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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
DETROIT2NEPAL FOUNDATION

D Employer identification number
27-3387420

E Telephone number
248-563-3097

F Group Exemption Number
 ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.MILES2NEPAL.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **113,542.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

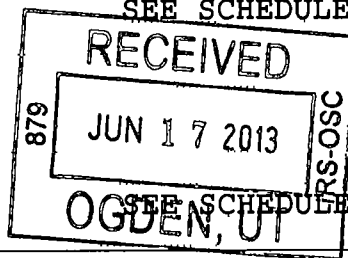
1	Contributions, gifts, grants, and similar amounts received	1	40,341.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	73,178.
6c	Less: direct expenses from gaming and fundraising events	6c	2,125.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	71,053.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	23.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	111,417.
10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	61,860.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	5,000.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	14,609.
17	Total expenses Add lines 10 through 16	17	81,469.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	29,948.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	63,452.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	93,400.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2012)

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28 16

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed MI
42a The organization's books are in care of BETSY KEIDAN Telephone no. 248.563-3097
Located at 2035 BAYOU DR., WEST BLOOMFIELD, MI ZIP + 4 48323
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Yes, No. Row 46: Yes (empty), No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with 2 columns: Yes, No. Row 47: Yes (empty), No (X)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Yes, No. Row 48: Yes (empty), No (X)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Yes, No. Row 49a: Yes (empty), No (X)

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Row 49b: Yes (empty), No (empty)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

Yes (X) No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here: Signature of officer (Richard Keidan), Date (6-12-13), Type or print name and title (RICHARD KEIDAN, PRESIDENT)

Paid Preparer Use Only: Print/Type preparer's name (EZRA L. CUTLER), Preparer's signature, Date (5/21/13), Check self-employed, PTIN (P00148915), Firm's name (FRANK HIRSCH SUBELSKY & FREEDMAN PC), Firm's EIN (26-3635984), Firm's address (30600 NORTHWESTERN HWY., 305 FARMINGTON HILLS, MI 48334-3172), Phone no. (248.855-6616)

May the IRS discuss this return with the preparer shown above? See instructions. Yes (X) No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				24,934.	40,791.	65,725.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				79,439.	73,178.	152,617.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				104,373.	113,969.	218,342.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						218,342.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				104,373.	113,969.	218,342.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)				104,373.	113,969.	218,342.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		BIRMINGHAM BIKE FEST (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	73,178.		73,178.
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	73,178.		73,178.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	2,125.		2,125.
	10	Direct expense summary Add lines 4 through 9 in column (d)			(2,125)
	11	Net income summary Combine line 3, column (d), and line 10			71,053.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities. _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization DETROIT2NEPAL FOUNDATION Employer identification number 27-3387420

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE: **AMOUNT:**
INTEREST INCOME 23.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: PROVIDE EACH HOUSE AND SCHOOL IN DIPRU, NEPAL WITH TOILET/SEPTIC SYSTEM
GRANTEE NAME: CREATIVE PORTERS SOCIETY
GRANTEE ADDRESS: BOUDHA 6 GPO BOX: 8974/CPC:114 KATHMANDU, NEPAL
AMOUNT GIVEN: 22,426.

ACTIVITY CLASSIFICATION: SCHOLARSHIP TO ATTEND A GOVERNMENT SCHOOL
GRANTEE NAME: FRIENDS OF SAVE THE HIMALAYAS
GRANTEE ADDRESS: BOUDHA 6 GPO BOX: 8974/CPC:114 KATHMANDU, NEPAL
AMOUNT GIVEN: 360.

ACTIVITY CLASSIFICATION: HYDROELECTRIC PROJECT
GRANTEE NAME: CREATIVE PORTERS SOCIETY
GRANTEE ADDRESS: BOUDHA 6 GPO BOX: 8974/CPC:114 KATHMANDU, NEPAL
AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: LATE EFFECTS CLINIC & REHAB CENTER
GRANTEE NAME: WILLIAM BEAUMONT HOSPITAL MIRACLE FUND
GRANTEE ADDRESS: 3601 W. THIRTEEN MILE RD. ROYAL OAK, MI 48073
AMOUNT GIVEN: 36,500.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization **DETROIT2NEPAL FOUNDATION** Employer identification number **27-3387420**

ACTIVITY CLASSIFICATION: FIELD ASSESSMENT

GRANTEE NAME: NEPAL PUBLIC HEALTH FOUNDATION

GRANTEE ADDRESS: 101/2 DHARA MARGH, MAHARAJGUNJ KATHMANDU, NEPAL

AMOUNT GIVEN: 574.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 61,860.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

TRAVEL 7,877.

BANK CHARGES/OFFICE EXPENSE 2,162.

INSURANCE 600.

INTERNET/WEB 120.

CONTRACT SERVICES 3,850.

TOTAL TO FORM 990-EZ, LINE 16 14,609.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION BEG. OF YEAR END OF YEAR

ACCOUNTS PAYABLE 4,198. 0.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO HELP IMPROVE PUBLIC

HEALTH, HEALTH CARE, AND EDUCATIONAL OPPORTUNITIES FOR CHILDREN IN

REMOTE HIMALAYAN VILLAGES IN NEPAL AND TO SUPPORT CHILDREN AT BEAUMONT

CHILDREN'S HOSPITAL.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

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01-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization **DETROIT2NEPAL FOUNDATION** Employer identification number **27-3387420**

**SCHOLARSHIP FOR TWO CHILDREN FROM VILLAGE OF SHIMKARKA TO ATTEND A
GOVERNMENT SCHOOL. SCHOLARSHIP TO COVER TUITION, SUPPLIES AND PARTIAL
ROOM AND BOARD.**

GRANTS \$ 360. EXPENSES \$ 0.

GRANTS \$ 574. EXPENSES \$ 0.

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

Michigan Department of Licensing and Regulatory Affairs

Filing Endorsement

This is to Certify that the CERTIFICATE OF AMENDMENT - CORPORATION

for

DETROIT2NEPAL FOUNDATION

ID NUMBER: 70913Q

received by facsimile transmission on March 12, 2013 is hereby endorsed

Filed on March 13, 2013 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 14TH day of March, 2013.

***Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau***

8CS/CD-515 (Rev 11/11)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMERCIAL SERVICES			
Date Received	(FOR BUREAU USE ONLY)		
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document			
Name Michael C. Curhan, Esq.			
Address 3910 Telegraph Road, Suite 200			
City	State	Zip Code	EFFECTIVE DATE
Bloomfield Hills	Michigan	48302	

Document will be returned to the name and address you enter above.
If left blank document will be returned to the registered office.

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION
For use by Domestic Profit and Non-Profit Corporations
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned corporation executes the following Certificate:

1. The present name of the corporation is:	Miles Levin Nepal Foundation for Health and Education
2. The identification number assigned by the Bureau is:	70913Q

3. Article <u> 1 </u> of the Articles of Incorporation is hereby amended to read as follows The name of the corporation is: Detroit2Nepal Foundation
--

6. Nonprofit corporation only: Member, shareholder, or board approval

The foregoing amendment to the Articles of Incorporation was duly adopted on the 8th day of March, 2013 by the (check one of the following)

Member or shareholder approval for nonprofit corporations organized on a membership or share basis


- members or shareholders at a meeting in accordance with Section 611(2) of the Act
- written consent of the members or shareholders having not less than the minimum number of votes required by statute in accordance with Section 407(1) and (2) of the Act. Written notice to members or shareholders who have consented in writing has been given. (Note. Written consent by less than all of the members or shareholders is permitted only if such provision appears in the Articles of Incorporation.)
- written consent of all members or shareholders entitled to vote in accordance with Section 407(3) of the Act.

Directors (Only if the Articles state that the corporation is organized on a directorship basis)

- directors at a meeting in accordance with Section 611(2) of the Act.
- written consent of all directors pursuant to Section 525 of the Act

Nonprofit Corporations

Signed this 11th day of March, 2013

By 
(Signature of President, Vice-President, Chairperson or Vice-Chairperson)

Richard D. Keidan President
(Type or Print Name) (Type or Print Title)

**CONSENT RESOLUTIONS OF THE BOARD OF DIRECTORS
OF MILES LEVIN NEPAL FOUNDATION FOR HEALTH AND EDUCATION**

These Resolutions are made and adopted as of March 8, 2013, by all of the members of Board of Directors of **MILES LEVIN NEPAL FOUNDATION FOR HEALTH AND EDUCATION**, a Michigan non- profit corporation (the "Corporation").

RECITALS

- A. The Corporation desires to amend its Articles of Incorporation.
- B. The Board of Directors are adopting these resolutions for the purpose of *ratifying and confirming the authorization of the President of the Corporation to enter into and perform the terms of the Amendment to the Articles of Incorporation.*

NOW, THEREFORE, pursuant to Sections 141 and 223 of the Michigan Nonprofit Corporation Act, the Board of Directors of the Corporation do hereby adopt the following resolutions on behalf of the Corporation without prior notice, without a meeting and without a vote:

1. The Corporation hereby authorizes, ratifies and confirms the execution and performance of a Certificate of Amendment to Articles of Incorporation to provide for, the change of the name of the Corporation.

2. The Corporation hereby authorizes **Richard D. Keidan**, in his capacity as the President to file a Certificate of Amendment to the Articles of Incorporation with the Michigan Department Of Licensing And Regulatory Affairs, Bureau Of Commercial Services and such other documents which are required to effectuate the foregoing amendment to the Articles of Incorporation of the Corporation.

3. The Corporation further authorizes, ratifies and affirms all acts of the President (and/or any other officers of the Corporation he may have designated), for and *on behalf of the Corporation, which are necessary and/or convenient to effectuate fully the intent and purpose of the foregoing resolutions, including execution of any documents and/or instruments*

4. The Secretary of the Corporation shall make the original of this consent part of the official minutes of the Corporation.

[Signatures on following page]


Received:

Mar 13 2013 12:30pm

FROM: OAKLAND ARTHRITIS TO: 12485936040 03/13/2013 11:10:37 #46931 P.002/002

The undersigned, being all of the members of the First Board of Directors of MILES LEVIN NEPAL FOUNDATION FOR HEALTH AND EDUCATION have executed these Consent Resolutions as of the 8th day of March, 2013.

Directors:



RICHARD KEDAR




MICHAEL CURRAN



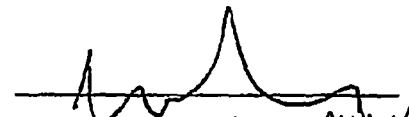
RUDEJE PEZNER

The undersigned, being all of the members of the First Board of Directors of MILES LEVIN NEPAL FOUNDATION FOR HEALTH AND EDUCATION have executed these Consent Resolutions as of the 8th day of March, 2013.


Directors:



RICHARD KEENAN



MICHAEL CURTAN



JEFFREY CARTER

Michigan Department of Licensing and Regulatory Affairs

Filing Endorsement

This is to Certify that the CERTIFICATE OF ASSUMED NAME

for

DETROIT2NEPAL FOUNDATION

ID NUMBER: 70913Q

to transact business under the assumed name of

D2N

received by facsimile transmission on March 12, 2013 is hereby endorsed

Filed on March 13, 2013 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: December 31, 2018



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 14TH day of March, 2013.

A handwritten signature in black ink, appearing to read "A. Schefke".

***Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau***

BCS/CD-541 (Rev. 04/11)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMERCIAL SERVICES																			
Date Received	(FOR BUREAU USE ONLY)																		
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.																		
<table border="1"> <tr> <td colspan="3">Name</td> </tr> <tr> <td colspan="3">Michael C Curhan, Esq</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td colspan="3">3910 Telegraph Road, Suite 200</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Bloomfield Hills</td> <td>Michigan</td> <td>48302</td> </tr> </table>		Name			Michael C Curhan, Esq			Address			3910 Telegraph Road, Suite 200			City	State	Zip Code	Bloomfield Hills	Michigan	48302
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Address																			
3910 Telegraph Road, Suite 200																			
City	State	Zip Code																	
Bloomfield Hills	Michigan	48302																	
EXPIRATION DATE DECEMBER 31.																			

Document will be returned to the name and address you enter above.
If left blank document will be mailed to the registered office.

CERTIFICATE OF ASSUMED NAME

For use by Corporations, Limited Partnerships and Limited Liability Companies

(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the corporation, limited partnership, or limited liability company in item one executes the following Certificate:

1 The name of the corporation, limited partnership, or limited liability company is

Miles Levin Nepal Foundation for Health and Education

2. The identification number assigned by the Bureau is:

70913Q


3. The assumed name under which business is to be transacted is:

D2N

4. This document is hereby signed as required by:

COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE

Signed 11th day of March, 2013

By 
(Signature)

Richard D. Keidan

(Type or Print Name)

President

(Type or Print Title or Capacity)

(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)

03/12/2013 3:21PM (GMT-04:00)