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

Department of the Treasury Internal Revenue Service

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

For	calen	dar year 2015 or tax year beginning	, ;	and ending				
Na	ame of to	undation				A Emp	loyer identification number	
RAMAN AND LAKSHMI FOUNDATION							<u>-3243819</u>	
		od street (or P O box number if mail is not delivered to street address 5 215TH STREEET # 8M	5)	l Ro	oom/suite	B Telep	phone number (see instruction	ns)
		n, state or province, country, and ZIP or foreign postal code		<u> </u>		<u> </u>		
	AYS		0			C If exe	emption application is pending	j, check here
				rn of a former public o	harity	D 1. F	oreign organizations, check h	oro l
	0110011			return	manty			•
		Address change Name				1	oreign organizations meeting 5% test, check hern and attac	1
	Chook:	type of organization Section 501(c)(3) exempt p				1	•	,
		n 4947(a)(1) nonexempt charitable trust : Other ta					rate foundation status was ter on 507(b)(1)(A), check here	rminated under
				Cash X Acc	rual	ł		
		rear (from Part II, col. (c),		Casii ZE ACC	iuai		foundation is in a 60-month t r section 507(b)(1)(B), check	_
		► \$ 371,173 (Part I, column (d) r	uy/ muct	ho on each bacic \				
	art I	Analysis of Revenue and Expenses (The total of	Hust	(a) Revenue and	1	L	I	(d) Disbursements
•		amounts in columns (b), (c), and (d) may not necessarily equal		expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
	1-2	the amounts in column (a) (see instructions))		books	111001		Weblie .	(cash basis only)
	151	Contributions, gifts, grants, etc , received (attach schedule)		119,441	ļ			
	1.12	Check ► I If the foundation is not required to attach S	1					
ć.	7 3	Interest on savings and temporary cash investment	s	10,502		10,502		
- -	4	Dividends and interest from securities		3,464		3,464	3,464	
	5a	Gross rents						
Ę,	b	Net rental income or (loss)		C11	<u> </u>			
୍ଧିକ	6a	Net gain or (loss) from sale of assets not on line 10	. , ,	611	 			
ě	b		11					
Revenue/////	7 8	Capital gaın net income (from Part IV, line 2) Net short-term capital gaın				611	0	
CS Ø	9	Income modifications					0	
, , , , , , , , , , , , , , , , , , ,	10a	Gross sales less returns and allowances						
	ь	Less: Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	ı					···········
	12	Total. Add lines 1 through 11		134,018	1	L4,577	13,966	
Expenses	13	Compensation of officers, directors, trustees, etc.		0				
Ĕ	14	Other employee salaries and wages						
ĝ	15	Pension plans, employee benefits				⊐——		
_	16a	Legal fees (attach schedule)		RECE!\	/ED_			
ive	b	Accounting fees (attach schedule)				ــــــــــــــــــــــــــــــــــــــ		
rat	C	Other professional fees (attach schedule) Interest	i	MAY 2 0	2016	 		
<u>is</u> t	17		ŀ	到 WIAT D U	2010	2		 _
Ë	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	ŀ			=		
듄	20	Occupancy	ŀ	OGDEN	, UT-	_		
Ϋ́	21	Travel, conferences, and meetings	ŀ					
ŭ	22	Printing and publications	ŀ		***			
ğ	23	Other expenses (att sch) Stmt 1	ļ	4,270		4,270		
Ë	24	Total operating and administrative expenses.	ľ			,		
era	1	Add lines 13 through 23		4,270		4,270	o	0
Operating and Administrativ	25	Contributions, gifts, grants paid	Ī	68,511				68,511
_	26	Total expenses and disbursements. Add lines 24 and 2	25 [72,781		4,270	0	68,511
	27	Subtract line 26 from line 12:	Ī					
	a	Excess of revenue over expenses and disbursements	s	61,237				
	b	Net investment income (if negative, enter -0-)	ļ	,	1	.0,307		
	l c	Adjusted net income (if negative, enter -0-)					13,966	

For Paperwork Reduction Act Notice, see instructions.

end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5

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

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6

398,729

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

Form	990-PF (2015) RAMAN AND LAKSHMI FOUNDATION 11-3243819			Pa	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	,		,	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				206
	here ▶ and enter 1% of Part I, line 27b	1		, ,	` ,
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	İ		,	
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	İ			0
3	Add lines 1 and 2			- 2	206
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			- 2	206
6	Credits/Payments		4	,	,
а	2015 estimated tax payments and 2014 overpayment credited to 2015	l		۰	
b	Exempt foreign organizations – tax withheld at source 6b	Į.		•	
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d		,	`	
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				206
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		, * ^	Yes	No
	participate or intervene in any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		, , ,	_	
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		(
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		`	`. *	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			٠ *	
_	on foundation managers > \$		˜		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		
_	If "Yes," attach a detailed description of the activities		٠,	, , .	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		3	* ,	x
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				X
4a b	17/7			-	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	4b		X
•	If "Yes," attach the statement required by General Instruction T			*	, š
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		; ·	*	4 ,
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			٠,	· ·
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	.V	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			У	. *
	NY		, , ,	^ < `.	* *
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		-		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		۰,	,	
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X
		F	orm 99	U-PF	(2015)

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

foundation had excess business holdings in 2015)

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X

3b

4a

N/A

om	1990-PF (2015) RAMAN AND LA			243819			<u> P</u> a	age 6
Pa	art VII-B Statements Regardi	ng Activities for Which For	m 4720 May Be	e Required (c	ontinued)			
5a	During the year did the foundation pay or							:
	(1) Carry on propaganda, or otherwise a	ttempt to influence legislation (sectio	n 4945(e))?	[] Y	'es 🗓 No		l	İ
	(2) Influence the outcome of any specific	public election (see section 4955), o	or to carry on,			1		į
	directly or indirectly, any voter registr	ation drive?		Y	'es X No			İ
	(3) Provide a grant to an individual for tra	avel, study, or other similar purposes	7	Y	'es X No		ļ	
	(4) Provide a grant to an organization of	ner than a charitable, etc , organization	on described in	_				
	section 4945(d)(4)(A)? (see instruction	ons)		[] Y	'es X No			
	(5) Provide for any purpose other than re	eligious, charitable, scientific, literary,	or educational					
	purposes, or for the prevention of cru	elty to children or animals?		[] \	res X No			
b	If any answer is "Yes" to 5a(1)-(5), did at	ny of the transactions fail to qualify u	nder the exceptions	s described in			ļ	ĺ
	Regulations section 53 4945 or in a curre	ent notice regarding disaster assistar	ce (see instructions	s)?	N/A	5b		
	Organizations relying on a current notice	regarding disaster assistance check	here		▶ []	1		
C	If the answer is "Yes" to question 5a(4), of	does the foundation claim exemption	from the tax					ĺ
	because it maintained expenditure respo	nsibility for the grant?		N/A 📗 ۱	res 🗌 No			
	If "Yes," attach the statement required by	Regulations section 53 4945–5(d)				- 1	. 1	
6a	Did the foundation, during the year, recei	ve any funds, directly or indirectly, to	pay premiums		, <u> </u>	j	, ,	1
	on a personal benefit contract?				res X No	- 1		l
b	Did the foundation, during the year, pay p	premiums, directly or indirectly, on a p	oersonal benefit coi	ntract?		6b		X
	If "Yes" to 6b, file Form 8870				rea.	- 1		
7a	At any time during the tax year, was the f	oundation a party to a prohibited tax	shelter transaction	? 📙 ነ	res X No			
	If "Yes," did the foundation receive any p				N/A	7b		
Pa		ficers, Directors, Trustees,	Foundation Ma	anagers, Higi	hly Paid Emp	loye	es,	
	and Contractors							
1 I	List all officers, directors, trustees, fou	ndation managers and their comp	ensation (see ins	tructions).				
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exc	oense ac	ccount.
	(a) Name and ad	dress	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowa	
			·		compensation	<u> </u>		
	AKSHMI SUNDARARAMAN	BAYSIDE	PRESIDENT			1		
	3-15 215TH ST #8M	NY 11360	3.00	0	0	 		0
	RI SUNDARARAMAN	BAYSIDE	OFFICER		•	1		•
18	3-15 215TH STREET #8M	NY 11360	3.00	0	0			0
2	Compensation of five highest-paid en	anlovees (other than those includ	ed on line 1 – see	instructions) If	none enter	<u> </u>		
_	"NONE."	iipioyees (eiiiei iiiaii iiiose iiioiaa						
			(h) Title and success		(d) Contributions to			
	(a) Name and address of each employee	paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred		pense ad r allowa	
			devoted to position		compensation	ourie	i alluwa	lices
NC	ONE							
	-							
Tota	I number of other employees paid over \$5	0,000				▶		0
					For	m 99	0-PF	(2015)

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Paid	d Employees,
3 Five highest-paid independent contractors for professional services (se	e instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<u> </u>		
Total number of others receiving over \$50,000 for professional services		•
	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inforganizations and other beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number of	Expenses
1 N/A		
·		
2		
		-
3		
4		
•		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1		Amount
1 N/A		
2		
All other program-related investments. See instructions		·
3		
Total. Add lines 1 through 3		

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68,511

За

3b

4

5 6

b

4

Suitability test (prior IRS approval required)

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

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

57,395

189,075

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required-see instructions)

Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)

9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a

Analysis of line 9 10

а	Excess from 2011	58,173
b	Excess from 2012	14,927
С	Excess from 2013	19,608
d	Excess from 2014	27,856
е	Excess from 2015	68,511

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	990-PF (2015) RAMAN AND LA			11-3243		Page 1 0
	art XIV Private Operating Fo				on 9)	_
1a	If the foundation has received a ruling or			erating		
L.	foundation, and the ruling is effective for		-		1040(1)(0) == 1 404	0(1)(5)
b	Check box to indicate whether the found		erating toundation de		1942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
	income from Part I or the minimum	(a) 2013	(b) 2014	(6) 2013	(u) 2012	
	investment return from Part X for					
.	each year listed 85% of line 2a					
b	Qualifying distributions from Part XII,			-		
С						
	line 4 for each year listed			-		
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
_	Qualifying distributions made directly					
е	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the	·				
3	alternative test relied upon:					
а	"Assets" alternative test – enter					
-	(1) Value of all assets					
	(2) Value of assets qualifying under				 	
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3			-		<u> </u>
•	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"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)				<u> </u>	
	(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			1		
	an exempt organization					
	(4) Gross investment income					
Pa	art XV Supplementary Inform	nation (Compl	ete this part onl	y if the foundatio	n had \$5,000 or n	nore in assets a
	any time during the y	ear – see instr	uctions.)	•	• •	
1	Information Regarding Foundation M	anagers:				
а	List any managers of the foundation who	have contributed r	nore than 2% of the to	otal contributions receiv	ed by the foundation	
	before the close of any tax year (but only	of they have contrib	outed more than \$5,00	00) (See section 507(c	l)(2))	
	N/A					
b	List any managers of the foundation who	own 10% or more	of the stock of a corpo	oration (or an equally la	arge portion of the	
	ownership of a partnership or other entity) of which the foun	dation has a 10% or g	greater interest		
	N/A			·		
2	Information Regarding Contribution,					
	Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept					
	unsolicited requests for funds. If the four	dation makes gifts.	grants, etc (see inst	ructions) to individuals	or organizations under	
	other conditions, complete items 2a, b, c		· · · · · · ·			
а	The name, address, and telephone num	oer or e-mail addres	ss of the person to wh	om applications should	d be addressed	
	N/A					
						.=
b	The form in which applications should be	submitted and info	ormation and materials	s they should include		
	N/A					
С	Any submission deadlines					
	N/A					
d	Any restrictions or limitations on awards,	such as by geogra	phical areas, charitab	le fields, kinds of institu	itions, or other	
	factors					

N/A

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ARSHA VIDYA GURUKULAM 651 ROUTE 115 NON PROFIT 7,002 SAYLORSBURG PA 18353 CHARITY THE HINDU TEMPLE SOCIETY OF NA 45-57 BOWNE ST NON PROFIT FLUSING NY 11355 CHARITY 10,757 MEMORIAL FOUNDATION 3711 GARFIELD STREET NON PROFIT HOLLYWOOD FL 33021 CHARITY 35,000 SRI SATGURU SEVA SAMAJAM USA INC 9 PRESERVATION BLVD NON PROFIT CHESTERFIELD NJ 08515 CHARITY 251 NAVATAM INC 7TH AVENUE SUITE 206NON PROFIT 355 NEW YORK NY 10001 CHARITY 10,000 SHRUTI LAYA 15 BUNKINGHAM DR NON PROFIT DIX HILLS NY 11746 CHARITY 501 ALL INDIA MOVEMENT FOR SEVA INC P O BOX 639 NON PROFIT SAYLORSBURG PA 18353 CHARITY 5,000 ▶ 3a 68,511 Total Approved for future payment N/A

▶ 3b

Total

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7	Part XVI-A	Analysis of Income-Producing Ac	tivities				
_		ounts unless otherwise indicated.		ed business income	Excluded	d by section 512, 513, or 514	(-)
	J		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program ser	rvice revenue:	_		Code		(See instructions)
	a				<u> </u>		
	b						
	c	<u> </u>	ļ				
	d				.		
	e				· 		
							
_		d contracts from government agencies			1		
_		dues and assessments			1		10 502
3		savings and temporary cash investments			+		10,50 <u>2</u> 3,464
4		nd interest from securities icome or (loss) from real estate			+		3,404
5		anced property			 		
		t-financed property			1		
6		ncome or (loss) from personal property			+		
		tment income			<u> </u>		
8		s) from sales of assets other than inventory			1		611
9	,	or (loss) from special events					
		or (loss) from sales of inventory			1		
		nue: a					
	b						
	е						
12	Subtotal Ad	dd columns (b), (d), and (e)		[C)	0	14,577
13	Total. Add I	ine 12, columns (b), (d), and (e)				13	14,577
		in line 13 instructions to verify calculations)					
	Part XVI-B						
_	Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purp					
_	N/A						
_							
_							
_							
_						·	
_							
_							
_							
_							
_							
_			· · · · · ·				
_							

Mahesh J. Agashiwala

CPA.

10010-2093

212-951-7385 Form 990-PF (2015)

D5/10/16

Firm's EIN > 13-3453317

Phone no

P01062236

Check _____ if setf-employed

Paid

Preparei

Use Only

Mahesh J. Agashiwala

Firm's name ▶

Firm's address ▶

Mahesh J. Agashiwala,

New York, NY

1123 Broadway Suite 301

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

Schedule of Contributors

OMB No 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

RAMAN AND L	11-3243819	
Organization type (chec	k 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	e foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	$[\overline{f X}]$ 4947(a)(1) nonexempt charitable trust treated as a private fou	undation
	501(c)(3) taxable private foundation	
, .	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Ru	ule and a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, cory or property) from any one contributor. Complete Parts I and II. See instructions.	_
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	n 990 or 990-EZ), Part II, line utions of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to g the year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals. Co	us, charitable, scientific,
contributor, durin contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ of the year, contributions exclusively for religious, charitable, etc., purposaled more than \$1,000. If this box is checked, enter here the total contributor an exclusively religious, charitable, etc., purpose. Do not complete any ophies to this organization because it received nonexclusively religious, charitable, etc., purpose.	ses, but no such utions that were received y of the parts unless the
990-EZ, or 990-PF), but i	n that is not covered by the General Rule and/or the Special Rules does t must answer "No" on Part IV, line 2, of its Form 990, or check the box 2 to certify that it does not meet the filing requirements of Schedule B (on line H of its Form 990-EZ or on its

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Name of organization RAMAN AND LAKSHMI FOUNDATION Employer identification number

11-3243819

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	s needed.	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4 Subramaniam & Lakshmi Sundararaman	Total contributions	Type of contribution	
1	Charitable Remainder Unitrust 18-15 215th Street # 8M Bayside NY 11360	\$ 119, 44 1	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
.135		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)	

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RLFOUND2015 RAMAN AND LAKSHMI FOUNDATION Federal Statements

5/10/2016 10:36 AM

11-3243819 FYE: 12/31/2015

Expenses
Line 23 - Other
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Charitable Purpose	\$
Adjusted Net	s s
Net Investment	\$ 150 4,120 \$ 4,270
Total	\$ 150 4,120 \$ 4,270
Description	Expenses BANK CHARGES LEGAL FEES Total

Statement 2 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Fair Market Value	\$ 231,715 95,547 \$ 327,262
Basis of Valuation	Cost
End of Year	224,882 130,228 355,110
ļ	v v
Seginning of Year	199, 922 129, 298 329, 220
	s s
Description	INVESTMENTS MUTUAL FUND Total

RLFOUND2015 RAMAN AND LAKSHMI FOUNDATION
11-3243819 Federal Statements 5/10/2016 10:36 AM

FYE: 12/31/2015

Statement 3 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description unrealized loss	Beginning of Year		End of Year	
	\$	196	\$	292
Total	\$	196	\$	292