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For calendar year 2015, or tax year beginning 01-01-2015

Department of the Treasury

Internal Revenue Service

#### DLN: 93491127007806

OMB No 1545-0052

## **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.

Open to Public ▶ Information about Form 990-PF and its instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>. Inspection

, and ending 12-31-2015

A Employer identification number Name of foundation MUKKAMALA FAMILY FOUNDATION 38-3224822 BTelephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 4545 WARWICK CIRCLE (810) 257-9828 **C** If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code GRAND BLANC, MI 48439 G Check all that apply Initial return of a former public charity Initial return **D 1.** Foreign organizations, check here Final return Amended return  $\textbf{2.} \ \ \text{Foreign organizations meeting the } 85\%$ Name change Address change test, check here and attach computation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation **J**Accounting method IFair market value of all assets at end If the foundation is in a 60-month termination Cother (specify) under section 507(b)(1)(B), check here of year (from Part II, col. (c), (Part I, column (d) must be on cash basis.) line 16) **>\$** 63,987 Part I **Analysis of Revenue and Expenses** Disbursements Revenue and Net investment Adjusted net for charitable (The total of amounts in columns (b), (c), and (d) may not expenses per necessarily equal the amounts in column (a) (see (b) (c) income purposes ıncome books (d) (cash basis only) instructions)) Contributions, gifts, grants, etc , received (attach 1 323.878 2 Check ► ☐ If the foundation is **not** required to attach . . . . . . . . . . . . . . . 3 Interest on savings and temporary cash investments 1,143 1,143 Dividends and interest from securities Gross rents . . . . . . . . . . . . 5a Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 1 6a Revenue b Gross sales price for all assets on line 6a 475,200 Capital gain net income (from Part IV, line 2) . . . Net short-term capital gain . . . 8 Income modifications . . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . . b Gross profit or (loss) (attach schedule) . . . . . c 11 Other income (attach schedule) . . . . . Total.Add lines 1 through 11 . . 345,879 1,147 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits . . Expenses Legal fees (attach schedule). . . . . 16a 卿 1,319 Accounting fees (attach schedule). . . . . b Other professional fees (attach schedule) . C Operating and Administrative **17** 囱 312 312 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . 20 Occupancy . . . . . . . 21 Travel, conferences, and meetings. 22 Printing and publications . . . 囫 210 105 105 23 Other expenses (attach schedule). 24 Total operating and administrative expenses. 1.736 Add lines 13 through 23 . . . . 1.84 105 477,005 477,005 25 Contributions, gifts, grants paid . . . . . . 26 Total expenses and disbursements. Add lines 24 and 478,846 1,736 477,110 25 27 Subtract line 26 from line 12 -132,967 Excess of revenue over expenses and disbursements a Net investment income (if negative, enter -0-) Adjusted net income(if negative, enter -0-)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	(b) Book Va		(c) Fair Market Value
	1	Cash—non-interest-bearing	(a) Book Value	(B) Book va	ide	(c) Full Flance value
	2	Savings and temporary cash investments	11,988		9,489	9,489
	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	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
8	10a	Investments—U S and state government obligations (attach				<del>                                     </del>
⋖	100	schedule)				
	b	Investments—corporate stock (attach schedule)	188,828	<u> </u>	58,360	54,498
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis 🟲				
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe 🟲)				
	16	<b>Total assets</b> (to be completed by all filers—see the				
		ınstructions Also, see page 1, item I)	200,816		67,849	63,987
	17	Accounts payable and accrued expenses				
۰.0	18	Grants payable				
Ē	19	Deferred revenue				
abilities	20	Loans from officers, directors, trustees, and other disqualified persons				
Lla	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe 🟲)				
	23	Total liabilities(add lines 17 through 22)			0	
v		Foundations that follow SFAS 117, check here 🕨 🦵				
Balances		and complete lines 24 through 26 and lines 30 and 31.				
la l	24	Unrestricted				
8	25	Temporarily restricted				
Ξ	26	Permanently restricted				
or Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽				
		and complete lines 27 through 31.				
왍	27	Capital stock, trust principal, or current funds				
Š	28	Paid-in or capital surplus, or land, bldg , and equipment fund	200,816			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds		67,849		
ş	30	Total net assets or fund balances(see instructions)	200,816		67,849	
	31	Total liabilities and net assets/fund balances(see instructions)	200,816		67,849	
Pa	rt III					
1		Total net assets or fund balances at beginning of year—Part II, column (				
		with end-of-year figure reported on prior year's return)			L	200,816
2		Enter amount from Part I, line 27a		<b>—</b>	2	-132,967
3		Other increases not included in line 2 (itemize)		_ ⊢	3	
4		Add lines 1, 2, and 3			1	67,849
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)—Pa	art II, column (b), lir	ne 30 <b>.   6</b>	5	67,849

the Part VI instructions

Part IV Capital Gains	and Losses for Tax on Inve	stment Income				
	e the kınd(s) of property sold (e g , re rehouse, or common stock, 200 shs		How acquired P—Purchase <b>(b)</b> D—Donation	יט ן	ate acquired no , day, yr )	Date sold (d) (mo , day, yr )
1a						
b						
С						
d						
e						
(e) Gross sales price	Depreciation allowe <b>(f)</b> (or allowable)	Depreciation allowed Cost of (f) (or allowable) (g) plus ex				or (loss) (f) mınus (g)
a						
b						
c						
d						
e						
Complete only for assets	showing gain in column (h) and owner	ed by the foundation	on 12/31/69		Gains (Col	(h) gaın mınus
(i) F M V as of 12/31/69	A djusted basis (j) as of 12/31/69	<b>I</b>	ess of col (1) col (j), ıf any	(I)		ot less than -0-) <b>o</b> i (from col (h))
а						
b						
c						
d						
e						
, -	ome or (net capital loss) tal gain or (loss) as defined in sectio	If gain, also enter i If (loss), enter -0- ns 1222(5) and (6)		2		
If gain, also enter in in Part I, line 8 .	Part I, line 8, column (c) (see instru	ıctıons) If(loss), en	ter -0 -   • •	3		
Part V Qualification	Under Section 4940(e) for R	Reduced Tax on	Net Investme	nt In	come	
(For optional use by domestic If section 4940(d)(2) applies,	private foundations subject to the se leave this part blank	ection 4940(a) tax o	on net investment	ıncom	e )	
	ne section 4942 tax on the distributa not qualify under section 4940(e) Do			eriod?		┌ Yes ┌ No
1 Enter the appropriate amo	ount in each column for each year, so	ee instructions befo	re makıng any ent	ries		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharr	table-use assets		(d) Distributio (col (b) divided	n ratio
2014	230,259		198,746		cor (b) divided	1 158559
2013	203,679		100,003			2 036729
2012	15,526		47,202			0 328927
2011	20,625		60,031			0 343572
2010	111,626		73,014			1 528830
2 Totalof line 1, colum	ın (d)			2		5 396617
	ratio for the 5-year base period—div the foundation has been in existence			3		1 079323
4 Enter the net value of	of noncharitable-use assets for 2015		4		89,689	
5 Multiply line 4 by lin	e 3			5		96,803
6 Enter 1% of net inve	estment income (1% of Part I, line 2	7b)		6		
<b>7</b> Add lines 5 and 6.				7		96,803
8 Enter qualifying dist	rıbutıons from Part XII, line 4	ons from Part XII, line 4				477,110

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

Fell	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	<del>,4</del> 0(e),	UI 4340—SE	e pag	C 10 0I	the in	SCIUCCIO	'IIS)	
1a		· ┌		Ì					
	and enter "N/A" on line 1  Date of ruling or determination letter			l					
	(attach copy of letter if necessary-see instructions)			ĺ					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			J	1				0
	here Fand enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizate Part I, line 12, col (b)	tions e	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found enter -0-)	dation	s only Othe	rs	2				
3	Add lines 1 and 2				3				
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable foun enter -0-)			rs	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, er	nter-0		•	5				
6	Credits/Payments	ı	1						
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a							
b	Exempt foreign organizations—tax withheld at source	6b							
С	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here if Form 2				8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .				9				
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t overp		•	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	_	11				
	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state,	, or loc	al legislatioi	nord	ıd			Yes	No
_	Farancipals of the state of						. 1a		No
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for profer definition)?			see Ir	ıstruct	ions	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities			· ·		•	10		NO
	published or distributed by the foundation in connection with the activities.	anu co	pies or arry ir	iacciia	115				
c	Did the foundation file <b>Form 1120-POL</b> for this year?						1c		No
	Enter the amount (if any) of tax on political expenditures (section 4955) impos	ed dur	ing the vear	•		•	10		
•	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers		-						
e	Enter the reimbursement (if any) paid by the foundation during the year for political contents.			ax ımı	osed				
	on foundation managers 🕨 \$		.,						
2	Has the foundation engaged in any activities that have not previously been rep	orted t	to the IRS?				. 2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in its	s gove	rning instrui	ment,	artıcle	s			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo	_	=	-			. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more du	urıng tl	he year?				4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction dur	ing the	e year?				. 5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 494  • By language in the governing instrument, or	45) sa	tisfied either	-					
	By state legislation that effectively amends the governing instrument so that	at no m	nandatory dii	rectio	ns				
	that conflict with the state law remain in the governing instrument?						. 6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					:),			
	and Part XV.						. 7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)						
L	►MI  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	10-DE 4	to the ^ ++=						
D	General (or designate) of each state as required by General Instruction G? If ".						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the $m$				(1)(3)		90	1 63	
3	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see		_		,				
	If "Yes," complete Part XIV			. u.c./			. 9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes,"</i>	attach	a schedule l	Istina	their n	ames	<u> </u>		
	and addresses.			_			. 10		No

Par	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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►LEWIS KNOPF CPA'S PC Telephone no ►(810	1238	-4617	
	Located at ►5206 GATEWAY CENTRE STE 100 FLINT MI ZIP+4 ►48507	, 200	1017	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here	• •		
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Par	t 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 V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Vo			
	(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)?			
	(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 V No			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	416		
	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			
·	that were not corrected before the first day of the tax year beginning in 2015?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		
2	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 V			
	If "Yes," list the years > 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
c	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			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	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			
	ıf the foundation had excess business holdings in 2015.).	3b	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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		No

	rt VII-B Statements Rega	di.	as Astivities for	. \A/L	ich Form 4720	Max	Be Required (Cont	lin	d)	Page <b>6</b>
					iicii Foriii 4720	Ma y	ье кеquireu ( <i>com</i>	mue	<i>u )</i>	
5a	During the year did the foundatio		•			,	F., F	<del>-</del>		
	(1) Carry on propaganda, or othe							/ No		
	(2) Influence the outcome of any							_		
	on, directly or indirectly, any	vote	r registration drive?			•				
	(3) Provide a grant to an individu	ıal foı	travel, study, or otl	ners	ımılar purposes?		┌ Yes ┌	No		
	(4) Provide a grant to an organiz	atıon	other than a charita	ble,	etc , organization de	scril	ped			
	ın section 4945(d)(4)(A)? (s	ee in	structions)	Yes	√ No					
	(5) Provide for any purpose othe		religious, charitabl							
	educational purposes, or for	he pi	evention of cruelty	to ch	ıldren or anımals?.		🗆 🗆 Yes 🖟	√ No		
b	If any answer is "Yes" to 5a(1)-	(5), d	ıd <b>any</b> of the transac	tions	fail to qualify under	the	exceptions described in			
Regulations section 53 4945 or i		ın a c	urrent notice regard	ling d	disaster assistance	(see	instructions)?		5b	
	Organizations relying on a currer						<u> </u>	_		
С										
	tax because it maintained expen							- No		
	If "Yes," attach the statement requ					•	,,			
6a	Did the foundation, during the ye					nroi	mume on			
oa	a personal benefit contract?							- No		
<b>.</b>	'								6 h	No
Ь	Did the foundation, during the ye	ar, pa	y premiums, directi	yori	ndirectly, on a perso	mai	benefit contract?	•	6b	No
_	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year,									
ь	If yes, did the foundation receive								7b	
Pa	rt vii i	t Of	ficers, Directors	s, Tı	rustees, Founda	tio	n Managers, Highly	Paid	Employ	yees,
	and Contractors						·			
	List all officers, directors, trustee	:s, ro	indation managers a	ana t	neir compensation (	see i		<u> </u>		
			Title, and average	(c)	Compensation( <b>If</b>		(d) Contributions to	l F	xpense a	ccount
	(a) Name and address	/ <sub>b</sub> \	hours per week devoted to position		not paid, enter	e	mployee benefit plans	1	other allo	,
		(6)	devoted to position		-0-)	and	d deferred compensation			
APPA	RAO MUKKAMALA	⊣	SIDENT		0		0			0
	5 WARWICK CIRCLE	5 0	)							
	ND BLANC, MI 48439									
	ATHI MUKKAMALA	=	ECTOR		0		0			0
	5 WARWICK CIRCLE	3 0	J							
	ND BLANC, MI 48439			-		_				
	IVAS MUKKAMALA	3 0 t	ECTOR		0		0			0
	5 WARWICK CIRCLE .ND BLANC,MI 48439	] 0,	,							
	NA MUKKAMALA	D.T.D	FCTOR	-		$\vdash$				
		3 0	ECTOR		0		0			0
	5 WARWICK CIRCLE .ND BLANC,MI 48439		,							
	Compensation of five highest-paid	d ami	Novees (other than	thos	e included on line 1	-600	instructions) If none of	nter"l	NONE "	
		a Citiq			I meradea on mie 1	300	Contributions to		TO ITE.	
N.s.			Title, and aver		(2) Commonostio	_	employee benefit	E	Expense a	ccount,
IVal	me and address of each employee more than \$50,000	paru	hours per we (b) devoted to pos		(c) Compensatio	111	plans and deferred	(e)	other allo	wances
			(2) 40.0004 00 poo				(d) compensation			
NON	NE									
-			1							
							1	<del>                                     </del>		
			-							
			1							
Tota	I number of other employees paid	over	\$50,000				🕨			

Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Hi	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NON	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1		
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 and 2	A mount
<b>1</b> N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<u></u>

#### Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
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	36,427
b	Average of monthly cash balances	1b	54,628
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	91,055
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	
3	Subtract line 2 from line 1d	3	91,055
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	1,366
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	89,689
6	Minimum investment return. Enter 5% of line 5	6	4,484
Pai	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cere check here ► □ and do not complete this part.)	rtaın foı	reign organizations
1	Mınımum ınvestment return from Part X, line 6	1	4,484
2a	Tax on investment income for 2015 from Part VI, line 5 2a		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,484
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,484
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	4,484
Par	t XIII Qualifying Distributions (see instructions)		•
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	477,110
	Program-related investments—total from Part IX-B	1b	477,110
	A mounts 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	
	Cash distribution test (attach the required schedule).	<b></b>	
ь 4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	3b 4	477,110
		+	4//,110
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	5	
_	Income Enter 1% of Part I, line 27b (see instructions)	-	477 440
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	477,110
	the section 4940(e) reduction of tax in those years	ier the fo	unuation quanties for

P	art XIII Undistributed Incom	<b>e</b> (see ınstru	ictions)				
			(a) Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015	
1	Distributable amount for 2015 from Par	t VI line 7	сограз	Tears prior to 2011	2017	2013	4,484
	Undistributed income, if any, as of the e						
a							
а							
b	Total for prior years 20, 20						
3	Excess distributions carryover, if any, t	0 2015 107,975					
a	From 2010	17,623					
D		13,166					
	From 2012	198,749					
	From 2014	220,714					
	Total of lines 3a through e		558,227				
	Qualifying distributions for 2015 from Pa		333,221				
-	XII, line 4 <b>&gt;</b> \$ 477,11						
-	Applied to 2014, but not more than line	_					
	Applied to undistributed income of prior						
	(Election required—see instructions).	<b>.</b>					
С	Treated as distributions out of corpus (E required—see instructions)						
d	Applied to 2015 distributable amount.						4,484
е	Remaining amount distributed out of cor	pus	472,626				
5	Excess distributions carryover applied	to 2015					
	(If an amount appears in column (d), the same amount must be shown in colu	mn (a).)					
6	Enter the net total of each column as indicated below:	, , ,					
а	Corpus Add lines 3f, 4c, and 4e Subtra	ct line 5	1,030,853				
	Prior years' undistributed income Subtra						
_	line 4b from line 2b						
C	Enter the amount of prior years' undistri	buted					
	income for which a notice of deficiency h						
	been issued, or on which the section 49- tax has been previously assessed						
d	Subtract line 6c from line 6b Taxable a						
u	—see instructions						
е	Undistributed income for 2014 Subtrac						
	4a from line 2a Taxable amount—see						
	instructions						
f	Undistributed income for 2016 Subtrac						
	lines 4d and 5 from line 1 This amount 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) (Ele						
	be required - see instructions)						
8	Excess distributions carryover from 20:		107,975				
٥	applied on line 5 or line 7 (see instruction Excess distributions carryover to 2016.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
9	Subtract lines 7 and 8 from line 6a		922,878				
10	Analysis of line 9						
	Excess from 2011	17,623					
b	Excess from 2012	13,166					
c	Excess from 2013	198,749					
d		220,714					
e	Excess from 2015	472,626					

P	Part XIV Private Operating Founda	tions (see ınstru	ictions and Part	VII-A, question	9)	
1a	If the foundation has received a ruling or deter foundation, and the ruling is effective for 2015		· · · · · · · · · · · · · · · · · · ·	-		
b	Check box to indicate whether the organization	n <u>ı</u> s a prıvate opera	tıng foundatıon des	scribed in section	厂 4942(j)(3) or	厂 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) local
	year listed					
<b>b</b> 8	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					
e	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
_	alternative test relied upon "Assets" alternative test—enter					
а	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
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  (1) Total support other than gross					
	investment income (interest,					
	dıvıdends, 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					
Dа	rt XV Supplementary Information (	Complete this	nart only if th	l e organization	had \$5 000 o	r more in
	assets at any time during the			- o. gazao.	40,000	
1	Information Regarding Foundation Managers:	•	_			
а	List any managers of the foundation who have					lation
	before the close of any tax year (but only if the	ey nave contributed	more than \$5,000	) (See Section 50	)/(d)(2))	
	APPARAO MUKKAMALA					
b	List any managers of the foundation who own 1	0% or more of the	stock of a corpora	tion (or an equally	large portion of th	ie
	ownership of a partnership or other entity) of w		· ·		<b>9</b>	
2	Information Regarding Contribution, Grant, Gi					
	Check here F if the foundation only makes of					
	unsolicited requests for funds If the foundatio other conditions, complete items 2a, b, c, and		ts, etc (see instru	ictions) to individu	ais or organizatio	ns under
		-				
_	The name address and belonkers around	المراجعة المسلمان المسلمان	ha mayara ke waki		ا الله مما المال	
а	The name, address, and telephone number or	e-man address of t	ne person to wnom	i applications snot	na pe addressed	
	APPARAO MUKKAMALA 4545 WARWICK CIRCLE					
	GRAND BLANC, MI 48439					
	(810) 257-9828					
b	The form in which applications should be subn	nitted and informati	on and materials t	hey should include		
	WRITTEN APPLICATION DETAILING AMOU			•		
С	Any submission deadlines					
	NO					
d	Any restrictions or limitations on awards, suc	h as by geographic	al areas, charitable	e fields, kinds of in	stitutions, or othe	r
	factors	, 5 5 4	,	,	,	

MUST SATISFY THE PURPOSES OF THE FOUNDATION

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 477,005 **b** Approved for future payment

(a) (b) (c) (d)  1 Program service revenue  Business code Amount Exclusion code Amount	Page <b>12</b>			s	ing Activitie	A Analysis of Income-Produc	orm 990-PF <b>Part XVI-</b>
Business code Amount Exclusion code Amount    Business code Amount   Exclusion code   Amount	(e) Related or exemp	1 512, 513, or 514	Excluded by section	isiness income	Unrelated bu	amounts unless otherwise indicated	nter gross
b c d d d d d d d d d d d d d d d d d d	(5ee			• •		service revenue	<b>1</b> Program :
d e							
g Fees and contracts from government agencies  2 Membership dues and assessments							
g Fees and contracts from government agencies  2 Membership dues and assessments							е
Investments						nd contracts from government agencies	<b>g</b> Fees ar
Solution (loss) from real estate  a Debt-financed property	4	4	14				
b Not debt-financed property	1,143	1,143	14				
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  c  d  Subtotal Add columns (b), (d), and (e).  Total.Add line 12, columns (b), (d), and (e).  See worksheet in line 13 instructions to verify calculations)  art XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See							
Other revenue a  b  c  d  subtotal Add columns (b), (d), and (e).  Total.Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculations)  Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	20,854	20,854	18				
b							Gross pr
Subtotal Add columns (b), (d), and (e).  Total.Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculations)  art XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See							
Subtotal Add columns (b), (d), and (e).  Total.Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculations)  art XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See						-	
Total.Add line 12, columns (b), (d), and (e)							е
Art XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (Section 1).			1			d line 12, columns (b), (d), and (e)	<b>Total.</b> Ad
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See					the Accom	B Relationship of Activities to	
						the accomplishment of the foundation's	
							+
							+
							<del></del>
							+

Part X	VII	Information Re Noncharitable					nsact	ions and I	Relationships	With			
		nization directly or ir (c) of the Code (othe	directly 6	engage	ın any of	the following						Yes	No
organ	ızatıon	ıs?											
<b>a</b> Trans	fers fro	om the reporting foun	datıon to	a noncl	harıtable	exempt orgar	nızatıon	of					
<b>(1)</b> C	ash.										1a(1)		No
<b>(2)</b> C	ther a	ssets									1a(2)		No
<b>b</b> Other	trans	actions											
<b>(1)</b> S	ales o	fassets to a nonchar	ıtable exe	empt or	ganızatıo	n					1b(1)		No
<b>(2)</b> P	urchas	ses of assets from a ı	noncharıt	able ex	empt orga	anızatıon					1b(2)		No
<b>(3)</b> R	ental (	of facilities, equipmer	nt, or othe	rasset	ts						1b(3)		No
<b>(4)</b> R	teımbu	rsement arrangemen	ts								1b(4)		No
<b>(5)</b> L	oans c	or loan guarantees.									1b(5)		No
<b>(6)</b> Pe	rforma	nce of services or me	embershij	or fun	draising s	solicitations.					1b(6)		No
<b>c</b> Sharır	ng of fa	icilities, equipment, r	naılıng lıs	ts, oth	er assets,	, or paid empl	oyees.				1c		No
of the	goods trans	er to any of the above of, other assets, or ser action or sharing arra (b) Amount involved	vices giv ingement	en by tl , show i	he reporti In column	ng foundation	n If the e of the	foundation r goods, other	eceived less thai	n fair marko ces receivo	et value ed	!	nts
(a) Line in	<del>`</del>	(b) Amount involved	(c) Name	Of Horici	iditable exc	empt organizatio	<del>"                                     </del>	(d) Description	or transfers, transact	tions, and she	ining arra	ngemer	11.5
	_												
descr	ıbed ın	ation directly or indir isection 501(c) of th mplete the following s (a) Name of organization	e Code (c chedule		an sectio		or in se			ption of relati		es 🔽	No
1													
	the be inform	penalties of perjury, st of my knowledge a ation of which prepare ****	nd belief,	ıt ıs tru	ie, correc		ete Dec			May treturn	r) is bas he IRS di he prepai	sed on	all
	Sig	gnature of officer or tr	ustee	•		Date		Title	1		nstr )?	Yes N	No
	Р	rınt/Type preparer's ı AKSHAY KAPOOR	name	Prepa	rer's Sıgn	ature	Dat 20	te 016-04-18	Check if self- employed ▶	PTIN	013939	35	
Paid Prepar Use	er ⊔	rm's name ► EWIS & KNOPF CPA:	5				•		Firm's EIN ► 3	8-320566	2		
Only	5	Firm's address F  5206 GATEWAY CENTRE SUITE 100 FLINT, MI  48507  Phone no (810) 2							0)238-46:	L 7			

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHINMAYA MISSION WEST 1765 CHANNING AVENUE PALO ALTO,CA 94303	NONE		GENERAL OPERATIONS	63,003
JEEYAR EDUCATIONAL TRUST 222 DEY RD CRANBURY,NJ 08512	NONE		GENERAL OPERATIONS	100,000
TRI CITY HINDU TEMPLE 3311 TEMPLE DR SAGINAW,MI 48604	NONE		GENERAL	1,001
KASI TEMPLE 1147 ELMS RD FLINT, MI 48532	NONE		GENERAL	10,000
INDO AMERICAN HEALTH EDUCATION 5206 GATEWAY CENTRE FLINT,MI 48507	NONE		GENERAL	202,000
HURLEY FOUNDATION ONE HURLEY PLAZA FLINT,MI 48503	NONE		GENERAL	100,000
ISHA FOUNDATION 951 ISHA LANE MCMINNVILLE,TN 37110	NONE		GENERAL	1,001
Total			▶ 3a	477,005

# **TY 2015 Accounting Fees Schedule**

Name: MUKKAMALA FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,319	1,319		

Note: To capture the full content of this document, please select landscape mode (11"  $\times$  8.5") when printing.

# TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: MUKKAMALA FAMILY FOUNDATION

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
POWERSHARES 100 SH	2002-10	PURCHASE	2015-02		10,267	10,325			-58	·
METLIFE 200 SH	2008-11	PURCHASE	2015-02		9,664	10,700			-1,036	
FORD MOTOR CO 100 SH	2012-12	PURCHASE	2015-03		1,618	1,701			-83	
FORD MOTOR CO 600 SH	2014-06	PURCHASE	2015-03		9,709	10,206			-497	
POWERSHARES 370 SH	2002-10	PURCHASE	2015-03		39,969	38,203			1,766	
GENERAL ELECTRIC 300 SH	2008-11	PURCHASE	2015-03		7,492	4,128			3,364	
MAGNA INTL INC 150 SH	2011-03	PURCHASE	2015-03		15,734	<u> </u>			15,734	
AMERICAN AIRLS GROUP 250 SH	2014-10	PURCHASE	2015-03		13,657	8,609			5,048	
PROSHARES ULTRA 100 SH	2009-05	PURCHASE	2015-03		15,210	13,177			2,033	
APPLE INC 80 SH	2008-06	PURCHASE	2015-04		10,136	7,540			2,596	
METLIFE INC 400 SH	2008-11	PURCHASE	2015-04		19,864	21,400			-1,536	
MAGNA INTL INC 100 SH	2011-03	PURCHASE	2015-04		5,260	11,393			-6,133	
MAGNA INTL INC 200 SH	2014-06	PURCHASE	2015-04		10,520	22,786			-12,266	
AMERICAN INTERNATIONAL 300 SH	2012-08	PURCHASE	2015-05		16,935	9,827			7,108	
AMERICAN AIRLS GROUP 250 SH	2014-10	PURCHASE	2015-05		12,115	8,609			3,506	
FORD MOTOR CO 600 SH	2014-06	PURCHASE	2015-05		9,345	10,224			-879	
REGENERON PHARMACTCLS 100 SH	2011-01	PURCHASE	2015-05		50,915	50,415			500	
APPLE INC 200 SH	2008-06	PURCHASE	2015-06		25,134	25,384			-250	
BOEING COMPANY 311 SH	2010-07	PURCHASE	2015-07		46,036	45,221			815	
APPLE INC 200 SH	2008-06	PURCHASE	2015-10		23,622	23,854			-232	
REGENERON PHARMACTCLS 50 SH	2011-01	PURCHASE	2015-11		28,851	28,900			-49	
REGENERON PHARMACTCLS 50 SH	2011-01	PURCHASE	2015-11		28,851	28,200			651	
AMERICAN INTERNATIONAL 200 SH	2009-04	PURCHASE	2015-12		12,146	12,436			-290	
BOEING COMPANY 350 SH	2010-01	PURCHASE	2015-12		52,150	51,108			1,042	

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# **TY 2015 Investments Corporate Stock Schedule**

Name: MUKKAMALA FAMILY FOUNDATION

AMERICAN INTERNATIONAL 200 SH  APPLE 400 SH  BOEING 69 SHARES  BOEING 11 SHARES  FORD MOTOR 100 SH  FORD MOTOR 1200 SH  FORD MOTOR COMPANY 558 SH  FORD MOTORS 530 SH  GENERAL ELECTRIC 300 SH  MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACT 135 SH	EIN: 38-3224822				
AMERICAN INTERNATIONAL 200 SH  APPLE 400 SH  BOEING 69 SHARES  BOEING 11 SHARES  FORD MOTOR 100 SH  FORD MOTOR 1200 SH  FORD MOTOR COMPANY 558 SH  FORD MOTORS 530 SH  GENERAL ELECTRIC 300 SH  MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACT 135 SH	Name of Stock				
APPLE 400 SH  BOEING 69 SHARES  BOEING 11 SHARES  FORD MOTOR 100 SH  FORD MOTOR 1200 SH  FORD MOTOR COMPANY 558 SH  FORD MOTORS 530 SH  GENERAL ELECTRIC 300 SH  MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACT 135 SH	AMERICAN AIRLS GROUPS INC 500 SH				
BOEING 69 SHARES BOEING 11 SHARES FORD MOTOR 100 SH FORD MOTOR 1200 SH FORD MOTOR COMPANY 558 SH FORD MOTORS 530 SH GENERAL ELECTRIC 300 SH MAGNA INTL INC 300 SH METLIFE 600 SH POWERSHARES 470 SH PROSHARES 100 SH REGENERON 80 SH REGENERON PHARMACT 135 SH REGENERON PHARMACT CLS 50 SH	AMERICAN INTERNATIONAL 200 SH	11,892	12,394		
BOEING 11 SHARES  FORD MOTOR 100 SH  FORD MOTOR 200 SH  FORD MOTOR COMPANY 558 SH  FORD MOTORS 530 SH  GENERAL ELECTRIC 300 SH  MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON 9HARMACT 135 SH  REGENERON PHARMACT 135 SH	APPLE 400 SH	46,468	42,104		
FORD MOTOR 100 SH  FORD MOTOR 1200 SH  FORD MOTOR COMPANY 558 SH  FORD MOTORS 530 SH  GENERAL ELECTRIC 300 SH  MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACTCLS 50 SH	BOEING 69 SHARES				
FORD MOTOR 1200 SH  FORD MOTOR COMPANY 558 SH  FORD MOTORS 530 SH  GENERAL ELECTRIC 300 SH  MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACTCLS 50 SH	BOEING 11 SHARES				
FORD MOTOR COMPANY 558 SH  FORD MOTORS 530 SH  GENERAL ELECTRIC 300 SH  MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACTCLS 50 SH	FORD MOTOR 100 SH				
FORD MOTORS 530 SH  GENERAL ELECTRIC 300 SH  MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACTCLS 50 SH	FORD MOTOR 1200 SH				
GENERAL ELECTRIC 300 SH  MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACTCLS 50 SH	FORD MOTOR COMPANY 558 SH				
MAGNA INTL INC 300 SH  METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACTCLS 50 SH	FORD MOTORS 530 SH				
METLIFE 600 SH  POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACTCLS 50 SH	GENERAL ELECTRIC 300 SH				
POWERSHARES 470 SH  PROSHARES 100 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACTCLS 50 SH	MAGNA INTL INC 300 SH				
PROSHARES 100 SH  REGENERON 80 SH  REGENERON PHARMACT 135 SH  REGENERON PHARMACTCLS 50 SH	METLIFE 600 SH				
REGENERON 80 SH REGENERON PHARMACT 135 SH REGENERON PHARMACTCLS 50 SH	POWERSHARES 470 SH				
REGENERON PHARMACT 135 SH REGENERON PHARMACTCLS 50 SH	PROSHARES 100 SH				
REGENERON PHARMACTCLS 50 SH	REGENERON 80 SH				
	REGENERON PHARMACT 135 SH				
UNITED TECHS 100 SH	REGENERON PHARMACTCLS 50 SH				
	UNITED TECHS 100 SH				

## **TY 2015 Other Expenses Schedule**

Name: MUKKAMALA FAMILY FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK SERVICE CHARGES	210	105		105

### **TY 2015 Taxes Schedule**

Name: MUKKAMALA FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	196	196		
FOREIGN TAX	20	20		
LICENSES AND PERMITS	96	96		

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DLN: 93491127007806

-N. 93<del>4</del>91127007000

OMB No 1545-0047

## 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, 990-EZ, or 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>.

2015

**Employer identification number** 

MUKKA	AMALA FAMILY FO	DUNDATION						
			38-3224822					
Organ	ization type (chec	k one)						
Filers	of:							
Form 990 or 990-EZ		☐ 501(c)( ) (enter number) organization						
			☐ 527 political organization					
Form 9	90-PF	<b> 5</b> 01(c)(3) exempt private foundation	√ 501(c)(3) exempt private foundation					
		□ 501(c)(3) taxable private foundation						
		is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See instructions					
Gener	al Rule							
ন		on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution rom any one contributor. Complete Parts I and II. See instructions for determining						
Specia	al Rules							
Г	under sections 509 received from any	In described in section $501(c)(3)$ filing Form $990$ or $990$ -EZ that met the $33^1$ /3% subscript and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form $990$ or $990$ -EZ), Parone contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 of (ii) Form $990$ -EZ, line 1 Complete Parts I and II	irt II, line 13, 16a, or 16b, and that					
Γ	during the year, to	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tall contributions of more than \$1,000 exclusively for religious, charitable, scientiful 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 \$1,0 this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, et purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusive religious, charitable, etc., contributions totaling \$5,000 or more during the year								

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of 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

Name of organization
MUKKAMALA FAMILY FOUNDATION

Employer identification number 38-3224822

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
1	DRS APPARAO SUMATHI MUKKAMALA		Person Payroll	Г Г
	GRAND BLANC, MI 48439	\$ 323,878	Noncash (Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions ) (d) Type of cont	tribution
			Person Payroll	Г Г
		<u>\$</u>	Noncash (Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of conf	tribution
			Person Payroll	Г Г
		\$	Noncash	Г
(a)	(b)	(c)	(Complete Part II f contributions )	or noncash
No.	Name, address, and ZIP + 4	Total contributions	Type of cont	tribution
-		\$	Payroll	_
			Noncash (Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person Payroll	r r
		<u>\$</u>	Noncash	
	(6)	(2)	(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Payroll	, _
		\$	Noncash (Complete Part II f	or noncash
			contributions)	

Name of organization
MUKKAMALA FAMILY FOUNDATION

Employer identification number

38-3224822

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
	See Additional Data Table	\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF)	(2015)
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hedule B (Form 990,	990-EZ, or 990-PF) (2015)		Page <b>4</b>
<b>ne of organization</b> KKAMALA FAMILY	FOUNDATION		Employer identification number
			38-3224822
total more line entry. of \$1,000 o	than \$1,000 for the year from any of	one contributor. Complete co Ill, enter the total of exclusiver mation once. See instruction	ribed in section 501(c)(7), (8), or (10) that plumns (a) through (e) and the following ely religious, charitable, etc., contributions ins.) • \$
(a) .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 gi nd ZIP4	ft Relationship of transferor to transferee
(a) o.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 gi	ft Relationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gi	ft Relationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi	ft Relationship of transferor to transferee
-			
ı <b>—</b> -		ı	

Software ID: Software Version:

**EIN:** 38-3224822

Name: MUKKAMALA FAMILY FOUNDATION

### Form 990 Schedule B, 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
1	311 BOEING	\$ 45,221	
1	50 REGENERON	\$ 28,200	
1	100 REGENERON PHARM	\$ 60,415	
1	200 AMERICAN INTL	\$ 12,436	
1	200 APPLE	\$ 15,384	
1	200 BOEING	\$ 28,848	
1	200 APPLE	\$ 23,854	
1	400 APPLE	\$ 46,468	
1	150 BOEING	\$ 22,260	
1	200 AMERICAN INTL	<u> </u>	

Form 990 Schedule B, 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
1	50 REGENERON	\$ 28,900	