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DLN: 93491089002136

OMB No 1545-0052

Department of the Treasury

Internal Revenue Service

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

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Open to Public Inspection

For	caler	ndar year 2015, or tax y	, aı	and ending 12-31-2015							
	e of four	ndation 4ILY FOUNDATION				A Employer id	entification numb	er			
Dii	VITV I VI	TIET TOONDATION				45-4134703					
		street (or P O box number if mail is	not delivered to street address)	Room/suite		B Telephone nur	nber (see instruction	is)			
10	10 TOWS	GLEY LANE				(734) 483-5000	1				
		state or province, country, and ZIP o MI 48105	r foreign postal code			C If exemption	application is pendin	ng, check here 🕨 🦵			
G CI	neck all	that apply Initial return	Initial return of a fo	ormer public charity		D.4 Foreign or	aanaationa ahaali h	ere 🕨 🦵			
		Final return Address chang	Amended return ge Name change	,		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation					
H Ch	eck typ ction 4	pe of organization 🔽 Section 947(a)(1) nonexempt charital	ole trust Other taxabl	e private foundation		E If private for	ındatıon status was n 507(b)(1)(A), chec	terminated			
		t value of all assets at end	JAccounting method Other (specify)	✔ Cash Accrua	ıl		ation is in a 60-mont				
		om Part II, col. (c), \$ 27,323	(Part I, column (d) must	be on cash basis.)		under section	n 507(b)(1)(B), ched	k neie - 1			
Pa	rt I	Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in c instructions))	b), (c), and (d) may not expenses per N		Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)				
	1	Contributions, gifts, grants, e	etc , received (attach								
		schedule)		11,944							
	2	Check ► ┌ If the foundation	is not required to attach								
		Sch B									
	3	Interest on savings and temp	oorary cash investments								
	4	Dividends and interest from s	securities	284		284					
	5a	Gross rents									
	b	Net rental income or (loss) _		200							
₽	6a	Net gain or (loss) from sale o	rassets not on line 10	-708							
Revenue	b	Gross sales price for all asse 40,200	ets on line 6a								
	7	Capital gain net income (from	n Part IV, line 2)			85					
	8	Net short-term capital gain .									
	9	Income modifications									
	10a	Gross sales less returns and allowances									
	b	Less Cost of goods sold.									
	C	Gross profit or (loss) (attach	•								
	11	Other income (attach schedu	•								
	12	Total. Add lines 1 through 11		11,520		369					
	13	Compensation of officers, dir									
	14	Other employee salaries and			-						
Š.	15	Pension plans, employee ben Legal fees (attach schedule).									
Ψ	16a										
Expenses	Ь	Accounting fees (attach scho		100		100					
	_ c	Other professional fees (atta		190	-	190					
Admını strative	17	Interest		% 2		2					
至	18	Taxes (attach schedule) (see	•	259 ²							
Ę	19	Depreciation (attach schedul									
₽d	20	Occupancy									
and	21	Printing and publications.	_								
	23	Other expenses (attach sche									
ij	24	Total operating and administ									
Operating		Add lines 13 through 23	-	192		192		0			
Ö	25	Contributions, gifts, grants p		16,157				16,157			
	26	Total expenses and disburser									
	27	Subtract line 26 from line 12		16,349		192		16,157			
	27 a	Subtract line 26 from line 12 Excess of revenue over experiments		-4,829							
	a b	Net investment income (if ne		1,323		177					
	c	Adjusted net income(If negat	-								

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column 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	(a) BOOK Value 17,616	14,526	_ ` _					
	2	Savings and temporary cash investments	17,510	1.,320	11,320					
	3	Accounts receivable								
	3	Less allowance for doubtful accounts								
	4	Pledges receivable								
	4	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								
2	8	Inventories for sale or use								
Assets	9	Prepaid expenses and deferred charges								
AS	10a	Investments—U S and state government obligations (attach schedule)								
	b	Investments—corporate stock (attach schedule)	13,686	12,797						
	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	Total assets(to be completed by all filers—see the								
		instructions Also, see page 1, item I)	33,041	28,212	27,323					
	17	Accounts payable and accrued expenses								
	18	Grants payable								
ę.	19	Deferred revenue								
abilities	20	Loans from officers, directors, trustees, and other disqualified persons								
	21	Mortgages and other notes payable (attach schedule)								
コ	22	Other liabilities (describe								
	23	Total liabilities(add lines 17 through 22)		0						
		Foundations that follow SFAS 117, check here								
φ		and complete lines 24 through 26 and lines 30 and 31.								
2	24	Unrestricted								
<u>8</u>	25	Temporarily restricted								
	26	Permanently restricted								
Fund Balances		Foundations that do not follow SFAS 117, check here								
or F		and complete lines 27 through 31.								
	27	Capital stock, trust principal, or current funds								
Ř	28	Paid-in or capital surplus, or land, bldg, and equipment fund								
Assets	29	Retained earnings, accumulated income, endowment, or other funds	33,041	28,212						
Net	30	Total net assets or fund balances(see instructions)	33,041	28,212						
Z	31	Total liabilities and net assets/fund balances(see instructions)	33,041	28,212						
Do			33,011	20,212						
	rt III		- \							
1		Total net assets or fund balances at beginning of year—Part II, column (, ,		22.041					
_		with end-of-year figure reported on prior year's return)		_	33,041					
2		Enter amount from Part I, line 27a			-4,829					
3		Other increases not included in line 2 (itemize)		_ 3	20.245					
4		Add lines 1, 2, and 3			28,212					
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	irt II, column (b), lir	ne 30 . 6 	28,212					

the Part VI instructions

Part IV Capital Gain	s and Losses for Tax on Inve				1		
	be the kınd(s) of property sold (e g , re arehouse, or common stock, 200 shs	eal estate,	How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)		
1a							
b							
С							
d							
e							
(e) Gross sales price	Depreciation allowe (f) (or allowable)	d Cost or ot (g) plus expen		Gain or (loss) (h) (e) plus (f) minus (g)			
a							
b							
С							
d							
e							
Complete only for asse	s showing gain in column (h) and owner	ed by the foundation on 1	2/31/69	Gains (Col	(h) gaın mınus		
(i) F M V as of 12/31/	A duisted basis	Excess of (k) over col	of col (ı)	col (k), but no	ot less than -0-) or (from col (h))		
a							
b							
С							
d							
e							
		If gaın, also enter ın Paı	rt I line 7 Ì	<u> </u>			
2 Capital gain net in	come or (net capital loss)	If (loss), enter -0 - in Pa		2	85		
3 Net short-term ca	pital gain or (loss) as defined in sectio	ons 1222(5) and (6)					
If gaın, also enter ın Part I, lıne 8	ın Part I, line 8, column (c) (see instru	uctions) If (loss), enter -	0-	3			
Part V Qualification	n Under Section 4940(e) for R	Reduced Tax on Net	Investme	nt Income			
(For optional use by domest If section 4940(d)(2) applie	c private foundations subject to the se s, leave this part blank	ection 4940(a) tax on ne	t investment i	ncome)			
	the section 4942 tax on the distribut not qualify under section 4940(e) D		n the base pe	rıod?	┌ Yes ┌ No		
1 Enter the appropriate a	mount in each column for each year, s	ee instructions before ma	akıng any entr	ies			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-	use assets	(d) Distributio (col (b) divided	n ratio		
2014	3,900		24,129		0 161631		
2013	7,002		7,919		0 884203		
2012	100		10,980		0 009107		
2011							
2010							
2 Totalof line 1, colu	ımn (d)			2	1 054941		
the number of yea	on ratio for the 5-year base period—di rs the foundation has been in existenc	e ıf less than 5 years	· · · _:	3	0 351647		
4 Enter the net value	e of noncharitable-use assets for 201!	5 from Part X, line 5	· · · <u> </u>	4	31,102		
5 Multiply line 4 by	ıne 3		[:	5	10,937		
6 Enter 1% of net in	vestment income (1% of Part I, line 2	7b)	[7	6	2		
7 Add lines 5 and 6.			🗀	7	10,939		
8 Enter qualifying di	stributions from Part XII, line 4		🗀	8	16,157		
Ifling 9 is aqual to	or greater than line 7 check the hox	in Part VI line 1 h and a	 omplete that a	art licing a 10/2 to			

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	940(e).	. or 4948—s	ee pag	e 18 of	the inst	ructio		age 4			
1a	Exempt operating foundations described in section 4940(d)(2), check here		,	<u> բ5</u> ነ								
10	and enter "N/A" on line 1	1										
	Date of ruling or determination letter			Ι,								
	(attach copy of letter if necessary-see instructions)			ĺ								
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	. check		ļ	1				2			
	here Fand enter 1% of Part I, line 27b											
C	All other domestic foundations enter 2% of line $27b$ Exempt foreign organizar Part I, line 12 , col (b)	ations e	enter 4% of									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Othe	ers	2							
3												
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	ns only Oth	ers	4							
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter - 0)		5				2			
6	Credits/Payments			•	3							
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	I									
b	Exempt foreign organizations—tax withheld at source	6b										
c	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 penalty 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				2			
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount			•	10							
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11							
	t VII-A Statements Regarding Activities					<u> </u>						
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislation	on or d	ıd			Yes	No			
	it participate or intervene in any political campaign?	٠					1a		No			
b	Did it spend more than \$100 during the year (either directly or indirectly) for p	oolitica	l purposes	(see Ir	structi	ons						
	for definition)?					-	1b		No			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	ppies of any i	materia	ls							
	published or distributed by the foundation in connection with the activities.											
С	Did the foundation file Form 1120-POL for this year?						1c		No			
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos	sed dui	rıng the yea	r								
	(1) On the foundation \$ (2) On foundation managers	F \$ _										
e	Enter the reimbursement (if any) paid by the foundation during the year for policy $\frac{1}{2}$	itical e	xpenditure 1	tax ımp	osed							
	on foundation managers 🕨 \$											
2	Has the foundation engaged in any activities that have not previously been report to the second \mathbf{r}	ported	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 $\boldsymbol{\theta}$	ts gove	erning instru	ıment,	articles	5						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	ormed o	copy of the c	hanges			3		No			
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	lurıng t	he year?.				4a		No			
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction du	ring 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 49	45) sa	tisfied eithe	er								
	By language in the governing instrument, or											
	By state legislation that effectively amends the governing instrument so the state of the s											
_	that conflict with the state law remain in the governing instrument?						6	Yes				
7	and Part XV	/17 "Yes	s," complete	Part II	, coi. (c _.	<i>),</i> 	7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered ($% \left(1\right) =\left(1\right) \left(1\right) =\left(1\right) \left(1\right$	see ins	structions)									
	► MI											
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99											
_	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 r		_									
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	LIUCTIONS for	rart)	(1 /) /		^		NI-			
10	If "Yes," complete Part XIV	" attack	a echedula	listing	therr	· · ·	9	$\vdash \vdash \vdash$	No			
10	and addresses.		i a sciicuule	nsung	anen n	ames	10	Yes				
					•		ــــــــــــــــــــــــــــــــــــــ					

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 ▶PLOTNIK FEINBERG ASSOC PC Telephone no ▶(248)	1443	-2440	
	Located at ►27313 SOUTHFIELD ROAD LATHRUP VILLAGE MI ZIP+4 ►48076	/		
			<u> </u>	
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			
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 V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes $\overline{\lor}$ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes 🔽 No			
Ь	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			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1.		
_	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			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
а	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20			
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 allyears 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			
	▶ 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		
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

Pa	rt VII-B	Statements Rega	rdii	ng Activities for	Wŀ	ich Form 4720	May	Be Required <i>(Cont</i>	inue	1)			
5a	During th	e year dıd the foundatıor	рау	or incurany amoun	t to								
	(1) Carry	on propaganda, or other	wise	attempt to influence	e leg	ıslatıon (section 49-	45(e)) [?]	√ No				
	(2) Influe	nce the outcome of any	spec	ific public election (see	section 4955), or to	carı	ry					
	on, dı	rectly or indirectly, any	vote	registration drive?.				\ \ Yes \	No No				
	(3) Provi	de a grant to an individu	al foi	travel, study, or oth	ers	ımılar purposes?		┌ Yes ┌	√ No				
	(4) Provi	de a grant to an organıza	tion	other than a charıta	ble,	etc , organization de	scrib	ped					
	ın sed	ction 4945(d)(4)(A)? (se	e in	structions)				\ Yes \	√ No				
	(5) Provi	de for any purpose other	thar	religious, charitable	e, sc	ientific, literary, or							
	educa	ational purposes, or for t	he pi	evention of cruelty t	o ch	ıldren or anımals?.			No				
b	If any ans	swerıs "Yes" to 5a(1)-(5), d	ıd any of the transac	tions	fail to qualify under	the	exceptions described in					
	Regulatio	ns section 53 4945 or i	n a c	urrent notice regard	ıng d	lisaster assistance	(see	ınstructions)?		5b			
	O rganıza	tions relying on a curren	t not	ice regarding disast	eras	sistance check here	≥		-				
C	If the ans	wer is "Yes" to question	5a(4), does the foundat	ion c	laım exemption from	n the						
tax because it maintained expenditure responsibility for the grant?													
	If "Yes," a	attach the statement requ	red i	y Regulations section	n 53.	4945-5(d).							
6a	6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on												
	a persona	al benefit contract?							No				
b	Did the fo	undation, during the yea	r, pa	y premiums, directly	orı	ndırectly, on a perso	nall	benefit contract?		6b No			
	If "Yes" to	o 6b, file Form 8870.											
7a	At any tır	me during the tax year, w	as t	ne foundation a party	/ to a	a prohibited tax shel	ter tı	ransaction? TYes R	No				
b	b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b												
Da	rt VIII		t Of	ficers, Directors	, Tı	ustees, Founda	ıtioı	n Managers, Highly	Paid	Employees,			
		and Contractors											
	LIST All OF	icers, directors, trustees	5, TO	indation managers a	na t	neir compensation (see i	(d)	I				
	(-) N-			Title, and average	(c)	Compensation(If		Contributions to	E	xpense account,			
	(a) Na	me and address	(b)	hours per week devoted to position		not paid, enter -0-)		mployee benefit plans	(e) (other allowances			
CLINIT	DUATTA		ļ · · ·			•	and	deferred compensation					
	L BHATIA	V LANE	4	PRESIDENT 2 00		0		0		0			
	O TOWSLE I ARBOR, N		2 00										
	IU BHATIA		VIC	E PRESIDE	0			0					
101	0 TOWSLE	Y LANE	0 0					-					
ANN	I ARBOR, M	1I 48105											
SURL	ICHI BHATIA		4	STEE	0			0	0				
	0 TOWSLE		0 0)									
	ARBOR, M				<u> </u>								
	Compensa	tion of five highest-paid	em	oloyees (other than t	hos	e included on line 1–	-see	instructions). If none, en	nter "N	IONE."			
N! -		(a)	د . ـ .	Title, and averable hours per wee		(2) (2	_	employee benefit	[expense account,			
Nai		ress of each employee pr re than \$50,000	ala	nours per wee		(c) Compensation	ıΠ	plans and deferred	(e) (other allowances			
		· · · · · · · · · · · · · · · · · · ·		(-, ,				(d) compensation					
NON	l E												
Tota	l number o	f other employees paid o	ver	\$50,000		<u> </u>		🕨					

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		>
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
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<u></u>

Form 990-PF (2015) Part Y Minimum Investment Return

Fa	(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	A verage monthly fair market value of securities	1a	14,505
b	A verage of monthly cash balances	1b	17,071
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	31,576
е	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	31,576
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	474
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	31,102
6	Minimum investment return.Enter 5% of line 5	6	1,555
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	1,555
2a	Tax on investment income for 2015 from Part VI, line 5 2a 2		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	2
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,553
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,553
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	1,553
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	16,157
	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	A mounts 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	16,157
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	2
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	16,155
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

Р	art XIII Undistributed Income (see inst	ructions)				
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015	
1	Distributable amount for 2015 from Part XI, line 7					1,553
2	Undistributed income, if any, as of the end of 2015					
а	Enter amount for 2014 only					
b	Total for prior years 20, 20, 20					
3	Excess distributions carryover, if any, to 2015					
а	From 2010					
b	From 2011					
	From 2012					
d	From 2013 6,157	7				
	From 2014					
f	Total of lines 3a through e	8,853				
4	Qualifying distributions for 2015 from Part					
	XII, line 4 🕨 \$ 16,157					
	Applied to 2014, but not more than line 2a					
b	Applied to undistributed income of prior years (Election required—see instructions)					
С	Treated as distributions out of corpus (Election required—see instructions)					
d	Applied to 2015 distributable amount					1,553
е	Remaining amount distributed out of corpus	14,604				
5	Excess distributions carryover applied to 2015					
	(If an amount appears ın column (d), the same amount must be shown ın column (a).)					
6	Enter the net total of each column as indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	23,457				
b	Prior years' undistributed income Subtract					
	line 4b from line 2b					
C	Enter the amount of prior years' undistributed					
	income for which a notice of deficiency has been issued, or on which the section 4942(a)					
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable amount					
	—see instructions					
е	Undistributed income for 2014 Subtract line					
	4a from line 2a Taxable amount—see					
_	Instructions					
Т	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must					
	be distributed in 2015					0
7	A mounts 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)					
8	applied on line 5 or line 7 (see instructions)					
9	Excess distributions carryover to 2016.					
-	Subtract lines 7 and 8 from line 6a	23,457				
10	Analysis of line 9					
а	Excess from 2011					
b	Excess from 2012					
C	Excess from 2013 6,157					
	Excess from 2014 2,696					
е	Excess from 2015 14,604	1				

P	art XIV	Private Operating Foundati	ons (see ınstru	ctions and Part	VII-A, question	9)	
1a		tion has received a ruling or determ nd the ruling is effective for 2015, (
b	Check box to	ındıcate whether the organizatıon i	s a private operat	ing foundation des	scribed in section		
2a		ser of the adjusted net	Tax year		Prior 3 years		(e) Total
		Part I or the minimum eturn from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) iotai
		· · · · · · · · · ·					
b	35% of line 2a						
C		stributions from Part XII,					
d		th year listed luded in line 2c not used					
•	directly for a	ctive conduct of exempt					
е	for active co	stributions made directly nduct of exempt activities 2d from line 2c					
3	Complete 3a,						
а	"Assets" alte	ernative test—enter					
		all assets					
	under se	fassets qualifying ection 4942(j)(3)(B)(i)					
D	of minimum i	' alternative test— enter 2/3 nvestment return shown in for each year listed					
c		ernative test—enter					
	• •	pport other than gross					
		ent income (interest, s, rents, payments					
		rities loans (section					
		5)), or royalties)					
		from general public more exempt					
		tions as provided in					
		4942(j)(3)(B)(III)					
	` ,	amount of support exempt organization					
		ivestment income					
Pa		plementary Information (C			e organizatior	had \$5,000 o	r more in
		ets at any time during the	<u>/ear—see inst</u>	ructions.)			_
1 a		Regarding Foundation Managers: agers of the foundation who have co	ontributed more th	an 2% of the total	contributions rec	eived by the found	lation
	•	ose of any tax year (but only if they				•	
b		agers of the foundation who own 10				large portion of th	е
	ownership of	a partnership or other entity) of whi	ch the foundation	has a 10% or gre	ater interest		
2	Information	Regarding Contribution, Grant, Gift	, Loan, Scholarshi	p, etc., Programs:			
	Check here	F√ If the foundation only makes co	ntributions to pres	selected charitable			
		equests for funds If the foundation	makes gifts, grant	s, etc (see ınstru	ctions) to individu	ıals or organızatıo	ns under
	other condition	ons, complete items 2a, b, c, and d					
	The	dd					
а		ddress, and telephone number or e-	mail address of tr	ie person to wnom	applications snot	iid be addressed	
	SUNIL BHAT						
	ANN ARBOR						
	(248) 351-3						
_		@COMCAST NET		on and	hav ab-uldl. !		
	i ne form in v	which applications should be submit	ted and information	on and materials t	ney snould include	2	
c	Any submiss	ion deadlines					
d	Any restricti factors	ons or limitations on awards, such	as by geographica	ıl areas, charıtable	e fields, kinds of ir	istitutions, or othe	r

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 A mount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 16,157 **b** Approved for future payment

Part XVI-A Analysis of Income-Produc	ing Activitie	s			Page 1 2
Enter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section		(e) Related or exemp function income
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See
a b					
c					
efg Fees and contracts from government agencies					
 2 Membership dues and assessments. 3 Interest on savings and temporary cash investments. 					
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate					28
 a Debt-financed property. b Not debt-financed property. 6 Net rental income or (loss) from personal 					
property					
8 Gain or (loss) from sales of assets other than inventory					-70
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b c d					
e					-42
13 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify			1	3	-424
Part XVI-B Relationship of Activities to	the Accomp				antly to
the accomplishment of the foundation's instructions)					

Part	XVII	Information Re Noncharitable					nsacti	ons and I	Relationships	With			
		rganization directly or ii 01(c) of the Code (othe	ndirectly e	engage	ın any of	the following						Yes	No
orga	anızat	ions?											
a Trai	nsfers	from the reporting four	idation to	a nonc	harıtable	exempt orgar	nization	of					
(1)	Cash										1a(1)		No
(2)	Othe	rassets									1a(2)		No
b 0 th	er tra	nsactions											
(1)	Sales	s of assets to a noncha	rıtable exe	empt or	ganızatıo	n					1b(1)		No
(2)	Purc	hases of assets from a	noncharıt	able ex	empt orga	anızatıon					1b(2)		No
(3)	Rent	al of facilities, equipme	nt, or othe	erasset	ts						1b(3)		No
(4)	Reim	bursement arrangemen	ts								1b(4)		No
(5)	Loan	s or loan guarantees.									1b(5)		No
(6) F	erfor	mance of services or m	embershı	p or fun	draising s	solicitations.					1b(6)		No
c Sha	rıng o	f facılıtıes, equipment, i	mailing lis	ts, oth	er assets,	, or paıd empl	oyees.				1 c		No
of th	ne goo ny tra	wer to any of the above ds, other assets, or se nsaction or sharing arra (b) Amount involved	rvices giv angement	en by t , show i	he reporti In column	ng foundation	of the	foundation r goods, other	eceived less thai	n fair marko ces receivo	et value ed	!	nte
(a) Line	110	(b) Amount involved	(c) Name	or nonci	iantable ext	empt organizatio	" 	a) Description	or transfers, transact	nons, and sne	illig alla	rigerrier	11.5
	-+												
	_						_						
des	cribed	ndation directly or indi I in section 501(c) of th complete the following : (a) Name of organization	ie Code (d schedule		an sectio		or in se			ption of relati		es 🔽	No
Sign Here	the Info	er penalties of perjury, best of my knowledge a rmation of which prepar *****	nd belief, er has any	ıt ıs tru	ie, correc	2016-03-2	te Dec	*****		an taxpaye May t return	r) is bas he IRS di he prepa	sed on	all
	'	Signature of officer or t	rustee			Date	'	Title			nstr)? 🗸	Yes □ N	No
		Print/Type preparer's STEVEN PLOTNIK	name	Prepa	rer's Sıgn	ature	Dat 20	e)16-03-29	Check if self- employed ▶	PTIN	000437	720	
Paid Prepa Use	arer								4				
Only		Firm's address ► 27313 SOUTHFIELD 48076	ROAD LA	THRUI	P VILLAG	GE, MI			Phone no (248	3)443-244	1 0		

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

Recipient Name and address (home or business) a Paid during the year UNICEF UNITED STATES FUND 125 MAIDEN LANE NEW YORK, NY 10038	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year UNICEF UNITED STATES FUND 125 MAIDEN LANE	any foundation manager	recipient		
UNICEF UNITED STATES FUND 125 MAIDEN LANE				
125 MAIDEN LANE				
HEW TORK, HT 10050			EDUC, SCIEN, LITERACY, PREV CRUELTY	200
BOYS TOWN 14100 CRAWFORD STREET BOYS TOWN, NE 68010			EDUC, SCEIN, LITERACY, PREV CRUELTY	100
AMERICAN HEART ASSOCIATION 40 OAK HOLLOW ST 220 SOUTHFIELD,MI 48033			EDUC, SCEIN, LITERACY, PREV CRUELTY	500
AMERICAN CANCER SOCIETY PO BOX 22538 OKLAHOMA CITY,OK 73123			EDUC, SCEIN, LITERCY, PREV CRUELTY	500
HINDU TEMPLE 44955 CHERRY HILL RD CANTON,MI 48188			EDUC, SCEIN, LITERACY, PREV CRUELTY	1,000
ST JOSEPH MERCY HOSP 5035 EAST HURON DR ANN ARBOR,MI 48106			EDUC, SCIEN, LITERACY, PREV CRUETLY	1,000
AMERICAN RED CROSS 23400 MICHIGAN AVE DEARBORN,MI 48124			EDUC, SCEIN, LITERACY, PREV CRUELTY	500
VOLUNTEERS OF AMERICA 21415 CIVIC CENTER DR 30 SOUTHFIELD,MI 48076			EDUC,SCIEN,LITERACY, PREV CRUELTY	100
WOUNDED WARRIOR PROJECT 4899 BELFORT RD 300 JACKSONVILLE,FL 32256			EDUC,SCIEN,LITERACY,PREV CRUELTY	200
ST JUDE CHILDERN'S HOSP 1461 E 12 MILE RD MADISON HEIGHTS,MI 48071			EDUC, SCIEN, LITERACY, PREV CRUELTY	100
PROJECT HOPE PO BOX 96340 WASHINGTON, DC 200906340			EDUC, SCIEN, LITERACY, PREV CRUELTY	100
SALVATION ARMY 100 ARBANA DR ANN ARBOR,MI 48103			EDUC,SCIEN,LITERACY,PREV CRUELTY	100
VETERANS OF FOREIGN WARS 406 W 34TH ST KANSAS CITY, MO 64111			EDUC,SCIEN,LITERACY, PREV CRUELTY	200
DETROIT RESCUE MISSION MINISTRIES 150 STIMSON STREET DETROIT,MI 48231			EDUC, SCIEN, LITERACY, PREV CRUELTY	100
ORBIS 520 8TH AVE 12TH FLOOR NEW YORK, NY 10018			EDUC,SCIEN,LITERACY, PREV CRUELTY	100

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	Contribution	
a Paid during the year				
PARALYZED VETERANS OF AMER 801 EIGHTEENTH ST NW WASHINGTON,DC 200063517			EDUC,SCIEN,LITERACY, PREV CRUELTY	100
CAREORG 151 ELLIS STREET NE ATLANTA,GA 30303			EDUC,SCIEN,LITERACY, PREV CRUELTY	100
BHATIA 2011 CHARITABLE LEAD TR 1010 TOWSLEY LANE ANN ARBOR,MI 48105			EDUC, SCIEN, LITERACY, PREV CRUELTY	11,157
Total			▶ 3a	16,157

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BHATIA FAMILY FOUNDATION

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
FIRST TR ETF ADED FD	2015-03	PURCHASE	2015-09		2,037	2,139			-102	
ISHARES BARCLAYS 20+	2015-03	PURCHASE	2015-05		6,614	6,666			-52	
ISHARES TR RUSSELL 100 GWTH	2015-03	PURCHASE	2015-08		3,052	3,340			-288	
ISHARES TR RUSSELL MID CAP	2015-03	PURCHASE	2015-08		3,191	3,371			-180	
PWR SHARES S & P 500 LOW VOLATILITY	2015-03	PURCHASE	2015-08		2,377	2,547			-170	
PWR SHARES SENIOR LN PORT	2014-10	PURCHASE	2015-03		5,908	5,997			-89	
SPDR S & P 500	2014-12	PURCHASE	2015-03		10,470	10,203			267	
VANGUARD CHARLOTTE TOTAL INTL BD	2015-03	PURCHASE	2015-06		6,466	6,645			-179	

TY 2015 Investments Corporate Stock Schedule

Name: BHATIA FAMILY FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SECURITIES	13,686	12,797

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TY 2015 Other Professional Fees Schedule

Name: BHATIA FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT OTHER PROFESSIONAL FEES	190	190		

TY 2015 Taxes Schedule

Name: BHATIA FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2014 FEDERAL INCOME TAX	2	2		

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As Filed Data -

DLN: 93491089002136

Schedule B

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BHATIA FAMILY FOUNDATION

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 www.irs.gov/form990.

OMB No 1545-0047

2015

Employer identification number

			45-4134703				
Organ	ization type (check	one)					
Filers	of:	Section:					
Form 9	90 or 990-EZ	□ 501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		☐ 527 political organization					
Form 9	90-PF	▼ 501(c)(3) exempt private foundation	501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation					
		☐ 501(c)(3) taxable private foundation					
Gener 「マ	_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions t m any one contributor Complete Parts I and II See instructions for determining a	• ,				
Specia	al Rules						
Γ	under sections 509(received from any o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supply a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Particle contributor, during the year, total contributions of the greater of (1) \$5,000 or (1) Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that				
Γ	during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, charitable, scientific, cruelty to children or animals. Complete Parts I, II, and III	_				
Γ	during the year, conthis box is checked, purpose Do not com	described in section $501(c)(7)$, (8) , or (10) filing Form 990 or 990 -EZ that received tributions $exclusively$ for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an $exclusiveless$ plete any of the parts unless the General Rule applies to this organization becaute, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, illuse it received nonexclusively				

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 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)

Name of organization BHATIA FAMILY FOUNDATION Employer identification number 45-4134703

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed		
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
1			Person	□
	SUNIL MADHU BHATIA CLAT 1010 TOWSLEY LANE	\$ 11,157	Payroll	Γ
	ANN ARBOR, MI481059573		Noncash (Complete Part II f	Cor papageh
			(Complete Part II f contributions)	or noncasn
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of conf	tribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Γ
			Noncash	Г
			(Complete Part II f contributions)	or noncash
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Γ
			Noncash	Г
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Γ
			Noncash	Г
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
		\$	Payroll	Г
		Ψ	Noncash	Г
			(Complete Part II f contributions)	or noncash

lame of organizati		Employer identification no	ımber	
BHATIA FAMILY F	OUNDATION	45-4134703		
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	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a)	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received	
		(see instructions)\$		
(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)	(b)	(c)	(d)	
No.from Part I	Description of noncash property given	FMV (or estimate) (see instructions) \$	Date received	

Schedule B (Form 990, 9	990-EZ, or 990-PF) (2015)		Page 4
l <mark>ame of organization</mark> BHATIA FAMILY FOUR	NDATION		Employer identification number
	TEATION .		45-4134703
total more line entry. I of \$1,000 or	than \$1,000 for the year from any o	one contributor. Complete co III, enter the total of exclusive mation once. See instruction	ribed in section 501(c)(7), (8), or (10) that blumns (a) through (e) and the following ely religious, charitable, etc., contributions ins.) ► \$
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. -			
		(e) Transfer of gi	
-	Transferee's name, address, an	<u>a zip 4</u>	Relationship of transferor to transferee
			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
	Transferee's name, address, an	(e) Transfer of gi	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
	Transferee's name, address, an	(e) Transfer of gi	ft Relationship of transferor to transferee
-	Transfer of or Harrie, address, and		Total of the first
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. _			
	Transferee's name, address, an	(e) Transfer of gi d ZIP4	ft Relationship of transferor to transferee
-			