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Form 990-PF

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

OMB No 1545-0052 2011

Form 990-PF (201

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For	calend	ar year 2011 or tax year beginning , a	and ending				
	ne of four				A Emplo	yer identification number	
G	RANI	OHIGE FAMILY CHARITABLE FON I	NC		26	-3799325	
Nui	nber and	street (or P O box number if mail is not delivered to street address)	Ro	om/suite		none number (see instructions	3)
3	<u> 787</u>	SUTTON PLACE COURT			678	<u>8-615-7088</u>	
		state, and ZIP code			C If exer	nption application is pending,	check here
	UCKI			- -	}		
G	heck a		rn of a former public ch	arity	D 1 Fo	reign organizations, check he	re 🕨 📋
		Final return Amended			1	reign organizations meeting t	
		Address change Name cha	. <u>. </u>		85	% test, check here and attach	computation
		ype of organization 🔀 Section 501(c)(3) exempt private	foundation		1	ite foundation status was term	ninated under
			e private foundation		section	n 507(b)(1)(A), check here	
		ket value of all assets at J Accounting method	X Cash Accr	ual	í	oundation is in a 60-month te	▶ 1 1
e	nd of ye	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere
	ie 16) I	*** '	be on cash basis)		<u> </u>	 -	(d) Disbursements
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	inco	me	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	52,852				
بی	2	Check ▶ ☐ If the foundation is not required to attach Sch B				«	<u> </u>
当 ない	3	interest on savings and temporary cash investments					
	4	Dividends and interest from securities	74		74		
-3 -3	5a	Gross rents					
, <u>a</u>	b	Net rental income or (loss)					
3 5	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	4,904		· · · · · · · · · · · · · · · · · · ·		
Revenue	b	Gross sales price for all assets on line 6a 8,932					
<u>,</u> ~	7	Capital gain net income (from Part IV, line 2)			0		
و د	8	Net short-term capital gain				0	
2	9	Income modifications			ч		
	10a	Gross sales less returns & allowances					
•	þ	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	57,830		74	0	
	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	37,030		· · · · ·		
es	14	Other employee salaries and wages					
enses	15	Pension plans, employee benefits		-			
Q	16a	Legal fees (attach schedule)					!
ũ	b	Accounting fees (attach schedule) STMT 2	600		600	,,,,,	
ĕ	C	Other professional fees (attach schedule)					
rat	17	Interest					
<u>is</u> t	18	Taxes (attach schedule) (see last the long IVED					
를	19						
P	20	Occupancy					
9	21	Travel, conferences and micething 7 2012					
Operating and Administrative Ex	22	Occupancy Travel, conferences and mieshing 7 2012 Printing and publications					
БГ	23						
atir	24	Total operating and administrative expenses.	600		600	_	_
er:		Add lines 13 through 23	9,755		600	0	9,755
Ö	25	Contributions, gifts, grants paid			600	0	9,755
_	26	Total expenses and disbursements. Add lines 24 and 25	10,355		900		9,133
	27	Subtract line 26 from line 12	47,475		,		
	a	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	41,413		0		
	þ	Adjusted net income (if negative, enter -0-)				0	

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56,718

56,718

2

3

4

5

2 Enter amount from Part I, line 27a

4 Add lines 1, 2, and 3

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

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

5 Decreases not included in line 2 (itemize) ▶

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

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

<u>Form</u>	990-PF (2011) GRANDHIGE FAMILY CHARITABLE FDN INC 26-3799325				Р	age 4
<u>Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check N/A	1				
	here ▶ and enter 1% of Part I, line 27b	İ				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a	ŀ				
b	Exempt foreign organizations—tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
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 2220 is attached	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 overpaid	10				
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		L		Yes	No
	participate or intervene in any political campaign?		L	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		ľ			
	of the instructions for definition)?		Ĺ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities			`		
С	Did the foundation file Form 1120-POL for this year?		L	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		Ĺ	2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N,	/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	X_	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X\	V		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		ſ			
	GA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		ſ			
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ſ			
	names and addresses			10		X
				00	A DE	

		FAMILY CHARITABLE H		799325			Page 6
_Pa	irt VII-B Statements Reg	arding Activities for Which Fo	orm 4720 May Be R	Required (cont	<u>inued)</u>		
5a	During the year did the foundation p	ay or incur any amount to		_],	ŀ
	(1) Carry on propaganda, or otherw	ise attempt to influence legislation (sec	tion 4945(e))?	\ \ \	′es 🗶 No		
	(2) Influence the outcome of any sp	ecific public election (see section 4955)), or to carry on,			j	
	directly or indirectly, any voter re	egistration drive?		Y	′es 🗓 No		
	(3) Provide a grant to an individual	for travel, study, or other similar purpose	es?	\ \	′es 🗓 No		ŀ
	(4) Provide a grant to an organization	on other than a charitable, etc., organiza	ation described in				-
	section 509(a)(1), (2), or (3), or	section 4940(d)(2)? (see instructions)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'es X No		ļ
	(5) Provide for any purpose other th	an religious, charitable, scientific, litera	ry, or educational	_			
	purposes, or for the prevention	of cruelty to children or animals?			res X No		
b		did any of the transactions fail to qualify	under the exceptions de	scribed in	<u></u>		l
	- · · · · · · · · · · · · · · · · · · ·	current notice regarding disaster assist			N/A	5b	[
	-	otice regarding disaster assistance che			▶ □		
С	If the answer is "Yes" to question 5a	(4), does the foundation claim exemption	on from the tax				-
	because it maintained expenditure re	• • • • • • • • • • • • • • • • • • • •		N/A 🗌	res No		
		ed by Regulations section 53 4945-5(d)					
6a		receive any funds, directly or indirectly,					
	on a personal benefit contract?	,		☐ Y	′es 🕱 No		
b	•	pay premiums, directly or indirectly, on	a personal benefit contra	لــــا		6b	x
	If "Yes" to 6b, file Form 8870	, , , , , , , , , , , , , , , , , , ,			•		
7a	•	the foundation a party to a prohibited ta	x shelter transaction?	□ Y	es 🗓 No		
b		y proceeds or have any net income attri			N/A	7b	
Pa		t Officers, Directors, Trustees				es.	
	and Contractors		•	0 , 0 ;	. ,	,	
1 [foundation managers and their com	pensation (see instruc	tions).			
			(b) Title, and average	(c) Compensation	(d) Contributions to		
	(a) Name	and address	hours per week	(If not paid, enter	employee benefit plans and deferred		ense account, allowances
			devoted to position	-0-)	compensation	Ollies	allowalices
DF	. G.V. RAGHU, MD	TUCKER	DIRECTOR			,	
	87 SUTTON PLACE COURT	GA 30084	0.50	o	o		0
	ETHA RAGHU	TUCKER	DIRECTOR				
37	87 SUTTON PLACE CT	GA 30084	0.50	o	0		0
GC	PAL RAGHU	TUCKER	DIRECTOR				
37	87 SUTTON PLACE CT	GA 30084	0.50	o	0		0
	MANTH RAGHU	TUCKER	DIRECTOR				
	87 SUTTON PLACE CT	GA 30084	0.50	o	o		0
2		d employees (other than those inclu		tructions). If none	e, enter	•	
	"NONE."			•			
			(b) Title, and average		(d) Contributions to		
	(a) Name and address of each emp	toyee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense account, allowances
			devoted to position		compensation	J	
NC	NE						
							
_							
						Ì	
			<u> </u>				
						1	
]]	
Tota	I number of other employees paid over	er \$50,000				•	0
					F	orm 990)-PF (2011)

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Part VIII	Information About Officers, Directors, Trustees, Found		mployees,
1	and Contractors (continued)		
3 Five highe	st-paid independent contractors for professional services (see instru		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
Total number of a	others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct charitable activities during the tax year. Include relevant statistical information s	such as the number of	Eventor
	her beneficianes served, conferences convened, research papers produced, etc		Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instru	uctions)	<u> </u>
	gest program-related investments made by the foundation during the tax year on lines 1 and 2	cuons,	Amount
1 N/A	, , , , , , , , , , , , , , , , , , , ,		
•			
2			
All other program-re	lated investments. See instructions		
.			
Total. Add lines	1 through 3	<u>_</u>	

b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) 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 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	Page 8
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) 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 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	
purposes a Average monthly fair market value of securities b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) 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 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	
a Average monthly fair market value of securities b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) 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 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	
b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) 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 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	
c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) 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 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	,883
Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	,491
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	0
1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	,374
Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	
3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	
4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	0
Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 26	,374
Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 26	411
	411 5,963 ,348
6 Minimum investment return. Enter 5% of line 5	<u>.,348</u>
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	
foundations and certain foreign organizations check here and do not complete this part)	
1 Minimum investment return from Part X, line 6	,348
2a Tax on investment income for 2011 from Part VI, line 5	
b Income tax for 2011 (This does not include the tax from Part VI)	
c Add lines 2a and 2b	
3 Distributable amount before adjustments Subtract line 2c from line 1 3 3	,348
4 Recoveries of amounts treated as qualifying distributions	
5 Add lines 3 and 4 5 1	,348
6 Deduction from distributable amount (see instructions) 6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	
line 1 7 1 1	<u>, 348</u>
Part XII Qualifying Distributions (see instructions)	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses contributions, gifts, etc.—total from Part I, column (d), line 26	,755
	7,00
7,1	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a	
	755
	,
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 5	0
	755
6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	<u>,</u>

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

Pa	rt XIII Undistributed Income (see instr	uctions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,		Corpus	Years prior to 2010	2010	2011
	line 7					1,348
2	Undistributed income, if any, as of the end of 2011	Γ				
а	Enter amount for 2010 only	L				
b	Total for prior years 20 , 20 , 20	_ [
3	Excess distributions carryover, if any, to 2011					
а	From 2006					
b	From 2007					
С	From 2008					
d	From 2009	1,415				
е	From 2010	7,767				
f	Total of lines 3a through e		9,182			**************************************
4	Qualifying distributions for 2011 from Part XII,					
	line 4 ▶ \$ 9,755		٠			
а	Applied to 2010, but not more than line 2a			4.445		
b	Applied to undistributed income of prior years					
	(Election required—see instructions)	L				
С	Treated as distributions out of corpus (Election					
	required—see instructions)	L		<u> </u>		
d	Applied to 2011 distributable amount	L				1,348
ę	Remaining amount distributed out of corpus	L	8,407			
5	Excess distributions carryover applied to 2011	L				
	(If an amount appears in column (d), the same					
	amount must be shown in column (a))		` 4		^	
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		17,589			
b	Prior years' undistributed income Subtract	ļ				
	line 4b from line 2b	[<u> </u>		
С	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 2010 Subtract line					
	4a from line 2a Taxable amount—see					
	instructions					
f	Undistributed income for 2011 Subtract lines	İ				
	4d and 5 from line 1 This amount must be					
	distributed in 2012					0
7	Amounts treated as distributions out of corpus					
	to satisfy requirements imposed by section	ŀ			ļ	
	170(b)(1)(F) or 4942(g)(3) (see instructions)	}	<u> </u>			
8	Excess distributions carryover from 2006 not					
	applied on line 5 or line 7 (see instructions)	}				
9	Excess distributions carryover to 2012.		15 500			
	Subtract lines 7 and 8 from line 6a		17,589		ļ. 	
10	Analysis of line 9	İ			}	
а	Excess from 2007					
b	Excess from 2008					
С	Excess from 2009	1,415	'		1	
d	Excess from 2010	7,767			1	
e	Excess from 2011	8,407			I	L

Pa	rt XIV Private Operating Fou	ındations (see ın:	structions and Par	t VII-A, question 9)	
	If the foundation has received a ruling or			•		
	foundation, and the ruling is effective for 2			•		
b	Check box to indicate whether the founda			ed in section 49	942(J)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for	,,				
	each year listed					
b	85% of line 2a				····	
-	Qualifying distributions from Part XII,					
С	, ,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities				~	
е	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					Į.
а	"Assets" alternative test—enter					
	(1) Value of all assets		· ·			
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed		<u> </u>	-:		
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			<u></u>		
	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 Inforr			the foundation h	ad \$5,000 or more	e in assets at
	any time during the y	<u>ear—see instruc</u>	tions.)			
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who					
	before the close of any tax year (but only	if they have contribute	d more than \$5,000) (See section 507(d)(2))	
	N/A	<u>.</u>			 	
b	List any managers of the foundation who				portion of the	
	ownership of a partnership or other entity	 of which the foundate 	on has a 10% or greate	er interest		
	N/A				-	-
2	Information Regarding Contribution,					
	Check here ▶ 🗓 if the foundation only					
	unsolicited requests for funds. If the foun	dation makes gifts, gra	ants, etc. (see instruction	ons) to individuals or o	ganizations under	
	other conditions, complete items 2a, b, c	, and d				
а	The name, address, and telephone number	per of the person to wh	om applications should	d be addressed		
	N/A					
			<u></u>			
b	The form in which applications should be	submitted and inform	ation and materials the	y should include		
	N/A					
С	Any submission deadlines N/A					
	Any restrictions or limitations on awards,	such as by geographic	cal areas charitable fie	lds, kinds of institution	s. or other	
u	factors	Jacin as by geographic	Ju. arodo, enantable lic		-, -, -, -, -, -, -, -, -, -, -, -, -, -	
	N/A					
	/					

Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient 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 Paid during the year SMVA FOUNDATION 220 INDIAN TRIAL ROAD GENERAL SUPPORT 1,001 BROOK IL 60523 CHINMAYA MISSION 1050 PARK AVENUE GENERAL 501 SUPPORT SAN JOSE CA 95126 ETERNAL QUEST 2331 BROCKETT RD 501 GENERAL SUPPORT TUCKER GA 30084 HINDU TEMPLE OF ATLANTA 5851 GA HWY 85 GENERAL SUPPORT 5,001 RIVERDALE GA 30274 CHINMAYA MISSION SAN DIEGO 11715 TREADWELL DRIVE GENERAL SUPPORT 250 **POWAY CA 92064** CHINMAYA MISSION GOVARDHAN 6175 SOLANO CREEK RD ELKTON FL 33186 GENERAL SUPPORT 250 CHINMAYA MISSION NIAGARA 5743 VALLEY WAY GENERAL SUPPORT 250 **NIAGARA FALLS** CHINMAYA MISSION ATLANTA 3787 SUTTON PLACE CT 500 GENERAL SUPPORT TUCKER GA 30084 NEPAL HOUSE 9754 TALISMAN DRIVE SUPPORT 500 GENERAL ALPHARETTA GA 30022 HINDU HERITAGE FOUNDATION 548 SILVERSTONE DR GENERAL SUPPORT 1,001 MADISON MS 39110 9,755 ▶ 3a **Total** b Approved for future payment N/A

▶ 3b

Total

	OTT) GRANDRIGE FAMILI CHAR		N INC ZO-	319932		Page 12
Part XVI-A				F. J. J. J. J.		 -
inter gross amo	ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program ser	vice revenue			code		(See instructions)
a						
b						
c		_	<u>.</u>			· · · · · · · · · · · · · · · · · · ·
d		_		 		
e						
f		_				
=	d contracts from government agencies		·	+ +		-
	dues and assessments		·			
	avings and temporary cash investments					
	nd interest from securities	 	ş ×	14	74	
	come or (loss) from real estate.	<u> </u>	14 4			
	anced property			+ +		
	t-financed property			+ +		
	come or (loss) from personal property			1		
7 Other invest		 		18	4,904	
	s) from sales of assets other than inventory or (loss) from special events			+	4,504	
	or (loss) from sales of inventory			1 1		
	ue a			+ +		
		_				
						
е						
	ld columns (b), (d), and (e)	·		0 🚉 🐧	4,978	0
	ine 12, columns (b), (d), and (e)			-	13	4,978
	in line 13 instructions to verify calculations)					
Part XVI-B	Relationship of Activities to the	Accomplishme	ent of Exempt F	Purposes	<u> </u>	
Line No. ▼	Explain below how each activity for which incor accomplishment of the foundation's exempt pu					s)
N/A						
						······································
						· · · · · · · · · · · · · · · · · · ·
	<u> </u>				- 	
						-··
						
						
						
						
· -						
						
				<u> </u>		
						
					 .	
		 -				
						
						

Part X		Information Regariza		insfers To and	d Transaction	ns and Relationships W	ith Noncharitabl	е		
1 Did				n any of the follo	wing with any of	her organization described			Yes	No
						tion 527, relating to political		ŀ		
	anızatıon	•		, 00 .(0)(0) 0.ga	24	tion (2), tolaining to political		1	j	
_		om the reporting found:	ation to a nor	ncharitable exempt	t organization of:			l	1	
	Cash	are toporting tourist	21.01.10 4 1.01	ionament oxomp	· organization or			1a(1)		X
	Other as	sets					· · · · · · · · · · · · · · · · · · ·	1a(2)		$\overline{\mathbf{x}}$
	er transa						ł			 -
		assets to a noncharita	hie evemnt o	raanization				1b(1)	ĺ	х
		es of assets from a no	•	•	n		· · · · · · · · · · · · · · · · · · ·	1b(2)	\dashv	<u> </u>
•		f facilities, equipment,			11			1b(3)	\dashv	$\frac{1}{x}$
		sement arrangements		313				1b(4)	\dashv	
		r loan guarantees					ř	1b(5)		X
		ance of services or me	mbershin or	fundraising solicita	ations		T T	1b(6)		X
		icilities, equipment, ma	•	•				1c		X
	-		-			n (b) should always show the fa	r market			
		•		-		ne foundation received less than				
						ne goods, other assets, or service				
(a) Lin		(b) Amount involved		of noncharitable exemp		(d) Description of transfers, t		angemer	nts	
A/N							<u></u>	_		
		-								
				*-						
										
	•									
des	scribed in	ation directly or indirect section 501(c) of the Capitete the following sch	Code (other t				[Ye	s X	No
) Name of organization		(b) Type of or	rganization	(c) Descri	ption of relationship			
N/1	A									
Sign	Under pen correct, an	alties of penjury, I declare that d complete Declaration of pi	t I have examine reparer (other the	ed this return, including a an taxpayer) is based oi	accompanying schedun all information of wh	ules and statements, and to the best of m	May the IRS discus with the preparer s (see instructions)?	s this ret		No
lere			200			12/12 DIR	ECTOR			
	Signa	ature of officer or trustee	7		Date	Title				
Paid	Print/Ty	pe preparer's name			Preparer's signatur		Date		Check self-emp	ıf
Preparer	s. ci	RISTEN CARTER,	CPA			7 6	06/13	/12	2	•
Jse Only				OMPANY, I	LC1		PTIN POO		994	
,					00		Firm's EIN ▶ 27-			
		MACON		31210			Phone no 478			
								rm 99		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

GRANDHIGE FAMILY CHARITABLE FDN INC

Employer identification number

GRANDHIGE FAM	MILY CHARITABLE FDN INC	26-3799325
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private trust not trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not treated as a private trust not trust not treated as a private trust not	vate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General F	Rule and a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, Sone contributor. Complete Parts I and II	\$5,000 or more (in money or
Special Rules		
under sections 509((a)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% su (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, d 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (and II	luring the year, a contribution of
during the year, tota	(r)(7), (8), or (10) organization filing Form 990 or 990-EZ that received all contributions of more than \$1,000 for use exclusively for religious coses, or the prevention of cruelty to children or animals. Complete F	, charitable, scientific, literary,
during the year, con not total to more tha year for an exclusive	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive intributions for use exclusively for religious, charitable, etc., purposes an \$1,000. If this box is checked, enter here the total contributions the religious, charitable, etc., purpose. Do not complete any of the prization because it received nonexclusively religious, charitable, etc.	s, but these contributions did hat were received during the parts unless the General Rule
990-EZ, or 990-PF), but it m	nat is not covered by the General Rule and/or the Special Rules doe nust answer "No" on Part IV, line 2, of its Form 990, or check the bo 0-PF, to certify that it does not meet the filing requirements of Scheo	ox on line H of its Form 990-EZ or on

Page 1 of 1 of Part I

Name of organization GRANDHIGE FAMILY CHARITABLE FON INC Employer identification number 26-3799325

Part'l	Contributors (see instructions). Use duplicate copies		eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. G.V. RAGHU, M.D. 3787 SUTTON PLACE COURT TUCKER GA 30084	\$ 52,852	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page 1 of 1 of Part II

Name of organization
GRANDHIGE · FAMILY CHARITABLE FDN INC

Employer identification number

26-3799325

Part II	Noncash Property (see instructions). Use duplic	cate copies of Part II if additional spa	ace is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	STOCK		
		\$ 26,692	05/31/11
(a) No. from Part I	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Description of noncash property given (e) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions)	(d) Date received	
1	STOCK		
		\$ 26,160	11/11/11
(a) No. from Part I		FMV (or estimate)	(d) Date received
		\$	
(a) No. from Part I		FMV (or estimate)	(d) Date received
		\$	
(a) No. from Part I		FMV (or estimate)	(d) Date received
i i		\$	
(a) No. from Part I	(b) Description of noncash property given		(d) Date received

ŀ		\$	

RAGHUFOUND GRANDHIGE FAMILY CHARITABLE FDN INC 26-3799325

6/13/2012 1:55 PM

26-3799325 FYE: 12/31/2011

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

		Net Gain / Loss	4,904	4,904	
		1		ۍ اا	
		Depreciation		0	
		1	ა 	\$ ○∥	
		Expense			
			የ	່ທ." ທ ∥	
		Cost	4,028 \$	4,028	
How	Received	Sale Price	DONATION 8,932 \$	8,932 \$	
		Date Sold	CORP 9/08/06 10/26/11 \$	s,	
	Description	Date Acquired	INES CORP 9/08/06		
		Whom Sold	INTL BUSINESS MACHINES CORP	TOTAL	

Description	·	Total	Inve	Net nvestment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	တ	009	\$	009	S	φ.
TOTAL	s,	009	တ	009	\$	\$

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or GRANDHIGE FAMILY CHARITABLE FON INC 26-3799325 print Social security number (SSN) Number, street, and room or suite no. If a PO box, see instructions. file by the **3787 SUTTON PLACE COURT** due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See **TUCKER, GA 30084** Instructions 0 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Is For Code Is For Form 990-T (corporation) 07 Form 990 01 Form 990-BL 02 Form 1041-A 80 Form 990-EZ Form 4720 09 01 Form 5227 Form 990-PF 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 12 • The books are in the care of ▶ DR G.V. RAGHU MD, 3787 SUTTON PLACE CT, TUCKER, GA 30084 Telephone No. ► 678-615-7088 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☑ calendar year 20 12 or ▶ ☐ tax year beginning _____, 20 ____, and ending _____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 1\$ 3b c Balance due. Subtract line 3b from line 3a, Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c |\$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions