

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE PAROS FOUNDATION		A Employer identification number 20-5094630	
Number and street (or P O box number if mail is not delivered to street address) 918 PARKER STREET NO A-14		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code BERKELEY, CA 94710		B Telephone number (see instructions) (510) 649-1900	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 106,527	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,007,114			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	8	8		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	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				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,007,122	8		
	13 Compensation of officers, directors, trustees, etc	150,000	0		150,000
	14 Other employee salaries and wages	95,405	0		95,405
	15 Pension plans, employee benefits	10,966	0		10,966
	16a Legal fees (attach schedule)	1	0		0
	b Accounting fees (attach schedule)	1,850	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	13,945	0		0
	19 Depreciation (attach schedule) and depletion	459	0		
	20 Occupancy				
	21 Travel, conferences, and meetings	34,592	0		34,592
	22 Printing and publications				
	23 Other expenses (attach schedule)	62,752	0		37,377
	24 Total operating and administrative expenses. Add lines 13 through 23	369,970	0		328,340
	25 Contributions, gifts, grants paid	707,541			707,541
	26 Total expenses and disbursements. Add lines 24 and 25	1,077,511	0		1,035,881
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-70,389			
	b Net investment income (if negative, enter -0-)		8		
c Adjusted net income(if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	185,763	98,699	98,699		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ <u>8,805</u>					
		Less allowance for doubtful accounts ▶ _____	3,216	8,805			
	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					
	9	Prepaid expenses and deferred charges	7,545	20,425			
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	Liabilities	11	Investments—land, buildings, and equipment basis ▶ _____				
		Less accumulated depreciation (attach schedule) ▶ _____					
12		Investments—mortgage loans					
13		Investments—other (attach schedule)					
14		Land, buildings, and equipment basis ▶ <u>34,942</u>					
		Less accumulated depreciation (attach schedule) ▶ <u>27,114</u>	9,622	7,828	7,828		
15		Other assets (describe ▶ _____)					
16		Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	206,146	135,757	106,527		
17		Accounts payable and accrued expenses					
18		Grants payable					
Net Assets or Fund Balances	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	0	0			
		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted					
25	Temporarily restricted						
26	Permanently restricted						
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
27	Capital stock, trust principal, or current funds	0	0				
28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0				
29	Retained earnings, accumulated income, endowment, or other funds	206,146	135,757				
30	Total net assets or fund balances (see instructions)	206,146	135,757				
31	Total liabilities and net assets/fund balances (see instructions) .	206,146	135,757				

Part 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 agree with end-of-year figure reported on prior year's return)	1	206,146
2	Enter amount from Part I, line 27a	2	-70,389
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	135,757
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)—Part II, column (b), line 30 .	6	135,757

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	845,554	137,224	6 161852
2014	444,054	68,485	6 483960
2013	377,225	94,822	3 978243
2012	286,974	67,620	4 243922
2011	214,102	50,452	4 243677
2 Total of line 1, column (d)			2 25 111654
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 5 022331
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 107,781
5 Multiply line 4 by line 3			5 541,312
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0
7 Add lines 5 and 6			7 541,312
8 Enter qualifying distributions from Part XII, line 4			8 1,035,881

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

Part 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 <input type="checkbox"/> 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 here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	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	0
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		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	0
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 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA _____		
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? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part 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	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? Website address ► N/A	13		
14	The books are in care of ► MARY AHRENS Telephone no ► (510) 649-1900			

Located at **►** C/O THE RODA GROUP 918 PARKER STREET SUITE A-14 BERKELEY CA ZIP+4 **►** 94710

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ►	16	Yes	No

Part 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		No
c	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 2016? <input type="checkbox"/>	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))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		No
Organizations relying on a current notice regarding disaster assistance check here.				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (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
ROGER A STRAUCH 918 PARKER STREET BERKELEY, CA 94710	PRESIDENT 1 00	0	0	0
PARSEH ABAJIAN 918 PARKER STREET BERKELEY, CA 94710	EXECUTIVE DIRECTOR 40 00	150,000	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 TO SUPPORT SERVICE ARMENIA AND ITS CHARITABLE ACTIVITIES	5,000
2 TO SUPPORT THE MANANA YOUTH EDUCATIONAL CULTURAL CENTER AND ITS CHARITABLE ACTIVITIES	25,000
3 TO SUPPORT THE PAROS PROJECT AND ITS CHARITABLE ACTIVITIES	655,290
4 TO SUPPORT GHOGHANJ AND ITS CHARITABLE ACTIVITIES	22,251

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 ►	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	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.	1a	0
b	Average of monthly cash balances.	1b	101,595
c	Fair market value of all other assets (see instructions).	1c	7,827
d	Total (add lines 1a, b, and c).	1d	109,422
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	109,422
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,641
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	107,781
6	Minimum investment return. Enter 5% of line 5.	6	5,389

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.	1	5,389
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,389
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	5,389
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	5,389

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.	1a	1,035,881
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		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,035,881
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
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,035,881

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				5,389
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	211,579			
b From 2012.	283,593			
c From 2013.	372,484			
d From 2014.	440,630			
e From 2015.	838,693			
f Total of lines 3a through e.	2,146,979			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>1,035,881</u>				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				5,389
e Remaining amount distributed out of corpus	1,030,492			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,177,471			
b Prior years' undistributed income Subtract line 4b from line 2b		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 2015 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 be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . .	211,579			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	2,965,892			
10 Analysis of line 9				
a Excess from 2012.	283,593			
b Excess from 2013.	372,484			
c Excess from 2014.	440,630			
d Excess from 2015.	838,693			
e Excess from 2016.	1,030,492			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "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.

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

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
GHOGHANJ MOSKOVYAN 38 APT 2 YEREVAN AM	NONE	FOREIGN CHARITABLE O	CHARITABLE CONTRIBUTION	22,251
MANANA BAGHRAMYAN AVE 2 APT 25 YEREVAN AM	NONE	FOREIGN CHARITABLE O	CHARITABLE CONTRIBUTION	25,000
NOR LUYCE 238 GHORGHANYAN STREET GYUMRI, SHIRAK 3104 AM	NONE	FOREIGN CHARITABLE O	CHARITABLE CONTRIBUTION	5,000
THE PAROS 100 PROJECT FIRST BLIND ALLEY BUILDING 24/2 APT 23 YEREVAN AM	NONE	FOREIGN CHARITABLE O	CHARITABLE CONTRIBUTION	655,290
Total			▶ 3a	707,541
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	8	
5 Net rental income or (loss) from real estate					
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 inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).		0		8	0
13 Total. Add line 12, columns (b), (d), and (e).			13		8

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Print/Type preparer's name TRACY HOM	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01085786
Firm's name ► REALIZE CPA LLP				Firm's EIN ►94-3145806
Firm's address ► 50 CALIFORNIA STREET SUITE 3550 SAN FRANCISCO, CA 94111				Phone no (415) 362-5990

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

ROGER A STRAUCH
PARSEH ABAJIAN

TY 2016 Accounting Fees Schedule**Name:** THE PAROS FOUNDATION**EIN:** 20-5094630

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	1,850	0		0

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

TY 2016 Amortization Schedule

Name: THE PAROS FOUNDATION

EIN: 20-5094630

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
ORGANIZATION COSTS	2006-08-07	5,544	3,484	180 0000000000000	370	0		3,854
ORGANIZATION COSTS	2006-08-29	279	177	180 0000000000000	19	0		196
ORGANIZATION COSTS	2007-06-08	520	300	180 0000000000000	35	0		335
ORGANIZATION COSTS	2007-07-11	3,963	2,244	180 0000000000000	264	0		2,508
ORGANIZATION COSTS	2007-08-06	2,642	1,481	180 0000000000000	176	0		1,657
ORGANIZATION COSTS	2007-09-12	648	358	180 0000000000000	43	0		401
ORGANIZATION COSTS	2007-10-23	2,951	1,609	180 0000000000000	197	0		1,806
ORGANIZATION COSTS	2007-11-14	2,924	1,592	180 0000000000000	195	0		1,787
ORGANIZATION COSTS	2007-12-07	542	291	180 0000000000000	36	0		327

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

TY 2016 Depreciation Schedule

Name: THE PAROS FOUNDATION
EIN: 20-5094630

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2006-07-27	1,313	1,313	200DB	5 000000000000	0	0		
DESK	2006-11-16	300	300	200DB	7 000000000000	0	0		
COMPUTER	2007-07-27	1,544	1,544	200DB	5 000000000000	0	0		
LAPTOP	2008-06-19	773	385	200DB	5 000000000000	0	0		
MACBOOK	2009-05-14	2,200	1,100	200DB	5 000000000000	0	0		
APPLE COMPUTER	2010-11-01	1,470	1,470	200DB	5 000000000000	0	0		
AXIS CAMERA	2011-06-22	1,047		200DB	5 000000000000	0	0		
MACBOOK	2013-07-01	3,291	1,171	200DB	5 000000000000	190	0		
IPAD	2013-07-01	583	207	200DB	5 000000000000	34	0		
PROJECTOR	2013-07-01	706	252	200DB	5 000000000000	41	0		
COMPUTER	2014-10-01	1,702	366	200DB	5 000000000000	194	0		

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

TY 2016 Expenditure Responsibility Statement

Name: THE PAROS FOUNDATION

EIN: 20-5094630

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
MANANA	BAGHRAMYAN AVE 2 APT 25 YEREVAN AM	2016-06-30	25,000	TO SUPPORT CHARITABLE PURPOSE	25,000				
GHOGHANJ	MOSKOVYAN 38 APT 2 YEREVAN AM	2016-06-30	22,251	TO SUPPORT CHARITABLE PURPOSE	22,251				
THE PAROS 100 PROJECT	FIRST BLIND ALLEY BLDG 24/2 APT 23 YEREVAN AM	2016-06-30	655,290	TO SUPPORT CHARITABLE PURPOSE	655,290				
NOR LUYCE	238 GHORGHANYAN STREET GYUMRI SHIRAK AM	2016-06-30	5,000	TO SUPPORT CHARITABLE PURPOSE	5,000				

TY 2016 Land, Etc. Schedule

Name: THE PAROS FOUNDATION

EIN: 20-5094630

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	1,313	1,313	0	0
DESK	300	300	0	0
ORGANIZATION COSTS	5,544	3,854	1,690	1,690
ORGANIZATION COSTS	279	196	83	83
COMPUTER	1,544	1,544	0	0
ORGANIZATION COSTS	520	335	185	185
ORGANIZATION COSTS	3,963	2,508	1,455	1,455
ORGANIZATION COSTS	2,642	1,657	985	985
ORGANIZATION COSTS	648	401	247	247
ORGANIZATION COSTS	2,951	1,806	1,145	1,145
ORGANIZATION COSTS	2,924	1,787	1,137	1,137
ORGANIZATION COSTS	542	327	215	215
LAPTOP	773	772	1	1
MACBOOK	2,200	2,200	0	0
APPLE COMPUTER	1,470	1,470	0	0
AXIS CAMERA	1,047	1,047	0	0
MACBOOK	3,291	3,007	284	284
IPAD	583	533	50	50
PROJECTOR	706	646	60	60
COMPUTER	1,702	1,411	291	291

TY 2016 Legal Fees Schedule**Name:** THE PAROS FOUNDATION**EIN:** 20-5094630

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1	0		0

TY 2016 Other Expenses Schedule**Name:** THE PAROS FOUNDATION**EIN:** 20-5094630**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE	1,319	0		0
SUPPLIES	4,765	0		0
INTERNET	4,740	0		0
TELEPHONE	1,752	0		0
BANK FEES	6,602	0		0
BOOKS, SUBSCRIPTIONS	405	0		0
SERVICE PROJECT EXPENSES	37,377	0		37,377
INSURANCE EXPENSE	500	0		0
CONTRACTOR	3,495	0		0
PRINTING & COPYING	461	0		0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER	1	0		0
AMORTIZATION	1,335	0		0

**TY 2016 Substantial Contributors
Schedule****Name:** THE PAROS FOUNDATION**EIN:** 20-5094630

Name	Address
THE MOSSE FOUNDATION	918 PARKER STREET STE A-14 BERKELEY, CA 94710
ROGER STRAUCH JULIE KULHANJIAN	918 PARKER STREET STE A-14 BERKELEY, CA 94710

TY 2016 Taxes Schedule**Name:** THE PAROS FOUNDATION**EIN:** 20-5094630

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	13,840	0		0
FEES	105	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	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 <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization THE PAROS FOUNDATION	Employer identification number 20-5094630

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE PAROS FOUNDATION	Employer identification number 20-5094630
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Employer identification number

20-5094630

Part II	Noncash Property
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[illegible]

Name of organization THE PAROS FOUNDATION	Employer identification number 20-5094630
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. 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 ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

Software ID:
Software Version:
EIN: 20-5094630
Name: THE PAROS FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	GREGORY DADOURIAN	\$ 5,500	Person <input checked="" type="checkbox"/>
	5 RIDGE CIR		Payroll <input type="checkbox"/>
	MANHASSET, NY11030		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	JEAN-MARIE L ATAMIAN	\$ 51,500	Person <input checked="" type="checkbox"/>
	1326 MADISON AVE 71		Payroll <input type="checkbox"/>
	NEW YORK, NY10128		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	STRAUCH KULHANJIAN FAMILY	\$ 10,000	Person <input checked="" type="checkbox"/>
	918 PARKER STREET STE A-14		Payroll <input type="checkbox"/>
	BERKELEY, CA94710		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	THE MOSSE FOUNDATION	\$ 310,000	Person <input checked="" type="checkbox"/>
	918 PARKER STREET STE A-14		Payroll <input type="checkbox"/>
	BERKELEY, CA94710		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	UNITED ARMENIAN CHARITIES	\$ 50,000	Person <input checked="" type="checkbox"/>
	41 ELIZABETH ST		Payroll <input type="checkbox"/>
	NEW YORK, NY10013		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	ORO GRANDE JEWELRY	\$ 30,000	Person <input checked="" type="checkbox"/>
	608 S HILL STREET ROOM 200		Payroll <input type="checkbox"/>
	LOS ANGELES, CA90014		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	AJEMIAN FOUNDATION	\$ 15,000	Person <input checked="" type="checkbox"/>
	101 W BIG BEAVER RD		Payroll <input type="checkbox"/>
	TROY, MI48084		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	WILLIAM & LAURA CONROW	\$ 12,050	Person <input checked="" type="checkbox"/>
	PO BOX 1363		Payroll <input type="checkbox"/>
	ROSS, CA94957		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	RAFFI KASSARJIAN	\$ 6,000	Person <input checked="" type="checkbox"/>
	24 COTTONWOOD DR		Payroll <input type="checkbox"/>
	SAN RAFAEL, CA94901		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	VAASKAN CARYAN	\$ 20,000	Person <input checked="" type="checkbox"/>
	3550 PARAISO WAY		Payroll <input type="checkbox"/>
	LA CRESCENTA, CA91214		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>11</u>	ADRIENNE V TASHIJIAN	\$ 11,000	Person <input checked="" type="checkbox"/>
	15 W CHARDON RD		Payroll <input type="checkbox"/>
	WINCHESTER, MA01890		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>12</u>	CULTURAL SOCIETY OF ARMENIANS	\$ 5,000	Person <input checked="" type="checkbox"/>
	22001 NORTHWESTERN HWY		Payroll <input type="checkbox"/>
	SOUTHFIELD, MI48237		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HERMAN HINTIRYAN	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	21700 GREENFILED RD STE 324		
	OAK PARK, MI48237		
14	JACK & AZNIV BAYRAMYAN	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	2141 RIMCREST DR		
	GLENDALE, CA91207		
15	LUCY ARTINIAN	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1400 FAYMONT AVE		
	MANHATTAN BEACH, CA90266		
16	MICHAEL & PATRICIA STARZAR	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	91 FALCON HILLS DRIVE		
	HIGHLANDS RANCH, CO80126		
17	MICHAEL & ROSE ASSARIAN FAMILY FOUNDATION	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	41000 WOODWARD AVE STE 120 EAST		
	BLOOMFIELD HILLS, MI48304		
18	ORGANIZATION OF HUMANITARIAN SERVICES FOR ARMENIA	\$ 74,220	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 660849		
	ARCADIA, CA91066		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	RAFFI ARTINIAN	\$ 10,300	Person <input checked="" type="checkbox"/>
	321 MANFORD WAY		Payroll <input type="checkbox"/>
	PASADENA, CA91105		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>20</u>	VARTAN & ASYA NAZARIAN	\$ 13,340	Person <input checked="" type="checkbox"/>
	60 BROADWAY		Payroll <input type="checkbox"/>
	HILLSDALE, NJ07642		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>21</u>	ALMAZ MACH STEM MANAGEMENT LLC	\$ 5,000	Person <input checked="" type="checkbox"/>
	3274 ALPINE ROAD		Payroll <input type="checkbox"/>
	PORTOLA VALLEY, CA94028		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>22</u>	ALEX LEVON HACHIGIAN	\$ 5,500	Person <input checked="" type="checkbox"/>
	4 JUPITER HILLS DR		Payroll <input type="checkbox"/>
	NEWPORT BEACH, CA92660		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>23</u>	AMORETTI	\$ 5,000	Person <input checked="" type="checkbox"/>
	451 LOMBARD ST		Payroll <input type="checkbox"/>
	OXNARD, CA93030		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>24</u>	ARMEN VARTANY MD	\$ 5,000	Person <input checked="" type="checkbox"/>
	116 S BUENA VISTA ST 300		Payroll <input type="checkbox"/>
	BURBANK, CA91505		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	ARMENIAN DENTAL SOCIETY OF CALIFORNIA	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	332 E GLENOAKS BLVD STE 200		
	GLENDAL, CA91207		
<u>26</u>	ARMENIAN NETWORK OF AMERICA	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	570 W STOCKER ST UNIT 312		
	GLENDAL, CA91202		
<u>27</u>	INTERNATIONAL MONETARY FUND	\$ 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1818 H ST NW		
	WASHINGTON, DC20433		
<u>28</u>	NAR GURDENIAN	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	7918 VALLEY FLORES		
	WEST HILLS, CA91307		
<u>29</u>	TATEVIK KHACHATRYAN	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	25 SOUTHAMPTON BUILDINGS		
	LONDON, UK		
<u>30</u>	UNITED TRUST OF SONIC PRESERVATION	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	16000 VENTURA BLVD STE 600		
	ENCINO, CA91436		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	CARMEN OHANIAN DDS INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1110 N BRAND BLVD		
	GLENDALE, CA 91202	\$ 5,500	
<u>32</u>	RICHARD AND SHARON CHACKERIAN		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	2534 34TH AVE		
	SAN FRANCISCO, CA 94116	\$ 5,000	
<u>33</u>	ROBERT CHARLES HOERSCH		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1400 FAYMONT AVE		
	MANHATTAN BEACH, CA 90266	\$ 5,000	