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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is atwww.irs.gov/form990pf.

For	calend	lar year 2016 or tax year beginning, a	ind ending				
Na	me of fou	indation			A Emplo	yer identification number	
	17	Occupius Tabbi Wasadakian Tab			20	0701220	
		Georgina Joshi Foundation Inc		om/suite		-8791238 none number (see instructions	· · · · · · · · · · · · · · · · · · ·
		S Hawthorne Drive	, Ro	Om/suite		4-288-3459	,
		, state or province, country, and ZIP or foreign postal code					
	outl	h Bend IN 46617			C If exer	nption application is pending,	check here
G	Check a	all that apply Initial return Initial return	n of a former public cha	arity	D 1 Fo	reign organizations, check hei	re ▶
		Final return Amended r	return		2 Fo	reign organizations meeting th	ne
		Address change Name char	nge		85	% test, check here and attach	computation
H -	Check to	ype of organization X Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was term	inated under
\Box			e private foundation		section	n 507(b)(1)(A), check here	>
I F		ket value of all assets at J Accounting method	X Cash Acci	rual	F If the f	foundation is in a 60-month ter	mination
e	nd of ye	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check he	ere 🕨
	ne 16) I		e on cash basis)				
P	art I	Analysis of Revenue and Expenses(The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes
	Т.		1,051,832				(cash basis only)
	1 2	Contributions, gifts, grants, etc , received (attach schedule) Check if the foundation is not required to attach Sch B	1,001,632				
	3	Interest on savings and temporary cash investments	5		5	5	
	4	Dividends and interest from securities	3,166		3,166	3,166	
	5a	Gross rents					
,	_	Net rental income or (loss)					***************************************
ž	6a	Net gain or (loss) from sale of assets not on line 10	6,483				
らき	b	Gross sales price for all assets on line 6a 6 , 483					
Revenue	7	Capital gain net income (from Part IV, line 2)			6,483		
_	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,061,486		9,654	3,171	
(D	13	Compensation of officers, directors, trustees, etc	0				
enses	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits					
×		Legal fees (attach schedule)					<u> </u>
e E	b	Accounting fees (attach schedule) Stmt 1	81				
ξ.	С	Other professional fees (attach schedule)			1 1	KECEIVE	
ta	17	Interest				0 000	<u> </u>
пis	18	Taxes (attach schedule) (see instructions)			80g	AUG 2 4 2017	Š O
Έ	19	Depreciation (attach schedule) and depletion			1 2/1	1011	
Ad	20	Occupancy				DODEN TIF	
Operating and Administrative Ex	21	Travel, conferences, and meetings			-	1	
ā	22	Printing and publications Other expenses (att sch) Stmt 2	703				
ing	23	Total operating and administrative expenses.	, , , ,			-	
rat		Add lines 13 through 23	784		0	o	0
be	25	Contributions, gifts, grants paid	43,000				43,000
Ō	26	Total expenses and disbursements.Add lines 24 and 25	43,784	<u> </u>	0	0	43,000
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	1,017,702				
	b	Net investment income (if negative, enter -0-)			9,654		
	С	Adjusted net income(if negative, enter -0-)				3,171	

For Paperwork Reduction Act Notice, see instructions.

DAA

Form **990-PF** (2016)

F	orm 990	PF (2016) The Georgina Joshi Foundation Inc	20-879123	8	Page 2
	Part I	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_	Pari i	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	4,861	6,083	6,083
	2	Savings and temporary cash investments	415	415	415
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶	l o		
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶	İ	İ	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		Instructions)			
	7	Other notes and loans receivable (att schedule)			
	'	Less allowance for doubtful accounts ▶ 0	1	ŀ	
	8	Inventories for sale or use			
Assets	9				
SS	40-	Prepaid expenses and deferred charges			
٦		Investments – U S and state government obligations (attach schedule) Investments – corporate stock (attach schedule) See Stmt 3		1 016 400	1 005 111
	b	, , , , , , , , , , , , , , , , , , , ,		1,016,480	1,005,114
	C	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis		ŀ	
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis		1	
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			
_		instructions. Also, see page 1, item I)	5,276	1,022,978	1,011,612
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iat	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			
S		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted	5,276	16,146	
Net Assets or Fund Balances	25	Temporarily restricted			
m	26	Permanently restricted		1,006,832	
Ĕ		Foundations that do not follow SFAS 117, check here			
凹		and complete lines 27 through 31.			
<u></u>	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
減	30	Total net assets or fund balances(see instructions)	5,276	1,022,978	
žΙ	31	Total liabilities and net assets/fund balances(see			
		instructions)	5,276	1,022,978	
_	Part II		3,2,0	1,022,310	
_		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must a	aree with		
-		f-year figure reported on prior year's return)	.g. 55 mill	1	5,276
2		amount from Part I, line 27a		2	1,017,702
3		increases not included in line 2 (itemize)		3	1,011,102
		nes 1, 2, and 3		4	1,022,978
		ases not included in line 2 (itemize) ▶		5	1,022,310
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), I	ine 30	6	1,022,978
Ť		the or year time of thinks line of a rath, column (b), i		10	1,022,310

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

43,000

7

Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				.,,	
1a	Exèmpt 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	1				97
	here ▶ X and enter 1% of Part I, line 27b	ı				
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				97
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				97
6	Credits/Payments					
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a					
b	Exempt foreign organizations – tax withheld at source	1				
С	Tax paid with application for extension of time to file (Form 8868)	1				
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				97
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				
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				Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			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?	N	/A	1c		
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?			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		Х
	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 XV			7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IN					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		Ì			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		Ī	8b	X	
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)? 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		İ			
	names and addresses			10		X

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X

X

3b

4a

4b

N/A

foundation had excess business holdings in 2016)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

Form 990-PF (2016) The Georgia			3791238			Page
	ding Activities for Which Fo	rm 4720 May Be Re	quired (contin	nued)	····	
5a During the year did the foundation pay	or incur any amount to					
(1) Carry on propaganda, or otherwise	•		Y	'es X No		
(2) Influence the outcome of any spec	•	, or to carry on,				
directly or indirectly, any voter regi			<u> </u>	'es X No		Ī
(3) Provide a grant to an individual for			Y	'es X No		
(4) Provide a grant to an organization		tion described in		-		
section 4945(d)(4)(A)? (see instruc	•		Y	es X No		
(5) Provide for any purpose other than		y, or educational				
purposes, or for the prevention of	•			es X No		1
b If any answer is "Yes" to 5a(1)–(5), did			cribed in	/-		-
Regulations section 53 4945 or in a cu	- ·	•		N/A	5b	 -
Organizations relying on a current notic				▶ 📙		ı
c If the answer is "Yes" to question 5a(4)	·	n from the tax	/- ¬			
because it maintained expenditure resp	, ,		N/A 🗌 Y	es U No		
If "Yes," attach the statement required	• •					
6a Did the foundation, during the year, red	eive any funds, directly or indirectly, t	to pay premiums		. Fee⊓		
on a personal benefit contract?				es X No		
b Did the foundation, during the year, par	premiums, directly or indirectly, on a	personal benefit contract	17		6b	<u> </u>
If "Yes" to 6b, file Form 8870						1
7a At any time during the tax year, was the				es X No		
b If "Yes," did the foundation receive any				N/A	7b	
	Officers, Directors, Trustees,	, Foundation Manag	gers, Highly Pa	iid Employee:	s,	
and Contractors			#: X			
1 List all officers, directors, trustees, for	oundation managers and their con	npensation (see instruc	tions).		· · · · ·	
(a) Name a	nd address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		nse account, Illowances
Yatısh J. Joshi	South Bend	Chair/Direct				
215 S. Hawthorne Drive	IN 46617	0.00	ا ه	0		(
Glenda G. Lamont	South Bend	Trea/Direct				
219 N. Hill Street	IN 46617	0.00	o	0		(
Tenzing H Joshi	Berkeley	Director				
2597 Hilgard Ave	CA 94709	0.00	ا	0		(
Avatar A. Joshi	South Bend	Director	, ,			
215 S. Hawthorne Drive	IN 46617	0.00	ا	0		(
2 Compensation of five highest-paid "NONE."	employees (other than those inclu	ıded on line 1 - see ins	tructions). If none	e, enter		
(a) Name and address of each employ	ee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		nse account, llowances
NONE						
				<u> </u>		
otal number of other employees paid over \$	50,000			>		0

	990-PF (2016) The Georgina Joshi Foundation Inc 20-8791238 art VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid El		Page 7
F	and Contractors (continued)	прюуч	
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
N	ONE		
			<u> </u>
Tota	I number of others receiving over \$50,000 for professional services		
Pa	art IX-A Summary of Direct Charitable Activities		
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	Underwriting Music Director Search - South Bend Symphony		
	Orchestra		05 000
2	Underwrite summer music camp and other youth programs -		25,000
_	South Bend Symphony Orchestra		
_			15,000
3	Scholarships - Jacobs School of Music		
			3,000
4		+-	3,000
•			
	art IX-B Summary of Program-Related Investments (see instructions)		
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A	+-	Amount
•	**/ **		
_			
2			
——————————————————————————————————————	other program-related investments. See instructions	+-	
3	and program to the control of the co		
ı ota	I. Add lines 1 through 3	^	

	1990-PF (2016) The Georgina Doshi Foundation inc 20-6/91236		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	dations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		41 000
а	Average monthly fair market value of securities	1a	41,880
þ	Average of monthly cash balances	1b	7,790
C	Fair market value of all other assets (see instructions)	1c	0
đ	Total (add lines 1a, b, and c)	1d	49,670
е	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	49,670
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	745
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	48,925
6	Minimum investment return.Enter 5% of line 5	6	2,446
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fo	unda	itions
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	2,446
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	97
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,349
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,349
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	2,349
D +	art XII Qualifying Distributions (see instructions)		
1 1	att Att Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	43,000
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	43,000
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	97
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	42,903
	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		

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58,439

27,495 40,651

Excess from 2014

Excess from 2015

Excess from 2016

3 Grants and Contributions Paid During the		uture Payment		·····
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year South Bend Symphony Orchest N. Michigan Street South Bend IN 46601	ra	501(c)(3) Program Unde	rwriting	40,000
Jacobs School of Music 1201 E. Third Street				
Bloomington IN 47405		Sch	olarship	3,000
Total			▶ 3a	43,000
b Approved for future paymentN/A				
Total			▶ 3b	

	÷					rage 12
	Analysis of Income-Producing Ac			T = ::		
Enter gröss am	ounts unless otherwise indicated	Unrelat	ed business income	Excluded	d by section 512, 513, or 514	(e)
4 Program se	DDUCG FOUGELIA	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program se				<u> </u>		
			-			
				 		
		-		 		
f				- 		
	nd contracts from government agencies					
-	p dues and assessments			+		
	savings and temporary cash investments		<u> </u>	+		
	and interest from securities			<u> </u>		3,166
	ncome or (loss) from real estate					3,200
	nanced property	<u></u>				
	ot-financed property			-		
	ncome or (loss) from personal property					-
7 Other inves						
	s) from sales of assets other than inventory					6,483
	or (loss) from special events			1		
	t or (loss) from sales of inventory					
•	nue a					
		_		<u> </u>		
		-				
		_				
е		_				
	dd columns (b), (d), and (e)	_	(5	0	9,654
	line 12, columns (b), (d), and (e)			-1	13	9,654
	tin line 13 instructions to verify calculations)				· · ·	
Part XVI-B		ccomplishme	nt of Exempt Pu	rposes		
Line No.	Explain below how each activity for which incom-				ed importantly to the	
▼	accomplishment of the foundation's exempt purp)
N/A						
		.				
					· · · · · · · · · · · · · · · · · · ·	
					 	
						· · · · · · · · · · · · · · · · · · ·
			·		· · · · · · · · · · · · · · · · · · ·	

Glenda G. Lamont

CPA

46617

574-340-0305

08/13/17

PTIN

Firm's EIN ▶

Phone no

P01349489

Paid

Preparer

Use Only

Glenda G. Lamont

Firm's name ▶

Firm's address ▶

Glenda G. Lamont,

219 N Hill St

South Bend, IN

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

2016

The	Georgina	Joshi	Foundation	Inc

Employer identification number

The Georgina J	oshi Foundation Inc	20-8791238
Organization type(check one))	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private 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	
	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule Sc	ee
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,00 roperty) from any one contributor. Complete Parts I and II. See instructions for determining ibutions.	
Special Rules		
regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, at received from any one contributor, during the year, total contributions of the greater of (1) around to (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and	, line)
	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,	ne
literary, or educational	purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III	l
	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, contributions exclusively for religious, charitable, etc., purposes, but no such	ne
	ore than \$1,000 If this box is checked, enter here the total contributions that were received	
*	exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the	
totaling \$5,000 or more	to this organization because it received <i>nonexclusively</i> religious, charitable, etc , contribution during the year	ns ▶ \$
990-EZ, or 990-PF), but it must	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 t answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990- ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-	-EZ or on its

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Name of organization
The Georgina Joshi Foundation Inc

Employer identification number 20-8791238

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David f	Cantributana (C	'aa matrijatiana) Ilaa	duplicate conice of Dort Life additional access	 _

			f Part I if additional space is nee	
(a)	(b		(c)	(d)
No.	Name, address	, and ZIP + 4	Total contributions	Type of contribution
1	Yatish J. Joshi 215 S. Hawthorne D South Bend	Prive IN 46617	s 1,051,832	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b		(c)	(d)
No.	Name, address	, and ZIP + 4	Total contributions	Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address	, and ZIP + 4	Total contributions	Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address	, and ZIP + 4	Total contributions	Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b		(c)	(d)
No.	Name, address	, and ZIP + 4	Total contributions	Type of contribution
No.			\$	Person Payroll Noncash (Complete Part II for

8/13/2017 3:11 PM 1,005,114 Charitable Purpose 1,005,114 Charitable Fair Market Purpose ₹Ç} Basis of Valuation Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments Adjusted Net Adjusted Net Cost Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses 1,016,480 1,016,480 End of Year Investment Investment Federal Statements Šet Beginning of Year 505 25 173 703 81 81 Total Total JOSHIFNDN The Georgina Joshi Foundation Inc Indirect Accounting Fees Description Website Maintenance Description Description Endowment Account FYE: 12/31/2016 Program Ad Bank Fees 20-8791238 Total Expenses

JOSHIFNDN The Georgina Joshi Foundation Inc 20-8791238 Federal Statements

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FYE: 12/31/2016

Name of Manager	Amount
atish J. Joshi	\$
Total	\$0
Form 990-PF, Part XV, Line 1b - Mana	igers Who Own 10% or More S
Name of Manager	Amount
atish J. Joshi	\$
Total	\$
	
Form 990-PF, Part XV, Line 2b - Applica	ation Format and Required Co
Description	ation Format and Required Co
Description	ation Format and Required Co
Description	
Description o specific format is required.	
Description specific format is required. Form 990-PF, Part XV, Line 2	
Description specific format is required. Form 990-PF, Part XV, Line 2 Description	2c - Submission Deadlines
Description specific format is required. Form 990-PF, Part XV, Line 2 Description specific deadlines	2c - Submission Deadlines