from sale of assets not on line 10			······································		
Revenue		Gross sales pnce for all assets on line 6a Capital gain net income (from Part IV, line 2)	·····		 -		
Ş		· · · · · · · · · · · · · · · · · · ·					
	9	Net short-term capital gain	1111-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	 ,			
2016					······································		
2		Gross sales less returns and allowances Less: Cost of goods sold	1		', 		
8		O and a Charles Mark ask ask ask ask ask					
(11	Other income (attach schedule)					
ĄŪĠ	12	Total. Add lines 1 through 11	10,000	 -			
#	13	Compensation of officers, directors, trustees, etc. IED	10,000	 			
C.S	14	Other employee salaries and wages RECEIVED					
MSes)	15		}				
e e	16a	Legal fees (attach schedule)	<u> </u>	 			
Administrative Expe	I	Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) Interest Taxes (attach schedule) (see instructions)	2	 			
S)	C	Other professional fees (attach schedule)					
ati	17	Interest OGDEN, UT		 			
str	18	Taxes (attach schedule) (see instructions)					
Ë	19	Depreciation (attach schedule) and depletion					
ďμ	20	Occupancy					<u> </u>
Ϋ́	21	Travel, conferences, and meetings					
and	22	Printing and publications		-			
βL	23	Other expenses (attach schedule) STM103	3(+
Operating	24	Total operating and administrative expenses.	, , , , , , , , , , , , , , , , , , ,	 	 -		
ěr		Add lines 13 through 23	30	d	ĺ		o
Q	25	Contributions, gifts, grants paid .	4,09	+	***************************************		0
	26	Total expenses and disbursements. Add lines 24 and 25 .	4,12			 	- 0
	27	Subtract line 26 from line 12	7,12.	 	· · · · · · · · · · · · · · · · · · ·		
	a	Excess of revenue over expenses and disbursements .	5,87	d d			1
	b	Net investment income (if negative, enter -0-)	3,37			d	
	6	Adjusted net income (if negative, enter -0-)	*** '- ********************************	 			d

Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of ye	ar
	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	2,103	2,457	2,457
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 instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts			
8 13	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
8 10a				·
	Investments - corporate stock (attach schedule)			
1	Investments - corporate bonds (attach schedule)			•
11	· · · · · · · · · · · · · · · · · · ·			
111				
42				
12	Investments - mortgage loans	107 063	111 005	111 005
13	Investments - other (attach schedule) . STM118	107,863	111,995	111,995
14	Land, buildings, and equipment basis	†		
4-	Less accumulated depreciation (attach schedule)			
15	Other assets (describe >)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
16	Total assets (to be completed by all filers - see the	100.055	224 450	
	ınstructions Also, see page 1, item I)	109,966	114,452	114,452
17	Accounts payable and accrued expenses			
ري 18 در	Grants payable			
₽ 19	Deferred revenue			
Liabilitie 50 51	Loans from officers, directors, trustees, and other disqualified persons			
<u>명</u> 21	Mortgages and other notes payable (attach schedule)			
_ 22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	0	0	
SS	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
일 24	Unrestricted	109,966	114,452	
alances 25	Temporarily restricted			
<u>m</u> 26	Permanently restricted			
E Pund B	Foundations that do not follow SFAS 117, check here			
<u>ت</u>	and complete lines 27 through 31.			
Ö 27	Capital stock, trust principal, or current funds			
Assets or 28 29 29 29	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS 29	Retained earnings, accumulated income, endowment, or other funds			
₹ 30	Total net assets or fund balances (see instructions)	109,966	114,452	
₹ 30 2 31	Total liabilities and net assets/fund balances (see			
1	instructions)	109,966	114,452	
Part		ces		
1 Tota	al net assets or fund balances at beginning of year - Part II, column (a), line	30 (must agree with		
end	-of-year figure reported on prior year's return)		. 1	109,966
2 Ente	er amount from Part I, line 27a		2	5,879
3 Oth	er increases not included in line 2 (itemize)		3	
4 Add	I lines 1, 2, and 3		. 4	115,845
	creases not included in line 2 (itemize)		5	
6 Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	. 6	115,845

	be the kind(s) of property sold (e.g., real ehouse, or common stock, 200 shs MLC		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
b					
С					
d					
<u>e</u>		т -	<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o			in or (loss) (f) minus (g)
a	<u> </u>				
b					
С		<u> </u>		!	
d					
e		<u> </u>			
Complete only for assets show	wing gain in column (h) and owned b	y the foundation on 1	2/31/69	(I) Gains (Co	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (l col (k), but no	t less than -0-) or from col (h))
a					
b					
C					
d					
e			·		
Capital gain net income or (ne	et canital loss)	also enter in Part I, lin enter -0- in Part I, lin	>	2	
Not chart-term conital coin or	(loss) as defined in sections 1222(5		G /		
, ,	e 8, column (c) (see instructions) If		_		
•	e 6, column (c) (see mstructions) m	(1055), enter -0- 111	}	,	
Part V Qualification U	Inder Section 4940(e) for R	- 		3	
	rate foundations subject to the section				
section 4940(d)(2) applies, leave as the foundation liable for the s "Yes," the foundation does not c	rate foundations subject to the section the this part blank section 4942 tax on the distributable qualify under section 4940(e) Do not	on 4940(a) tax on net amount of any year t t complete this part	investment incom	ne.)	Yes 1
section 4940(d)(2) applies, leave as the foundation liable for the s "Yes," the foundation does not c Enter the appropriate amount	vate foundations subject to the section e this part blank section 4942 tax on the distributable	on 4940(a) tax on net amount of any year t t complete this part	investment incom	ne.)	
section 4940(d)(2) applies, leave as the foundation liable for the s 'Yes," the foundation does not c	e this part blank section 4942 tax on the distributable qualify under section 4940(e) Do not in each column for each year, see to	amount of any year of the complete this part the instructions before	investment incom	res	(d) tribution ratio divided by col (c))
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section 4940(d)(2) applies, leaved as the foundation liable for the series," the foundation does not content the appropriate amount (a) Base period years Calendar year (or tax year beginning 2014 2013 2012 2011 2010 2 Total of line 1, column (d) 3 Average distribution ratio for the number of years the foundation of the series of the s	the 5-year base period - divide the ton has been in existence of has been in existence if less than aritable-use assets for 2015 from Paramorem (1% of Part I, line 27b)	amount of any year of templete this part the instructions before the instructions before the instructions. Net value of the control of the instructions before the instruction be	n the base period' making any entri (c) noncharitable-use a	es Dis (col (b)	(d)
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	990-PF (2015) The Jhaveri Foundation LVI Excise Tax Based on Investment Income (Section 49)	2407 .	40.46(1.)	40.40() :==			8129			age ·
						- see	inst	ructio	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here		_		۱ ٦					
_	Date of ruling or determination letter (attach copy of le		ecessary-se	e Instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	, check			•					
_	here and enter 1% of Part I, line 27b			• •						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organiza	ations e	enter 4% of							
2	Part I, line 12, col (b)	4-4		-	- 	_				
3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found Add lines 1 and 2	dations	only Other	s enter -0-)	ŀ	2				
4		1 - 4			-	3				
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foun Tax based on investment income. Subtract line 4 from line 3 If zero or lea		=	s enter -U-) .	-	5				
6	Credits/Payments:	:55, ent	# -U-		-	5				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 .	1	e-			ł				
b		⊢	6a	·····	\dashv					
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868)	<u></u>	6b		\dashv					
c d	Backup withholding erroneously withheld	_ i−	6c		\dashv					
7 7	Total credits and payments Add lines 6a through 6d	· ∟	ou		\dashv	-				
8	· · ·	Form 3	220 is attac	had	ŀ	7 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		.220 IS allac		╮├	9				
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amo		· · · · ·	• •	•					
1	Enter the amount of line 10 to be Credited to 2016 estimated tax	Juni OV	erpaiu	 Refunded	.	10			_	
	t VII-A Statements Regarding Activities			Refunded	>	11				
1a	During the tax year, did the foundation attempt to influence any national, stal	to or lo	eal logislativ	o or did it					V	
	participate or intervene in any political campaign?	ite, or io	icai iegisialii	or or ala it				4-	Yes	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for	 . nolitica	Lauracco (•		1a		_ A
_	Instructions for the definition)?	pontica	i pui poses (see				1b		x
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	 ies and	conies of ar	v materials				- !!		1-2
	published or distributed by the foundation in connection with the activities.	ics and	copics of ai	iy materiais						
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) impo	nsed di	ring the ves	ır			•	10		1
_	(1) On the foundation > \$ (2) On foundation m									
е	Enter the reimbursement (if any) paid by the foundation during the year for p	_				_				
-	on foundation managers > \$		onpondital c	tax imposed						
2	Has the foundation engaged in any activities that have not previously been r	reported	d to the IRS	?				2		x
	If "Yes," attach a detailed description of the activities		- 10 1110 1110	•						1
3	Has the foundation made any changes, not previously reported to the IRS, ii	ın ıts go	vernina inst	rument, articles o	f					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	_	•					3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more			ŭ				4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		•	•				4b		1
5	Was there a liquidation, termination, dissolution, or substantial contraction di	luring th	e year?					5		X
	If "Yes," attach the statement required by General Instruction T	_	•							
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	945) sat	sfied either							
	By language in the governing instrument, or	-								
	By state legislation that effectively amends the governing instrument so t	that no	mandatory o	lirections that						
	conflict with the state law remain in the governing instrument?		-					6	Х	ĺ
7	Did the foundation have at least \$5,000 in assets at any time during the year	r? If	"Yes," complete	Part II, col (c), and I	art)	٧٧		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered	d (see ir	structions)	•						
	ОН	•	·							
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form	990-PF	to the Atto	rney General						
	(or designate) of each state as required by General Instruction G? If "No," a	attach e	xplanation	•				8b	Х	
9	Is the foundation claiming status as a private operating foundation within the			n 4942(j)(3) or					·····	1
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see		-							
	complete Part XIV							9		X
0	Did any persons become substantial contributors during the tax year? If "Ye	es," atta	ch a schedi	ule listing their						1
	names and addresses					STW	1114	10	Х	

		04-3812924	<u> </u>	Page 5
Pai	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			Ţ
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	1	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)	. 1	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	·	3 X	
	Website address N/A			
14	The books are in care of ▶ Samuil Jhaveri Telephone no	► 440-322	-6000	
	Located at ▶ 29280 Regency Circle, Westlake, OH ZIP+4	▶ 44145		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here	•		> [
	and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	. [7	6	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		······	
	the foreign country •			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes	No	İ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	No	ŀ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	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)?	No	1	
	(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	No	}	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b	
	Organizations relying on a current notice regarding disaster assistance check here		1	1
С	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 2015?	. <u>L</u>	lc	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	_		
	6e, Part XIII) for tax year(s) beginning before 2015? Yes	No		
	If "Yes," list the years			
b	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)		2b	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes	∐ No		
þ	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2015)	<u> </u>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		1a	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			-
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	·	4b	

Form 990-PF (2015)

	990-PF (2015) The Jhaveri Foundati † VII-B Statements Regarding Activitie		Which Form	0 4720	May Re	Requi	04-3812		Page
5a	During the year did the foundation pay or incur any am			14/20	Way De	Kequii	rea (continuea)	<u>'</u>	
-	(1) Carry on propaganda, or otherwise attempt to influ			n 4945/a	2))2	5	Yes No		
	(2) Influence the outcome of any specific public election	•	,	•	• •	L			
	directly or indirectly, any voter registration drive?	JII (300 t	3ection 4900),	JI to can	y On,	Γ	Yes No		
	(3) Provide a grant to an individual for travel, study, or	other s	· · · ·	· ·		ŀ			
					abod in	L	Yes [No		
	(4) Provide a grant to an organization other than a cha	antable,	etc , organizati	on descr	ibea in	Г	Type The	1 1	
	section 4945(d)(4)(A)? (see instructions)	4abla				L	Yes No		
	(5) Provide for any purpose other than religious, chart		•	, or eauc	ational	Г	¬, ¬,	1 1	
	purposes, or for the prevention of cruelty to children						Yes No		
D	If any answer is "Yes" to 5a(1)-(5), did any of the trans				•		a in	1 1	}
	Regulations section 53 4945 or in a current notice rega	-		•	instructions)	,	. —	5b	
	Organizations relying on a current notice regarding dis						▶ [_]		
С	If the answer is "Yes" to question 5a(4), does the found		•	from the	e tax	Г			
	because it maintained expenditure responsibility for the			•	•	l	Yes No		
	If "Yes," attach the statement required by Regulations								
3a	Did the foundation, during the year, receive any funds,	directly	or indirectly, to	pay pre	miums	r			
	on a personal benefit contract?	•				ł	Yes No		
þ	Did the foundation, during the year, pay premiums, dire	ectly or I	ndirectly, on a	personal	l benefit cont	ract?		6b	
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, was the foundation a p	party to a	a prohibited tax	shelter t	transaction?	Į	Yes No		
b	If "Yes," did the foundation receive any proceeds or ha	ve any	net income attr	butable	to the transa	ction?	<u> </u>	7b	
Pa	rt VIII Information About Officers, Dire	ectors,	, Trustees,	Found	dation Ma	nager	s, Highly Paid	Emplo	yees,
	and Contractors								
1 L	ist all officers, directors, trustees, foundation mana	gers an	nd their compe	nsation	(see instru	ctions).			
	(a) Name and address		e, and average		mpensation		Contributions to	(e) Expe	nse accou
	(a) Name and address		rs per week ed to position		ot paid, ter -0-)		oyee benefit plans ferred compensation	other a	illowances
am	esh Jhaveri	Trust	ee						
88	20 High Pkwy, OH 44116		0.00		0		0		C
	inh Jhaveri	Trust	ee			<u> </u>			
88	20 High Parkway, OH 44116		0.00		0		0		c
	mil Jhaveri	Trust							
	80 Regency Circle, OH 44145		0.00		0		0		c
	oo kegemey circie, on rivin								
		<u> </u>							
	Compensation of five highest-paid employees (other 'NONE."	r than th	nose included	on line	1 - see instr	uctions). If none, enter		
					<u> </u>		(d) Contributions to	<u> </u>	
	(a) Name and address of each employee paid more than \$50	,000	(b) Title, and hours per v	average veek	(c) Compe	nsation	employee benefit plans and deferred		nse accour Illowances
			devoted to p		(1, 11, 11, 11, 11, 11, 11, 11, 11, 11,		compensation	Olliera	lliowances
ION	E								
. • - •	_								
			 			 -	 	 	
			1				 	 	
								Ì	
			 				 	 	
								1	
			 		 -		 	 	
								1	
Cota	I number of other employees paid over \$50,000				<u></u>			 -	
EEA	in trainibor of outer employees paid over woolodo	<u>····</u>	 -		· · · · · · · · · · · · · · · · · · · 		· · · · · · · · · · · · · · · · · · ·	Form 99	0-PF (201

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Form 990-PF (2015)

Form 990-PF (2015)

Total. Add lines 1 through 3

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The Jhaveri Foundation

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n founda	ations,
	see instructions.)		· · · · · · · · · · · · · · · · · · ·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating to	foundat	ions
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5 2a	1 1	
b	Income tax for 2015 (This does not include the tax from Part VI) . 2b]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions .	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T	
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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 (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e founda	ation
_	qualifies for the section 4940(e) reduction of tax in those years.		

Part XIII		eri Foundatio me (see instruc			04-3812924	Page
1 Distribi	utable amount for 2015 from F	Part XI,	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
	ributed income, if any, as of th	e end of 2015	······································	 		······································
	amount for 2014 only .					
	•		•			······
	s distributions carryover, if any	, to 2015				
a From 2	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b From 2	<u> </u>				j	
c From 2	2012 .					
d From 2	2013					
e From 2	2014			1	-	
f Total o	of lines 3a through e					
	ring distributions for 2015 from	n Part XII,			······································	
line 4	= = = = = = = = = = = = = = = = = = = =					
a Applied	to 2014, but not more than li	ne 2a				
	d to undistributed income of pr					
	on required - see instructions)	· .				
	d as distributions out of corpu	F-	——————————————————————————————————————	TOTAL CONTRACTOR OF THE PARTY O		
	ed - see instructions) .				‡ <u>‡</u>	
· ·	d to 2015 distributable amount	t —	· • · · · · · · · · · · · · · · · · · ·			
	ning amount distributed out of	***	***************************************			
	s distributions carryover applie	· ·	· · · · · · · · · · · · · · · · · · ·	***************************************		
	mount appears in column (d),	h	······································	-		
	it must be shown in column (a			1	1	
Enter	the net total of each column	as]	†	
indica	ted below:				1	
a Corpus	s Add lines 3f, 4c, and 4e Su	btract line 5		1	1	
	ears' undistributed income. S		.,,		Civiles	
	from line 2b					
c Enter t	he amount of prior years' und	stributed	· · · · · · · · · · · · · · · · · · ·		man and and an and	
	e for which a notice of deficien					
been is	ssued, or on which the section	1 4942(a)			}	
	s been previously assessed	, ,				
d Subtra	ct line 6c from line 6b Taxabl	e "	······································			
amour	nt - see instructions					
e Undist	ributed income for 2014 Sub	tract line				
4a fror	n line 2a. Taxable amount - se	ee [ŧ	
ınstruc	ctions .					
f Undist	ributed income for 2015 Subt	ract lines				***************************************
4d and	d 5 from line 1. This amount m	ust be				
distrib	uted in 2016					
7 Amour	nts treated as distributions out	of corpus			rthinkt.	
to sati	sfy requirements imposed by	section				
170(b)	(1)(F) or 4942(g)(3) (Election	may be			1	
require	ed - see instructions) .				<u></u>	
Exces	s distributions carryover from	2010 not				
applie	d on line 5 or line 7 (see instru	ictions)				
Exces	s distributions carryover to	2016.				
Subtra	ict lines 7 and 8 from line 6a	.				
) Analys	sis of line 9	F				
a Exces	s from 2011					
b Exces	s from 2012					
c Exces	s from 2013				;	
d Exces	s from 2014					
e Exces	s from 2015				<u> </u>	

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	KIV Private Operating Four				9)	
	f the foundation has received a ruling or			ating		
	oundation, and the ruling is effective for		-		•	
	Check box to indicate whether the found		ating foundation desc		4942(J)(3) or	4942(j)(5)
	Enter the lesser of the adjusted net necome from Part I or the minimum	Tax year		Prior 3 years		(e) Total
U	nvestment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	each year listed					
8	35% of line 2a					
	Qualifying distributions from Part XII, ne 4 for each year listed .				, , , , , , , , , , , , , , , , , , , ,	
	Amounts included in line 2c not used directly or active conduct of exempt activities					
f	Qualifying distributions made directly or active conduct of exempt activities Subtract line 2d from line 2c .					
	Complete 3a, b, or c for the alternative test relied upon					
•	Assets" alternative test - enter 1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
(Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
	Support" alternative test - enter 1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(Support from general public and 5 or more exempt organizations as provided in			1		
(section 4942(j)(3)(B)(iii) (3) Largest amount of support from					
	an exempt organization . (4) Gross investment income .		- 		<u> </u>	
_	KV Supplementary Informa	tion (Complete	this part only if	the foundation h	ad \$5,000 or more	in assets at
	any time during the yea	•	•	inc roundation in	uu 40,000 oi illoid	iii ussous ut
	Information Regarding Foundation N		0113.)			· · · · ·
	List any managers of the foundation who before the close of any tax year (but on	o have contributed mo	ore than 2% of the to uted more than \$5,00	al contributions received 0). (See section 507(d)(d by the foundation 2))	
	List any managers of the foundation who ownership of a partnership or other entities.				ge portion of the	
_	Information Regarding Contribution	Grant, Gift, Loan. So	cholarship, etc., Pro	grams:		
	Check here ▶ ☐ if the foundation on unsolicited requests for funds. If the foundations, complete items 2a, b,	indation makes gifts, g	•	-	· ·	
	The name, address, and telephone nur	nber or e-mail address	s of the person to who	om applications should b	e addressed.	
	The form in which applications should b	pe submitted and infor	mation and materials	they should include:		
	Any submission deadlines					, <u>, , , , , , , , , , , , , , , , , , </u>
1	Any restrictions or limitations on award factors.	s, such as by geograp	ohical areas, charitab	e fields, kınds of ınstıtutı	ons, or other	

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future 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				
Leukemia & Lymphoma Society				
5700 Brecksville Rd			<u> </u>	
Independence, OH 44131			Donation	100
Westlake Board Of Education				
Center Rdige Rd				
Westlake, OH 44145			Boys Tennis	500
Project Seva				
7270 Royal Portrush Drive				
Solon, OH 44139			Food	425
5010H, 0H 44139			Food	425
Ekal Vidyalaya Foundation				
1712 Hwy ^ South				
Houston, TX 77077			Donation	365
AIPNO - Medical Yatra				
6737 Wildwood trail				
Cleveland, OH 44143			India Mission	1,000
Shiksha Daan				
28853 Woodmill Drive		1		
Westlake, OH 44145		1	Donation	500
Animal Protective League				
1729 Willey Ave				
Cleveland, OH 44113			Animal Rescue	150
Childrens Hope India				
Edgemore Drive				
Albertson, NY 11507			Donation	250
			. ▶ 3a	
b Approved for future payment		<u> </u>	T	
Total		•	▶ 3b	

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future 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				
The Gathering Place				
800 Sharon Drive				
Westlake, OH 44145			Donation	250
Ruffing Montessori School				
1285 Orchard Park				
Rocky River, OH 44116			Leadership Fund	500
Fill This House				
Center Ridge Rd				
Avon, OH 44011			Donation	250
Jian Digest				
4099 Shardy Ridge Circle				
Corona, CA 92881			Donation	101
Purvin Vakil				
3318 Barra Drive				
Brunswick, OH 44212			Donation	350
			33	330
Total			. ▶ 3a	4,741
b Approved for future payment				
	į			

er gross amounts unless otherwise indicated	Unrelate	d business income	Excluded by se	ection 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exen function incom (See instruction
a		*			
b					
•			 		
	 · -				
e				**	
f			·		
					
g Fees and contracts from government agencies .	·		 		
Membership dues and assessments			-		
Interest on savings and temporary cash investments			1		
Dividends and interest from securities			ļ		
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events .					
Gross profit or (loss) from sales of inventory .				· ·	
· · · · · · · · · · · · · · · · · · ·					
Other revenue a					
b				··· .	
<u> </u>					
d	ļ				ļ
e					
		 			
Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions to verify calculations)	Accomp			. 13	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
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Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
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Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incomes	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which incoming	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which income	Accomp	lishment of Ex	empt Purpo	ses	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities to the Explain below how each activity for which income.	Accomp	lishment of Ex	empt Purpo	ses	

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Form 990-PF (2015)

Part XVII		n Regarding Tr ganizations	ransfers To a	nd Transa	ctions an	d Relation	ships	With	Noncha	arita	ble	<u> </u>
1 Did the o		ctly or indirectly enga	age in any of the f	ollowing with a	ny other ora	anization des	cribed				Yes	No
	-	ode (other than sect	-	•	-					r		
organizat		(0.0.0)	(-/(-/ -/ 5.9	a		, , , o.a.ag to p	30					ĺ
-		ing foundation to a n	oncharitable exe	mot organizatio	n of					Ė		
(1) Cash		mg roundouver to a re		pt organizatio					1	a(1)	Ì	х
(2) Othe		•		•		•			F	a(2)		X
b Other tra		•	•	•	•	•		•	<u> </u>	4(2)		
		noncharitable exemp	nt organization						1,	b(1)	1	х
		from a noncharitable		atıon	• •					b(2)		X
• •		quipment, or other as		auon	•			•		b(3)		X
=	bursement arrar				• •		• •			b(4)		X
	s or loan guaran	=			• •				<u> </u>	b(5)		X
· ·		ces or membership	or fundraising sol	ıcıtatıons			•			b(6)		X
• •		oment, mailing lists,	-		•	•				1c		X
		e above is "Yes," co			'aluma (b) s	hould always	chow th	o foir m	L.	10		Λ
		assets, or services				-						
	=		-	_								
		or sharing arrangem										
a) Line no (b)	Amount involved	(c) Name of no	ncharitable exempt	organization	(d) Des	cription of trans	sters, tran	isactions	, and sharing	g arra	ngeme	ents
	-											
	····			-								
			······································									
			<u> </u>									
			· · · · · · · · · · · · · · · · · · ·	·			. 					
	·											
							_					
	-	or indirectly affiliate				organizations	3		_	٦.,	Γ ν	No
		(c) of the Code (other	er man section 50		cuon 527			-	٠ ـ] Yes	, 1] NO
	·	llowing schedule	0.7			T						
	(a) Name of organ	nization	(D) I	ype of organization	on		(c) De	scription	of relationsh	קור		
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correct	penalties of perjury, I , and complete Decl	l declare that I have exam laration of preparer (other	ined this retum, includi than taxpayer) is base	ing accompanying d on all information	schedules and s of which prepar	statements, and to er has any knowl	o the best o edge	of my know	wledge and be	alief, it i	s true,	
Sign	$P \sim 1$	0		1. 1.					May the IRS d			
Here 🖳		<u> </u>	- 8	/1/16	Truste	<u>e</u>			with the prepa (see inst.)?	rer sho	own belo Yes	ow No
Sig	<u> </u>	rustee	Date	11	Title	10.1		L			===	
D~:-I	Print/Type prepa	rer's name	Prepare 5 Sig	patore M. L. II.	CAL	Date 27	. 1	Check	II PTI	iN		
Paid			1/ 1/4	BOUVE	WAT	121	160	self-emp	ployed			
Preparer	Firm's name	>					Firm's El	N >				
Use Only	Firm's address	-					Phone no	o				
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

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

2015

OMB No 1545-0047

	of the organization		Employer identification number
	Jhaveri Foundatic ization type (check one)	on	04-3812924
Organ	ization type (check one)		
Filers	of:	Section:	
Form 9	990 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt chantable trust not treated as a private foundation	
		527 political organization	
Form 9	990-PF	∑ 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt chantable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check	if your organization is cov	ered by the General Rule or a Special Rule.	
Note.		8), or (10) organization can check boxes for both the General Rule and a Special I	Rule See
Gener	al Rule		
X		Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling operty) from any one contributor. Complete Parts I and II. See instructions for deterbitions.	
Specia	al Rules		
	regulations under section 13, 16a, or 16b, and that	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ins 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), treceived from any one contributor, during the year, total contributions of the great amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Pai	Part II, line er of (1)
	contributor, during the ye	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ear, total contributions of more than \$1,000 exclusively for religious, charitable, sci urposes, or for the prevention of cruelty to children or animals. Complete Parts I, II	entific,
	contributor, during the ye	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ear, contributions exclusively for religious, charitable, etc., purposes, but no such re than \$1,000. If this box is checked, enter here the total contributions that were reclusively religious, charitable, etc., purpose. Do not complete any of the parts unless	eceived

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)

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

totaling \$5,000 or more during the year

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 2 Name of organization Employer identification number The Jhaveri Foundation 04-3812924 Part 1 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person 1 Ramesh & Dr Nalini R C Jvaveri Payroll Noncash 18820 High Parkway 8,000 (Complete Part II for noncash contributions) Rocky River, OH 44116 (d) (c) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroli \Box Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Payroll \Box Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions)

(b)

Name, address, and ZIP + 4

(a)

No.

Person

Payroll

Noncash (Complete Part II for noncash contributions)

(d)

Type of contribution

 \Box

(c)

Total contributions

	Federal Supporting Statements	2015	PG01
Name(s) as shown on return		FEIN	
The Jhaveri	Foundation	0	4-3812924

Form 990PF - Part VII-A - Line 10 Substantial Contributors Schedule

Statement #114

Name Address

Ramesh & Nalini Jhaveri 18820 High Parkway Rocky River, OH 44116

PG01

Form 990PF - Part II - Line 13
Investments: Other Schedule

Statement #118

Category Mutual Fund Account Cash Value Ins	Book value (BOY) 25,488 82,375	Book value (EOY) 25,488 86,507	FMV (EOY) 25,488 86,507
Total	107,863	111,995	111,995

	Federal Supporting Statements	. 2015 PG01
Name(s) as shown on retum The Jhaveri Foundation		Your Social Security Number 04-3812924
	Form 990PF - Part I - Line 23 - Other Expenses Schedule	Statement #103~
Description	Revenue Net Adjusted Charitable and expenses investment net income purpose	
Bank Service Charges	0 0	
Totals	30 0 0 0	
STM- LD		

JUDAVEYI B			MPT UBI		2015 Identifying Number
	oundation			· r · · · · · · · · · · · · · · · · · ·	04-3812924
LOWER END OF BRACKET	UPPER END OF BRACKE		TAX RATE	INCOME IN BRACKET	INCOME TAX BY BRACKET
0	50,000	0	15 %		
50,000	75,000)	25 %		
75,000	100,000)	34 %		
100,000	335,000)	39 %		
335,000	10,000,000)	34 %		
10,000,000	15,000,000)	35 %		
15,000,000	18,333,333	3	38 %		
18,333,333	AND UF)	35 %		
			TOTALS		
50	000 BRACKET		15 %		
	0,000 BRACKET		15 %		
29	5,000 BRACKET		25 %		
9,92					
9,92 ADD	5,000 BRACKET 5,000 BRACKET		25 % 34 %		
2: 9,92: ADD ADD	5,000 BRACKET 5,000 BRACKET 'L 5% TAX AMOUNT		25 % 34 % 100 %		
2: 9,92: ADD ADD	5,000 BRACKET 5,000 BRACKET 'L 5% TAX AMOUNT 'L 3% TAX AMOUNT		25 % 34 % 100 % 100 %		
9,92 ADD ADD 10,000,0	5,000 BRACKET 5,000 BRACKET 'L 5% TAX AMOUNT 'L 3% TAX AMOUNT 000 + BRACKET		25 % 34 % 100 % 100 % 35 %		
9,92: ADD ADD 10,000,0	5,000 BRACKET 5,000 BRACKET 1 5% TAX AMOUNT 1 3% TAX AMOUNT 000 + BRACKET	Tay R	25 % 34 % 100 % 100 % 35 % TOTALS	Income in Bracket	Income Tay by Bracket
9,92: ADD ADD 10,000,0	5,000 BRACKET 5,000 BRACKET 1 5% TAX AMOUNT 1 3% TAX AMOUNT 000 + BRACKET N FOR TRUST Upper End	Tax R	25 % 34 % 100 % 100 % 35 % TOTALS	Income in Bracket	Income Tax by Bracket
9,929 ADD 10,000,0 COMPUTATION Lower End	5,000 BRACKET 5,000 BRACKET 1 5% TAX AMOUNT 1 3% TAX AMOUNT 2000 + BRACKET N FOR TRUST Upper End 2,500	15	25 % 34 % 100 % 100 % 35 % TOTALS	Income in Bracket	Income Tax by Bracket
9,929 ADD ADD 10,000,0 COMPUTATION Lower End 0 2,500	5,000 BRACKET 5,000 BRACKET 1		25 % 34 % 100 % 100 % 35 % TOTALS	Income in Bracket	Income Tax by Bracket
9,929 ADD 10,000,0 COMPUTATION Lower End	5,000 BRACKET 5,000 BRACKET 1 5% TAX AMOUNT 1 3% TAX AMOUNT 2000 + BRACKET N FOR TRUST Upper End 2,500	15 25	25 % 34 % 100 % 100 % 35 % TOTALS	Income in Bracket	Income Tax by Bracket
29,925 ADD ADD 10,000,0 10,000,0 COMPUTATION Lower End 0 2,500 5,900	5,000 BRACKET 5,000 BRACKET 1	15 25 28 33	25 % 34 % 100 % 100 % 35 % TOTALS	Income in Bracket	Income Tax by Bracket