

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



Department of the Treasury

Internal Revenue Service

#### DLN: 93491091002106

OMB No 1545-0052

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its instructions is at  $\underline{www.irs.gov/form990pf}$ .

For	caler	ndar year 2015, or tax year beginning 01-0	01-2015	, and ending 1	2-31-2015				
	e of four	idation AND ANNETTE ABDUL HAI FOUNDATION		A Employer id	A Employer identification number 45-4532924  BTelephone number (see instructions)				
MA	пиоор	AND ANNETTE ADDOL HAL FOUNDATION		45-4532924					
Num	ber and	street (or P O box number if mail is not delivered to street address)	Room/suite	<b>B</b> Telephone nur					
81	02 HYAN	NIS COURT		(248) 351-3000	)				
Cıtv	or town.	state or province, country, and ZIP or foreign postal code		C If exemption	application is pendin	g, check here			
	ΓΟΝ, MI			· ·					
<b>G</b> Cł	neck all	that apply   Initial return   Initial return of a fo	ormer public charity	<b>D4</b> Farrage 4					
		Final return Amended return	,		ganizations, check herganizations meeting	. ,			
		Address change Name change		test, chec	k here and attach co	mputation			
		pe of organization			undation status was t n 507(b)(1)(A), chec				
		t value of all assets at end JAccounting method		<b>F</b> If the founda	ation is in a 60-mont				
		om Part II, col. (c),	he on cash basis.)	under sectio	n 507(b)(1)(B), chec	k here			
		, 00,000	I I						
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	Revenue and expenses per	Net investment	Adjusted net	Disbursements for charitable			
		necessarily equal the amounts in column (a) (see instructions)	(a) books	(b) income	(c) income	purposes (d) (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach							
		schedule)	35,366						
	2	Check ► ┌ if the foundation is <b>not</b> required to attach							
		Sch B							
	3	Interest on savings and temporary cash investments							
Reveilue	4	Dividends and interest from securities	423	423					
	5a	Gross rents							
	ь	Net rental income or (loss)							
	6a	Net gain or (loss) from sale of assets not on line 10	-1,345						
	Ь	Gross sales price for all assets on line 6a 40,474							
ž	7	Capital gain net income (from Part IV, line 2)		0					
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	C	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total.Add lines 1 through 11	34,444	423					
	13	Compensation of officers, directors, trustees, etc	0	0		0			
	14	Other employee salaries and wages							
φ	15	Pension plans, employee benefits							
<u>-</u>	16a	Legal fees (attach schedule)							
Expenses	Ь	Accounting fees (attach schedule)	(SE)	222					
	_ c	Other professional fees (attach schedule)	298	298		0			
វិនិ ប្រ	17	Interest	<b>95</b> 103	0					
Administrative	18	Taxes (attach schedule) (see instructions)	103	0					
Ħ	19	Depreciation (attach schedule) and depletion							
₽ E	20	Occupancy	<del>                                     </del>						
and	21 22	Travel, conferences, and meetings							
	23	Other expenses (attach schedule)	<b>%</b> 8	0		0			
Operating	24	Total operating and administrative expenses.	<del>-</del> 1						
<u>Ф</u>		Add lines 13 through 23	409	298		0			
Ö	25	Contributions, gifts, grants paid				8,200			
	26	Total expenses and disbursements. Add lines 24 and				· · · · · · · · · · · · · · · · · · ·			
		25	8,609	298		8,200			
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expenses and disbursements	25,835						
	b	Net investment income (If negative, enter -0-)		125					
	С	<b>Adjusted net income</b> (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>b</b> ) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(a) Book value	(B) Book Value	(c) Fail Flance value
	2	Savings and temporary cash investments	28,675	42,651	42,651
	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			
왍	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U S and state government obligations (attach			
∢	104	schedule)			
	b	Investments—corporate stock (attach schedule)			
	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)	13,160	25,056	24,047
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲			
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	41,835	67,707	66,698
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Liat	21	Mortgages and other notes payable (attach schedule)			
_	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	C	
		Foundations that follow SFAS 117, check here 🕨 🦵			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
lan	24	Unrestricted			
Ва	25	Temporarily restricted			
	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽			
ŏ		and complete lines 27 through 31.			
Ç	27	Capital stock, trust principal, or current funds	0	С	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	С	
Į,	29	Retained earnings, accumulated income, endowment, or other funds	41,835	67,707	
Net	30	Total net assets or fund balances(see instructions)	41,835	67,707	
	31	Total liabilities and net assets/fund balances(see instructions)	41,835	67,707	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column (	a), line 30 (must ag	ree	
		with end-of-year figure reported on prior year's return)		1	41,835
2		Enter amount from Part I, line 27a		_ —	25,835
3		Other increases not included in line 2 (itemize)			37
4		Add lines 1, 2, and 3			67,707
5		Decreases not included in line 2 (itemize)		_ 5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II, column (b), lıı	ne 30 <b>. 6</b>	67,707

the Part VI instructions

Part 1	Capital Gains and	d Los	ses for Tax on Inves	stm	ent Income	<u> </u>				
			s) of property sold (e g , re r common stock, 200 shs				How acquire P—Purchase <b>b)</b> D—Donation	· (c)	Date acquired (mo , day, yr )	Date sold (d) (mo , day, yr
1 a	PUBLICLY TRADED SE	CURIT	IES - CIG ACCT -05866			Ť	-			2015-12-31
	CAPITAL GAINS DIVII	DENDS	;			t	P			
						t	·			
						+				
d						+				
e					1 .			_		
(e	) Gross sales price		Deprectation allowed (f) (or allowable)	đ			r other basıs pense of sale			ı or (loss) (f) mınus (g)
	40	369	(i) (or allowable)		(g) plus c		41,8	9	(II) (c) plus	-1,450
		105					11,0	-		105
<u> </u>		103						+		105
c								_		
d								_		
е										
Со	mplete only for assets sho	wing ga	aın ın column (h) and owne	d by	the foundation	1 0	n 12/31/69			(h) gaın mınus
(i)	FMV as of 12/31/69		Adjusted basis				ss of col (ı)			ot less than -0-) o
			<b>(j)</b> as of 12/31/69		(k) over	r c	ol (j), if any	(J), If any (I) Losses (from co		
a										-1,450
b										105
c										
d										
			ſ	Ifaa	ın, also enter i	ın	Part I line 7	+		
2	Capital gain net income	or (net			oss), enter -0-			·   :	2	-1,345
3	Net short-term capital g	aın or (	(loss) as defined in sectior	ns 12	222(5) and (6)	)				
	If gain, also enter in Par in Part I, line 8	t I , lıne •	e 8, column (c) (see instruc	ction	ns) If(loss), er	nte	er-0- • •	}   ;	3	
Part	V Oualification Und	der S	ection 4940(e) for R	edu	ced Tax on		let Investm	ent ]	Income	
	ional use by domestic priv		• • • • • • • • • • • • • • • • • • • •							
Ifsection	on 4940(d)(2) applies, leav	ve this	part blank							_
	foundation liable for the s the foundation does not c							eriod	?	Γ Yes <b>Γ</b> No
<b>1</b> Ent	ter the appropriate amount	ın eac	h column for each year, se	e ins	structions befo	re	making any en	tries		
	(a)		(b)		(c)				(d)	
	period years Calendar or tax year beginning in)	Adjuste	ed qualifying distributions	Net	value of nonchar		ble-use assets		Distributio (col (b) divided	
7 (	2014		0				22,216		(=== (=) ======	0 000000
	2013		0				4,173			0 000000
	2012		0				258			0 000000
	2011									
	2010									
	Totalof line 1, column (d	)						2		0 000000
3			he 5-year base period—div tion has been in existence				2 by 5, or by	3		0 000000
4			table-use assets for 2015					4		39,103
5					-			5		39,102
_			come (1% of Part I, line 27							
6 _								6		1
7							F	7		1
8	Enter qualifying distribu		om Part XII, line 4				L	8		8,200

	990-PF (2015)  *t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1940(e)	. or 4948—se	ee page	= 18 of	the inst	ructio		age <b>4</b>
1a	Exempt operating foundations described in section 4940(d)(2), check here		,	٠, ٠,					
Ia	and enter "N/A" on line 1	- 1							
	Date of ruling or determination letter			ļ					
	(attach copy of letter if necessary—see instructions)			ſ					
b	Domestic foundations that meet the section 4940(e) requirements in Part V	, check		ļ	1				1
	here ▶ 🔽 and enter 1% of Part I, line 27b			• • •					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organiz Part I, line 12, col (b)	ations	enter 4 % of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable fou enter -0-)	ndatıon	is only Othe	ers	2		0		
3 Add lines 1 and 2									1
4									
_	enter -0-)		`		4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, 6	enter - t	)	•	5				1
6	Credits/Payments	1 -	i						
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		30					
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				30
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form				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	nt over			10				29
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	29	Refunded	_	11				0
	t VII-A Statements Regarding Activities							<del></del>	
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loo	cal legislatio	n or di	d		_	Yes	No
_	it participate or intervene in any political campaign?						1a	$\vdash$	No
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for	politica	ıl purposes (	see In	structı	ons			
	for definition)?					•	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	s ana co	opies of any i	materia	IS				
_	published or distributed by the foundation in connection with the activities.						1c		No
_	Did the foundation file <b>Form 1120-POL</b> for this year?					•	IC		NO
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo								
_	(1) On the foundation  \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				acad				
е	on foundation managers $\blacktriangleright$ \$0	iiticai e	xpenditure i	.ax IIIIµ	oseu				
2	Has the foundation engaged in any activities that have not previously been re	nortod	to the IDC2				2		No
2	If "Yes," attach a detailed description of the activities.	porteu	to the IKS						NO
3	Has the foundation made any changes, not previously reported to the IRS, in	ıta aavı	arning instru	mant	- rt. ala.	_			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con-	_	_	-		•	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more of						4a		No
<del>т</del> а 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 du						4D 5		No
,	If "Yes," attach the statement required by General Instruction T.	urnig tii	e year				,		
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	245)ca	ticfied oithe	r					
Ŭ	By language in the governing instrument, or	J + J / Ju	icisiica ciciic						
	By state legislation that effectively amends the governing instrument so tl	hat no r	mandatory d	irectio	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	(see ins	structions)						
	<u>M</u> I								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9 $$	90-PF	to the Attor	ney					
	General (or designate) of each state as required by General Instruction G? If	"No," at	ttach explana	tion .			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the $% \left( 1\right) =\left( 1\right) \left( 1\right) \left($	meanın	g of section	4942	(3)(3)				
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	see ins	tructions for	Part X	ΊV)?				
	If "Yes," complete Part XIV						9	$\sqcup$	No
10	Did any persons become substantial contributors during the tax year? If "Yes			_	their n	ames			
	and addresses. 🕏						10	Yes	

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	$ \hbox{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 ►JAFFE RAITT HEUER & WEISS PC Telephone no ►(248	351	-3000	
	Located at ▶27777 FRANKLIN ROAD SUITE 2500 SOUTHFIELD MI ZIP+4 ▶48034	,		
4-				_
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?			
	(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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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 )			
ь	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			
	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,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years <b>&gt;</b> 20, 20, 20			
b	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 allyears listed, answer "No" and attach statement—see instructions )	2b		
С	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			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
Ju	any time during the year?			
h	If "Yes," did it have excess business holdings in 2015 as a result of <b>(1)</b> any purchase by the foundation			
,	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2015.).	3b		
40				N-
4a L	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	41		NI.
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	No

Fel	Lt ATT-B	Statements Rega	arding Activities to	r vvr	iich Form 4/20	мау	, ве кедигеа ( <i>com</i>	inue	1)	
5a	During the	year did the foundation	n pay or incur any amoui	nt to						
	<b>(1)</b> Carry	on propaganda, or othe	rwise attempt to influenc	e leg	ııslatıon (sectıon 49	45(e	)) <sup>?</sup>	No		
	(2) Influer	nce the outcome of any	specific public election	(see	section 4955), or to	car	ry			
	on, dir	ectly or indirectly, any	voter registration drive?				\ Yes \	No No		
	(3) Provid	e a grant to an individu	ıal for travel, study, or ot	hers	ımılar purposes?		☐ Yes Ϝ	No No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described									
	ın sect	tion 4945(d)(4)(A)? (se	ee instructions)				\ \ Yes \	√ No		
	(5) Provid	e for any purpose other	r than religious, charitab	le, sc	ientific, literary, or					
	educat	tional purposes, or for t	the prevention of cruelty	to ch	ıldren or anımals?.		Г Yes <b>Г</b>	√ No		
b	If any ans	werıs "Yes" to 5a(1)–(	(5), did <b>any</b> of the transac	tions	s fail to qualify under	r the	exceptions described in			
	Regulation	ns section 53 4945 or i	ın a current notice regar	ding o	disaster assistance	(see	instructions)?		5b	
	O rganızatı	ions relying on a curren	nt notice regarding disas	teras	ssistance check her	e		-		
С	If the ansv	wer is "Yes" to questior	n 5a(4), does the founda	tion c	laım exemption fron	n the				
	tax becaus	se it maintained expend	diture responsibility for t	he gr	ant?		<b>T</b> Yes 「	- No		
	If "Yes," at	tach the statement requ	ured by Regulations section	on 53.	.4945-5(d).					
6a	Did the fou	undation, during the yea	ar, receive any funds, dir	ectly	or indirectly, to pay	prer	miums on			
	a personal	l benefit contract?					Yes	√ No		
b	Did the fou	undation, during the yea	ar, pay premiums, direct	y or i	ndirectly, on a perso	onal	benefit contract?		6b	No
	If "Yes" to	6b, file Form 8870.								
7a	At any tım	e during the tax year, v	was the foundation a part	y to a	a prohibited tax shel	lter t	ransaction?   Yes	- No		
b	If yes, dıd	the foundation receive	any proceeds or have a	ny ne	t income attributabl	e to t	the transaction?		7b	
_		Information Abou	t Officers, Director	s, T	rustees, Founda	atio	n Managers, Highly	Paid	Emp	loyees,
		and Contractors	-		-					
1	List all offi	cers, directors, trustee	s, foundation managers	and t	heir compensation (	see i		I		
			Title, and average	(c)	Compensation( <b>If</b>		<b>(d)</b> Contributions to		ynens	e account,
	<b>(a)</b> Nam	ne and address	hours per week (b) devoted to position		not paid, enter -0-)	е	mployee benefit plans			llowances
			(b) devoted to position	<u> </u>	<del>-0-)</del>	and	deferred compensation			
See	Additional E	Data Table								
2	Compensat	ion of five highest-paid	d employees (other than	thos	e included on line 1-	-see	instructions). If none, e	nter "N	IONE."	
		(a)	Title, and ave	rane			Contributions to			
Nar	ne and addr	ress of each employee ;			(c) Compensation	on	employee benefit plans and deferred		•	e account,
	more	e than \$50,000	(b) devoted to pos	ition			(d) compensation	(e) (	otner a	llowances
NON	IE									
Int-	I number of	other amployage haid o	AVAR & EA AAA					1		^

	(see instructions). If none, enter "NO!	VE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<b>、</b>	
otal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1	udeed, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments	•	A mount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	A mount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1	•	A mount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2	•	Amount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2  All other program-related investments See instructions	•	Amount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2	•	Amount

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	ıs.)	
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	25,843
Ь	A verage of monthly cash balances	1b	13,855
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	39,698
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	39,698
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	595
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	39,103
6	Minimum investment return. Enter 5% of line 5	6	1,955
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cerebeck here ► and do not complete this part.)	rtaın f	oreign organizations
1	Minimum investment return from Part X, line 6	1	1,955
2a	Tax on investment income for 2015 from Part VI, line 5 2a 1		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	1
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,954
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1,954
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,954
Par	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	8,200
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
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	8,200
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	1
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,199
	<b>Note:</b> 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

-	art XIII Undistributed Income (see instr	ructions)				
		(a) Corpus	<b>(b)</b> Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015	
1	Distributable amount for 2015 from Part XI, line 7					1,954
2	Undistributed income, if any, as of the end of 2015					
а	Enter amount for 2014 only			1,105		
Ь	Total for prior years 2013, 2012, 20		222			
3	Excess distributions carryover, if any, to 2015					
a	From 2010					
b	From 2011					
c	From 2012					
d	From 2013					
е	From 2014					
f	<b>Total</b> of lines 3a through e	0				
4	Qualifying distributions for 2015 from Part					
	XII, line 4 🕨 \$ 8,200					
а	Applied to 2014, but not more than line 2a			1,105		
b	Applied to undistributed income of prior years (Election required—see instructions)		<b>%</b> 222			
C	Treated as distributions out of corpus (Election required—see instructions).	0				
d	Applied to 2015 distributable amount					1,954
е	Remaining amount distributed out of corpus	4,919				
5	Excess distributions carryover applied to 2015	0				0
	(If an amount appears in column (d), the same amount must be shown in column (a).)					
6	Enter the net total of each column as indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,919				
	Prior years' undistributed income Subtract		0			
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		0			
d	Subtract line 6c from line 6b Taxable amount —see instructions		0			
e	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see					
	instructions			0		
f	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must					0
7	be distributed in 2015					
•	corpus to satisfy requirements imposed by					
	section 170(b)(1)(F) or 4942(g)(3) (Election may					
	be required - see instructions)	0				
8	Excess distributions carryover from 2010 not	0				
	applied on line 5 or line 7 (see instructions)	0				
9	Excess distributions carryover to 2016.	4,919				
1^	Subtract lines 7 and 8 from line 6a	.,,515				
	Analysis of line 9 Excess from 2011					
	Excess from 2012					
	Excess from 2013					
	Excess from 2014					
	Excess from 2015 4,919					

	Private Operating Foundat	•			19)	
1a	If the foundation has received a ruling or determ					
	foundation, and the ruling is effective for 2015,					
	Check box to indicate whether the organization		ting foundation de		1 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	
	year listed					
<b>b</b> 8	35% 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					
а	"Assets" alternative test—enter					
	(1) Value of all assets		1			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3		1			
-	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, dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section $4942(j)(3)(B)(iii)$					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in
	assets at any time during the	<u>year—see ins</u>	tructions.)			
L a	<b>Information Regarding Foundation Managers:</b> List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation
	before the close of any tax year (but only if they					ideloli
b	List any managers of the foundation who own 10				large portion of th	е
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest		
	Total Control Control Control City	Cabalanak	:t- B			
2	Information Regarding Contribution, Grant, Gift					
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation					
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed	
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed	
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e	
C	Any submission deadlines					
_	A					
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid	During the Year or Ap	proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year CRESCENT ACADEMY 40440 PALMER RD CANTON,MI 48188	NONE	501(C)(3)	GENERAL SUPPORT	4,100
MICHIGAN EDUCATION COUNCIL 40440 PALMER RD CANTON,MI 48188	NONE	501(C)(3)	GENERAL SUPPORT	4,100
Total				8,200

Form 990-PF (2015)  Part XVI-A Analysis of Income-Produc	ing Activitie	es			Page <b>12</b>
Enter gross amounts unless otherwise indicated		usiness income	Excluded by section	(e) Related or exempt function income	
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See Instructions )
a b					
c					
e f					
<ul> <li>g Fees and contracts from government agencies</li> <li>2 Membership dues and assessments</li> <li>3 Interest on savings and temporary cash investments</li></ul>					
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	423	
a Debt-financed property b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income 8 Gain or (loss) from sales of assets other than					
<ul><li>inventory</li></ul>			18	-1,345	
10 Gross profit or (loss) from sales of inventory					
b					
c d					
e		0		-922	
13 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify	calculations )			13	-922
Line No.  Explain below how each activity for whithe accomplishment of the foundation's instructions )	ıch ıncome ıs re	ported ın column (	(e) of Part XVI-A c	ontributed importa	
,					

Part	: XVI	Information Re Noncharitable				actions	and R	elationships	With			
		rganization directly or i	ndırectly eı	ngage in any of	the following wit						Yes	No
	ianizat		ir chan see		organizacions) oi	111 500010	527,1	cracing to pontic	<b>u</b> .			
_		s from the reporting four	ndation to a	noncharitable	exempt organiza	ition of						
		h								1a(1)		No
(2)	Othe	erassets								1a(2)		No
<b>b</b> Otl	her tra	insactions										
(1)	Sale	s of assets to a noncha	rıtable exe	mpt organizatio	n					1b(1)		No
(2)	Purc	hases of assets from a	noncharita	ble exempt orga	anızatıon					1b(2)		No
(3)	Rent	al of facilities, equipme	nt, or other	assets						1b(3)		No
		nbursement arrangemer								1b(4)		No
		ns or loan guarantees.								1b(5)		No
		mance of services or m								1b(6)		No
<b>c</b> Sha	arıng d	of facilities, equipment, i	maılıng lıst	s, other assets	, or paid employe	ees				1c		No
of t	he god any tra	swer to any of the above ods, other assets, or se ansaction or sharing arr (b) Amount involved	rvices give angement,	n by the reporti	ing foundation I (d) the value of	the found the goods	lation re s, other	ceived less than	fair marke es receive	et value d		tc.
(a) Line	110	(b) Amount involved	(c) Name o	i nonchantable ext	cript organization	(4) 50	3CHPGOTT C	r tiansiers, tiansact	ions, una sna	ing ana	ngemen	
des	scribe	undation directly or indi d in section 501(c) of th complete the following (a) Name of organization	ne Code (ot schedule	her than sectio		ın section			· · · ·		s V	Νο
							1					
							1					
							1					
Sign Here	the Info	der penalties of perjury, best of my knowledge a rmation of which prepar	ind belief, i	t is true, correc		Declarati			n taxpayeı May tl return	r) is bas ne IRS di	sed on	all IS
	<b>                                     </b>	Signature of officer or t	rustee		Date	— <b>y</b> -	ıtle		below	ne prepar nstr)? 🔽		
	•	Print/Type preparer's AARON H SHERBIN ESQ		Preparer's Sıgr	nature	Date		Check if self- employed ►	PTIN PO	07377	 '18	
Paid Prep Use	arer		& WEISS					Firm's EIN ► 3	8-191503	6		
Only		Firm's address ► 27777 FRANKLIN RC , MI 480348214	AD SUITE	2500 SOUTH	FIELD			Phone no (248	)351-300	0		

# Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week <b>(b)</b> devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MAHMOOD HAI	PRESIDENT, TREAS,	0	0	0
8102 HYANNIS COURT CANTON,MI 48187	SEC'Y , 1 00			
ANNETTE HAI	VICE-PRESIDENT,	0	0	0
8102 HYANNIS COURT CANTON,MI 48187	TRUSTEE 1 00			
ILTEFAT HAMZAVI	TRUSTEE	0	0	0
46638 IVERNESS CANTON,MI 48188	0 00			
NISHATH HAKIM	TRUSTEE	0	0	0
30435 STONEGATE DRIVE FRANKLIN,MI 48025	0 00			
YUSUF HAI	TRUSTEE	0	0	0
26100 AMERICAN DRIVE SOUTHFIELD,MI 48034	0 00			
MATTHEW CLEMENT	TRUSTEE	0	0	0
33133 SHAWNEE WESTLAND,MI 48185	0 00			

# TY 2015 Applied to Prior Year Election

Name: MAHMOOD AND ANNETTE ABOUL HAI FOUNDATION

**EIN:** 45-4532924

Election: MAHMOOD HAI, PRESIDENT OF THE MAHMOOD AND ANNETTE

ABDUL HAI FOUNDATION (THE "FOUNDATION"), DECLARES THE FOLLOWING: THE FOUNDATION IS A PRIVATE FOUNDATION WHICH

USES THE CALENDAR YEAR AS THE TAXABLE YEAR. THE

FOUNDATION HAS UNDISTRIBUTED INCOME OF \$1,105 FOR 2014,

\$209 FOR 2013 AND \$13 FOR 2012. THE FOUNDATION HAS

QUALIFYING DISTRIBUTIONS OF \$8,200 FOR 2015. PURSUANT TO

CODE SEC. 4942(H)(2) AND REG. SEC. 53.4942(A)-3(D)(2), THE FOUNDATION ELECTS TO TREAT CURRENT YEAR QUALIFYING

DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS COMING FROM PRIOR YEAR'S

UNDISTRIBUTED INCOME AS FOLLOWS: YEAR END

AMOUNT12/31/2013 \$20912/31/2012 \$13

# **TY 2015 Investments - Other Schedule**

Name: MAHMOOD AND ANNETTE ABOUL HAI FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
POWERSHARES EXCHANGE-TRADED FUND	FMV	2,065	2,083
SPDR S&P 500 ETF TRUST	FMV	4,156	3,826
FIRST TR EXCHANGE TRADED FD VI FORSEY	FMV	5,360	5,050
ISHARES TR BARCLAYS 1-3 YR TREAS BD ETF	FMV	7,772	7,677
ISHARES TR RUSSELL 2000 GROWTH ETF	FMV	3,980	3,621
POWERSHARES QQQ TR UNIT SER 1	FMV	1,723	1,790

# **TY 2015 Other Expenses Schedule**

Name: MAHMOOD AND ANNETTE ABOUL HAI FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OFFICE EXPENSE	8	0		0	



# **TY 2015 Other Increases Schedule**

Name: MAHMOOD AND ANNETTE ABOUL HAI FOUNDATION

Description	Amount
UNREALIZED INCREASE IN ASSET VALUE	37

# **TY 2015 Other Professional Fees Schedule**

Name: MAHMOOD AND ANNETTE ABOUL HAI FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKER FEES	298	298		0

# **TY 2015 Substantial Contributors Schedule**

Name: MAHMOOD AND ANNETTE ABOUL HAI FOUNDATION

Name	Address
HAI 2012 GRANTOR CHARITABLE LEAD AN	8102 HYANNIS COURT CANTON, MI 48187
HAI 2013 GRANTOR CHARITABLE LEAD AN	8102 HYANNIS COURT CANTON, MI 48187
HAI 2014 GRANTOR CHARITABLE LEAD AN	8102 HYANNIS COURT CANTON, MI 48187

# **TY 2015 Taxes Schedule**

Name: MAHMOOD AND ANNETTE ABOUL HAI FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	103	0		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491091002106

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 www.irs.gov/form990.

2015

**Employer identification number** 

MAHM	OOD AND ANNETTE	ABDUL HAI FOUNDATION					
	45-4532924						
Organ	ization type (check or	ne)					
Filers	of:	Section:					
Form 9	90 or 990-EZ	□ 501(c)( ) (enter number) organization					
			ı				
		☐ 527 political organization					
Form 9	90-PF	√ 501(c)(3) exempt private foundation					
		501(c)(3) taxable private foundation					
Note. €	al Rule  For an organization i	(), (8), or (10) organization can check boxes for both the General Rule and a Sp filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor Complete Parts I and II See instructions for determining a	totaling \$5,000 or more (in money or				
Specia	ıl Rules						
Γ	under sections 509(a) received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% supplict) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Partile contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that				
Γ	during the year, total of	escribed 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, contri this box is checked, e purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received butions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an <i>exclusive</i> lete any of the parts unless the <b>General Rule</b> applies to this organization becatic, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause it received nonexclusively				

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
MAHMOOD AND ANNETTE ABDUL HAI FOUNDATION

Employer identification number 45-4532924

Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
1	HAI 2012 GRANTOR CHARITABLE LEAD ANNUITY TRUST		Person	r
	8102 HYANNIS COURT	\$ 13,069	Payroll	Г
	CANTON, MI48187	<u> </u>	Noncash	Г
	CANTON, MITOLO		(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
2	HAI 2013 GRANTOR CHARITABLE LEAD ANNUITY TRUST		Person	<b>I</b> ✓
	8102 HYANNIS COURT	\$ 11,133	Payroll	Г
	CANTON, MI48187	<u> </u>	Noncash	Γ
	CANTON, PITTOTO		(Complete Part II f contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
3	HAI 2014 GRANTOR CHARITABLE LEAD ANNUITY TRUST		Person	া
	8102 HYANNIS COURT	\$ 11,133	Payroll	Г
	CANTON, MI48187	Ψ11,100	Noncash	Г
	CANTON, MITOIO		(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Г
		•	Payroll	Γ
		<u> </u>	Noncash	Г
			(Complete Part II f contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
			Person	Γ
		\$	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	ribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II f	

Name of organizati	on	Employer identification nu	ımber
MAHMOOD AND A	NNETTE ABDUL HAI FOUNDATION	45-4532924	
	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) 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-E∠, or 990-PF) (2015)
---

ne of organization	0, 990-E∠, or 990-P+) (2015) <b>n</b>		Fage 4 Employer identification number	
MOOD AND ANNETTE ABDUL HAI FOUNDATION			45-4532924	
total mor line entr of \$1,000	re than \$1,000 for the year from any or	ne contributor. Complete co II, enter the total of <i>exclusiv</i> nation once. See instructio	ribed in section 501(c)(7), (8), or (10) that blumns (a) through (e) and the following religious, charitable, etc., contributions	
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_ -	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
(-)				
(a) lo.from Part I - -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift  Transferee's name, address, and ZIP4  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, and	(e) Transfer of g	ft Relationship of transferor to transferee	
(2)				
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
.		(e) Transfer of g	ift	
-	Transferee's name, address, and	` '	Relationship of transferor to transferee	