





For calendar year 2016, or tax year beginning 12-01-2016, and ending 11-30-2017

Name of foundation THAKKAR FAMILY FOUNDATION		A Employer identification number 59-3204990	
Number and street (or P.O. box number if mail is not delivered to street address) 3581 S HIGHLANDS AVE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code SEBRING, FL 33870		B Telephone number (see instructions) (863) 385-5129	
G Check all that apply <div><input type="checkbox"/> Initial return<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return<input type="checkbox"/> Amended return <input type="checkbox"/> Address change<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) \$ 51,536	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)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .				
	4 Dividends and interest from securities . . . . .	24,355	24,355		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	48,678			
	b Gross sales price for all assets on line 6a 1,202,002				
	7 Capital gain net income (from Part IV, line 2) . . . . .				
	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) . . . . . 	4,370	4,370		
	12 Total. Add lines 1 through 11 . . . . .	77,403	28,725		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . . 	21,031	19,281		
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .				
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . . 	230			
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	21,261	19,281		0
	25 Contributions, gifts, grants paid . . . . .	86,103			86,103
	26 Total expenses and disbursements. Add lines 24 and 25	107,364	19,281		86,103
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-29,961			
	b Net investment income (if negative, enter -0-)		9,444		
	c Adjusted net income (if negative, enter -0-)				

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	66,169	51,536	51,536
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ 85,024 Less allowance for doubtful accounts ▶ _____	89,366	85,024	
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	2,208,944	2,594,018	
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	2,364,479	2,730,578	51,536	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	280		
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	280	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds	2,364,199	2,730,578	
	<b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	2,364,199	2,730,578	
<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	2,364,479	2,730,578		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	2,364,199
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-29,961
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	396,340
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	2,730,578
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	2,730,578

**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 )
<b>1a</b>			

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	
<b>3</b> 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 <span style="float: right;">{ }</span>	<b>3</b>	

**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	108,470	2,248,718	0 048236
2014	126,399	2,152,039	0 058735
2013	97,638	2,023,980	0 048241
2012	50,146	1,724,653	0 029076
2011	47,008	1,610,341	0 029191
<b>2 Total</b> of line 1, column (d)			<b>2</b> 0 213479
<b>3</b> 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			<b>3</b> 0 042696
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 2,526,064
<b>5</b> Multiply line 4 by line 3			<b>5</b> 107,853
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 94
<b>7</b> Add lines 5 and 6			<b>7</b> 107,947
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 86,103

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)**

<b>1a</b>	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>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	189
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	189
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	189
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	189
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> 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>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> FL _____		
<b>b</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> .	<b>8b</b>	Yes
<b>9</b> 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> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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).	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> <u>HTTP //WWW.THAKKARFOUNDATION.ORG/</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> <u>JEFF CARLSON CPA</u> Telephone no <b>▶</b> <u>(863) 382-4141</u>			

Located at **▶** 3531 US HWY 27 SOUTH SEBRING FL ZIP+4 **▶** 33870

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <u>15</u>			
<b>16</b>	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 <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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 type="checkbox"/> Yes <input checked="" 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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> <b>1b</b>			
<b>c</b>	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"/> <b>1c</b>			
<b>2</b>	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))			
<b>a</b>	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 <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</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"/> <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/> <b>4a</b>			<b>No</b>
<b>b</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? <input type="checkbox"/> <b>4b</b>			<b>No</b>

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

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(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
VINOD C THAKKAR 4105 LAFAYETTE AVENUE SEBRING, FL 33875	PRESIDENT 000 00	0	0	0
TARLIKA THAKKAR 4105 LAFAYETTE AVENUE SEBRING, FL 33875	SEC /TREAS 000 00	0	0	0
JITU MEHTA 571 AVENUE K SE WINTER HAVEN, FL 33880	V. PRESIDENT 000 00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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				
<b>Total number of other employees paid over \$50,000.</b> . . . . .				▶

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

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
<b>(a)</b> Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .		▶

<b>Part IX-A Summary of Direct Charitable Activities</b>	
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.	<b>Expenses</b>
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

<b>Part IX-B Summary of Program-Related Investments</b> (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	<b>Amount</b>
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . .	▶

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	2,431,238
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	48,270
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	85,024
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	2,564,532
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	2,564,532
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	38,468
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	2,526,064
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	126,303

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	126,303
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	189
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	189
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	126,114
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	126,114
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	126,114

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	86,103
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	86,103
<b>5</b>	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).	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	86,103

**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
<b>1</b> Distributable amount for 2016 from Part XI, line 7				126,114
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .				
<b>b</b> From 2012. . . . .				
<b>c</b> From 2013. . . . .				
<b>d</b> From 2014. . . . . 12,657				
<b>e</b> From 2015. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	12,657			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 86,103				
<b>a</b> Applied to 2015, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2016 distributable amount. . . . .				86,103
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	12,657			12,657
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				27,354
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .				
<b>b</b> Excess from 2013. . . . .				
<b>c</b> Excess from 2014. . . . .				
<b>d</b> Excess from 2015. . . . .				
<b>e</b> Excess from 2016. . . . .				

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

<b>1a</b> 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>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> 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>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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.)**

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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) )	
<b>b</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	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> 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.	
<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed VINOD C THAKKAR 3581 HIGHLANDS AVE SEBRING, FL 33870 (863) 385-5129	
<b>b</b> The form in which applications should be submitted and information and materials they should include THE PURPOSE OF THE ORGANIZATION AND A FULL DESCRIPTION OF IT'S FINANCIAL NEEDS	
<b>c</b> Any submission deadlines NONE	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NONE	

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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	86,103
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

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	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .			14	24,355	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .			14	4,370	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					48,678
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .				28,725	48,678
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		77,403

(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


<b>Sign</b>	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 taxpayer) is based on all information of which preparer has any knowledge.

☒ Yes ☐ No

SEBRING, FL 338705426

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASIAN AMERICAN ASSOCIATION OF HIGHL 2714 NAUTILUS DR AVON PARK, FL 33825	NONE		HUMANITARIAN	500
BAY AREA LEGAL SERVICES 1302 N 19TH STREET TAMPA, FL 33605	NONE		HUMANITARIAN	350
CHAMPION FOR CHILDREN FOUNDATION 419 E CENTER AVE SEBRING, FL 33870	NONE		HUMANITARIAN	2,500
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE		HEALTH	2,000
EDGE CHEER 502 MAPLE AVE SEBRING, FL 33870	NONE		AMATEUR ATHLETICS	50
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRAMES & IMAGES 108 CIRCLE PARK DR SEBRING, FL 33870	NONE		EDUCATION	2,093
GASPARILLA MUSIC FOUNDATION PO BOX 172986 TAMPA, FL 33672	NONE		ARTS	1,000
HIGH RISK HOPE 1702 N AVENIDA REPUBLICA TAMPA, FL 33605	NONE		HEALTH	125
HIGHLANDS COUNTY TENNIS ASSOCIATION PO BOX 1408 SEBRING, FL 33871	NONE		AMATEUR ATHLETICS	2,500
HIGHLANDS LITTLE THEATER 356 W CENTER AVE SEBRING, FL 33870	NONE		ARTS	2,600
<b>Total</b> . . . . . 				86,103
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HIGHLANDS REGIONAL MEDICAL CENTER 3600 S HIGHLANDS AVE SEBRING, FL 33870	NONE		HEALTH	201
JULIE'S FUNDS FOR KIDS 3531 US HWY 27 SOUTH SEBRING, FL 33870	NONE		AMATEUR ATHLETICS	5,000
LAKE PLACID 7TH DAY ADVENTIST 24 E PHOENIX ST LAKE PLACID, FL 33852	NONE		RELIGIOUS	1,000
LEUKEMIA & LYMPHONA SOCIETY 3505 E FRONTAGE RD 145 TAMPA, FL 33607	NONE		HEALTH	250
LIBERIA MEDICAL RELIEF 805 US HWY 27 S SEBRING, FL 33872	NONE		HEALTH	1,001
<b>Total</b> . . . . . 				86,103
<b>3a</b>				



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PALMA CEIA PRESBYTERIAN CHURCH 3501 W SAN JOSE ST TAMPA, FL 33629	NONE		RELIGIOUS	2,000
PALMS FOUNDATION 725 S PINE STREET SEBRING, FL 33870	NONE		HUMANITARIAN	5,000
PALMS FOUNDATION 725 S PINE STREET SEBRING, FL 33870	NONE		HUMANITARIAN	10,000
PALMS OF SEBRING 725 S PINE STREET SEBRING, FL 33870	NONE		HUMANITARIAN	10,000
POWER STORIES THEATRE 2105 W KENNEDY BLVD TAMPA, FL 33606	NONE		ARTS	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ROBERT LIVINGSTON TRUST 4105 LAFAYETTE AVE SEBRING, FL 33875	NONE		HUMANITARIAN	5,000
ROTARY CLUB OF BRIDGEPORT PO BOX 1399 BRIDGEPORT, CT 06601	NONE		HUMANITARIAN	500
SEBRING HIGH SCHOOL 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	50
SOUTH FLORIDA STATE COLLEGE 600 W COLLEGE DR SEBRING, FL 33825	NONE		EDUCATION	500
SOUTH FLORIDA STATE COLLEGE 600 W COLLEGE DR SEBRING, FL 33825	NONE		EDUCATION	1,978
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOUTH FLORIDA STATE COLLEGE 600 W COLLEGE DR SEBRING, FL 33825	NONE		EDUCATION	2,500
SOUTH FLORIDA STATE COLLEGE 600 W COLLEGE DR SEBRING, FL 33825	NONE		EDUCATION	2,500
TAMPA BAY LITTLE LEAGUE PO BOX 18971 TAMPA, FL 33679	NONE		AMATEUR ATHLETICS	250
TAMPA GENERAL HOSPITAL FOUNDATION PO BOX 1289 TAMPA, FL 33601	NONE		HEALTH	500
THE GIFT FOUNDATION 100 W MAIN ST GENESEO, IL 61254	NONE		HUMANITARIAN	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF TAMPA 5201 W KENNEDY BLVD 600 TAMPA, FL 33609	NONE		HUMANITARIAN	700
WAUCHULA SEVENTH DAY ADVENTIST 205 S 11TH AVE WAUCHULA, FL 33873	NONE		RELIGIOUS	1,000
YMCA 100 YMCA LANE SEBRING, FL 33870	NONE		AMATEUR ATHLETICS	500
YMCA 100 YMCA LANE SEBRING, FL 33870	NONE		AMATEUR ATHLETICS	600
FERGUSON ADDIE 425 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	50
<b>Total . . . . .</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HUTZENLAUB EVAN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
PRIETO AMARI 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
JOHNSON BRAISON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
PERCY LEIGHTON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
KATELYN VAN FLEET 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WELBORN LAUREN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
CORTES ADRIAN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
COOPER KAYLEIGH 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SMITH CHARLENE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
JACKSON DANIELLE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OROZCO WILLIAM 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SANDS BLADEN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
CHILLEMI CHRISTOPHER 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SMITH CARSON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
WILMOT HUNTER 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TAPIA CLARA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
CAMPELL LINDA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
WIGGINS VITTORIA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
PANIAGUA SHELBY 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
PACHECO ALEJANDRO 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PANTOJA MARICARMEN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
PEART KADARIUS 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SOTO YASHLEY 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
JAHNA JESSICA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
RILEY KESHAWN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SANCHEZ THALIA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
FARLESS JOSHUA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
JACKSON DANIELLE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
MISLEY COLE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
MIDDLETON CHEYENNE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VILAIN XIANA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
KNIGHT ALEXIS 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SWIFT KIRA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
LONSDALE ELLIOTT 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
TAYLOR ZACHARY 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	500
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DESCARTIN MIKA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	500
JOSEPH JOVIOUS 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
BELANGER JORDYN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	500
DESCARTIN MIQUEL 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
WRIGHT DEENA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PHYPEIS CLAIRE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
BOGAERT JULIANA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	500
MING KAYLA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	500
CAPOTE LIZBETH 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	500
LIGHTSEY EMMA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JOSUE NATCHA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
JANTZ JOSHUA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
SKALSKI CRAIG 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
DINMAN CHARLES 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	65
VASQUEZ MAYRA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARTINEZ ASHLEY 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
LORENZ SOPHIA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
ELLIS STEPHANIE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
RAMOS EVELYN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
ALTMAN JAELYNN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GLORIA PEDRO 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
CHAVEZ JACQUELINE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
COSGRAVE JACKIE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
ADINARAIN WANG YU 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
TREADWELL SEAN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SANCHEZ JULIANA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
AVILA JOSE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SUAREZ MATTHEW 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
LAVOY ESTELLA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
BADILLO FATIMA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MALDONALDO FRACISCO 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
HOLLYWOOD CARLIE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
BRAXTON JEREMIAH 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
CARDONA ELISEO 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
BASSANT SOPHIE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GILLIAN ARILE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
ROBINSON RATOIA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
HALL KELLY 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
COX GORDON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
HAMILTON JANELLE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COX LANDON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
BIBLE ASHLEY 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
JONES CONNER 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
KOOIKER STEPHANIE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
WILLIAMS JARRETT 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ARCEO MIQUEL 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
BOYD ANDRU 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
WHIDDEN MASON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SUEPPEL JACOB 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
DESPIES MADYSON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HONG MUEN LEE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SHATTLER ROBIN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
MASON JESTON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	500
BARBEN LAURA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
COKER MITCHELL 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DR RAO LAXMI 83 W MILLER ST ORLANDO, FL 32806	NONE		HEALTH	150
SADLER JAMES 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
MURPHY RACHELLE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
BAUTISTA ROSALINDA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
GREENE DRE KWAVIS 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

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Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCHABILION GABRIELLA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SCHABILION ISABELLA 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
JOHNSTON KINLEY 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
MORGAN SKYLER 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
UNGERER DEVON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103



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Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VEASEY CEYARAH 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
LEAL KELLY 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
SULLIVAN KELLI 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	500
BRYSON CROSSEN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
MOSHER BROOKLYN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REED AUSTIN 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
DEWITT JENSON 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
HANNON TYLER 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
COOPER CALEB 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
WHITNEY MADELINE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	500
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SEBRING FOOTBALL 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	40
OLINEROS ANDRES 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	200
GIVENS KYLEE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	100
LUDDEN ANGIE 426 SCHOOL ST SEBRING, FL 33870	NONE		EDUCATION	250
<b>Total . . . . . ▶</b> <b>3a</b>				86,103

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

## TY 2016 Gain/Loss from Sale of Other Assets Schedule

**Name:** THAKKAR FAMILY FOUNDATION

**EIN:** 59-3204990

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
MORGAN STANLEY LT		PURCHASE			512,032	418,553			93,479	
MORGAN STANLEY ST		PURCHASE			689,970	734,771			-44,801	

**TY 2016 Investments Corporate Stock Schedule****Name:** THAKKAR FAMILY FOUNDATION**EIN:** 59-3204990

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY 106169	2,594,018	

**TY 2016 Other Expenses Schedule****Name:** THAKKAR FAMILY FOUNDATION**EIN:** 59-3204990**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ADVERTISING COSTS				
PENALTIES				
WEBPAGE	130			
OFFICE EXPENSES	100			

## TY 2016 Other Income Schedule

**Name:** THAKKAR FAMILY FOUNDATION

**EIN:** 59-3204990

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
TENNIS ASSOCIATION LOAN	4,370	4,370	

**TY 2016 Other Increases Schedule**

**Name:** THAKKAR FAMILY FOUNDATION  
**EIN:** 59-3204990

Description	Amount
CHANGES IN ASSET VALUES	396,340



**TY 2016 Other Liabilities Schedule****Name:** THAKKAR FAMILY FOUNDATION**EIN:** 59-3204990

Description	Beginning of Year - Book Value	End of Year - Book Value
FEDERAL INCOME TAX	280	

**TY 2016 Other Notes/Loans Receivable Short Schedule****Name:** THAKKAR FAMILY FOUNDATION**EIN:** 59-3204990

Name of 501(c)(3) Organization	Balance Due
HIGHLANDS COUNTY TENNIS ASSOCIATION	85,024

**TY 2016 Other Professional Fees Schedule****Name:** THAKKAR FAMILY FOUNDATION**EIN:** 59-3204990

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
BROKERAGE FEES 5104-6169	19,281	19,281		
ACCOUNTING	1,750			