

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation PAREKH-VORA CHARITABLE FOUNDATION		A Employer identification number 38-2779568	
Number and street (or P O box number if mail is not delivered to street address) 5214 GREAT OAKS CT		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code WEST BLOOMFIELD, MI 483232419		B Telephone number (see instructions)	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,418,534		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
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 )			

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	16	16		
	4 Dividends and interest from securities	22,064	22,064		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	294,498			
	b Gross sales price for all assets on line 6a	1,319,632			
	7 Capital gain net income (from Part IV, line 2)		294,498		
	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)	188	188		
	12 Total. Add lines 1 through 11	316,766	316,766		
	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)	8,065			8,065
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,918			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	3,750			3,750
	22 Printing and publications				
	23 Other expenses (attach schedule)	20			20
	24 Total operating and administrative expenses. Add lines 13 through 23	13,753	0		11,835
	25 Contributions, gifts, grants paid	61,676			61,676
	26 Total expenses and disbursements. Add lines 24 and 25	75,429	0		73,511
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	241,337			
	b Net investment income (if negative, enter -0-)		316,766		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	11,285	10,924	10,924
	2	Savings and temporary cash investments . . . . .	2,560	13,624	13,624
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	1,112,989	1,343,623	1,393,986
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,126,834	1,368,171	1,418,534	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	1,126,834	1,368,171	
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	1,126,834	1,368,171		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	1,126,834	1,368,171		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	1,126,834
2	Enter amount from Part I, line 27a . . . . .	2	241,337
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	1,368,171
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,368,171

**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> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</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> See Additional Data Table			
<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> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	<b>2</b>	294,498
<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		<b>3</b>	583

**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))
2016	59,087	1,199,699	0 049252
2015	36,074	1,267,619	0 028458
2014	23,861	1,283,386	0 018592
2013	54,470	1,183,612	0 046020
2012	38,260	1,110,513	0 034453
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 176775
<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 035355
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 1,339,226
<b>5</b> Multiply line 4 by line 3			<b>5</b> 47,348
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 3,168
<b>7</b> Add lines 5 and 6			<b>7</b> 50,516
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 73,511

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	3,168
<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>	3,168
<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>	3,168
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	5,192
<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>	5,442
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" 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>	
<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>	2,274
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ▶ 2,274 <b>Refunded</b> ▶	<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 ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<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) ▶ MI _____		
<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 2017 or the taxable year beginning in 2017 (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>N/A</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>ROBERT BLEHM, BLEHM FINANCIAL</b> Telephone no <b>(586) 773-5050</b>			

Located at **29225 HARPER 29225 HARPER ST CLAIR SHORES MI** ZIP+4 **480811248**


<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, 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 2017? <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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>			
<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>▶ 20____, 20____, 20____, 20____</b>			
<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 2017 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 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <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 2017? <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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<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)?	<b>5b</b>			
	Organizations relying on a current notice regarding disaster assistance check here. 				
<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>6b</b>	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				<b>No</b>
	<i>If "Yes" to 6b, file Form 8870</i>				
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KAMLESH K PAREKH 5214 GREAT OAKS CT W BLOOMFIELD, MI 483232419	DIRECTOR 5 00	0	0	0
DEEPIKA K PAREKH 5214 GREAT OAKS CT W BLOOMFIELD, MI 483232419	DIRECTOR 3 00	0	0	0
ANAND PAREKH 8513 SUMMERSHADE DR ODENTON, MD 211132281	DIRECTOR 0 00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. . . . . ►**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . ►**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> CHARITABLE DONATIONS THIS IS THE ONLY ACTIVITY	11,835
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	

**Total.** 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>	1,345,360
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	14,260
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	1,359,620
<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>	1,359,620
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	20,394
<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>	1,339,226
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	66,961

**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>	66,961
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	3,168
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	3,168
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	63,793
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	63,793
<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>	63,793

**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>	73,511
<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>	73,511
<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>	3,168
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	70,343

**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 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				63,793
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>73,511</u>				
<b>a</b> Applied to 2016, 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 2017 distributable amount. . . . .				63,793
<b>e</b> Remaining amount distributed out of corpus	9,718			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,718			
<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 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<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 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	9,718			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .	9,718			

**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 2017, 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) 2017	(b) 2016	(c) 2015	(d) 2014	
<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 checked="" 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 email address of the person to whom applications should be addressed	
<b>b</b> The form in which applications should be submitted and information and materials they should include	
<b>c</b> Any submission deadlines	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

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

Recipient	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>	61,676
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.			<b>No</b>
<b>(2)</b> Other assets.			<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.			<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.			<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.			<b>No</b>
<b>(4)</b> Reimbursement arrangements.			<b>No</b>
<b>(5)</b> Loans or loan guarantees.			<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.			<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		<b>1c</b>	<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**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 Here</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.		
	*****	2018-11-11	*****
	Signature of officer or trustee	Date	Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ROBERT A BLEHM		2018-11-11		P00013165
	Firm's name <b>▶</b> BLEHM FINANCIAL				Firm's EIN <b>▶</b> 38-3451482
	Firm's address <b>▶</b> 29225 HARPER AVE ST CLAIR SHORES, MI 480811248				Phone no (586) 773-5050

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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 )
BERKSHIRE HATHAWAY	P	1991-11-25	2017-12-29
AM NEW PERSPECTIVE	P		2018-12-29
FID INT'L DISCOVERY	P		2017-11-21
AM CAPITAL WRLD GRTH	P		2017-12-29
AM NEW PERSPECTIVE	P		2018-12-29
LAZARD EMERGING MKT SEQUITY	P	2008-12-04	2017-07-10
AM CAPITAL WRLD GRTH	P		2017-12-29
OPPENHEIMERR INT'L GRTH	P		2017-12-29
LAZARD EMERGING MKT SEQUITY	P	2008-12-04	2017-08-14
AM CAPITAL WRLD GRTH	P		2017-12-29

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
69,674		7,350	62,324
33,276		27,917	5,359
3,860		2,840	1,020
10,742		10,582	160
130,127		83,367	46,760
10,000		7,219	2,781
23,664		19,709	3,955
746		737	9
9,900		6,855	3,045
131,149		98,416	32,733

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

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	
			62,324
			5,359
			1,020
			160
			46,760
			2,781
			3,955
			9
			3,045
			32,733

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 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 )
OPPENHEIMERR INT'L GRTH	P		2017-12-29
LAZARD EMERGING MKT SEQUITY	P	2008-12-04	2017-11-21
AM CAPITAL WRLD GRTH	P		2017-12-29
FRANKLIN MUTUAL GL DISCOVERY	P		2017-12-29
LAZARD EMERGING MKT SEQUITY	P	2008-12-04	2017-11-28
AM NEW WORLD	P		2017-12-29
FRANKLIN MUTUAL GL DISCOVERY	P		2017-12-29
AM NEW WORLD	P		2017-12-29
FRANKLIN MUTUAL GL DISCOVERY	P		2017-12-29
FIRST EAGLE GRTH	P		2017-12-29

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
125,978		107,157	18,821
6,000		3,945	2,055
42		3	39
12,475		12,497	-22
15,000		9,818	5,182
2,677		2,647	30
158,110		163,517	-5,407
140,398		112,259	28,139
75,843		69,191	6,652
3,544		3,513	31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

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	
			18,821
			2,055
			39
			-22
			5,182
			30
			-5,407
			28,139
			6,652
			31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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 )
FRANKLIN MUTUAL GL DISCOVERY	P		2017-12-29
FIRST EAGLE GRTH	P		2017-12-29
AIG FOCUSED DIV	P		2017-12-29
FIRST EAGLE GRTH	P		2017-12-29
AIG FOCUSED DIV	P		2017-12-29
BR GLOBAL ALLOC	P		2017-12-29
FID INT'L DISCOVERY	P	2016-12-09	2017-11-21
BR GLOBAL ALLOC	P		2017-12-29
ARTISAN INT'L INVESTOR	P		2017-11-21
BR GLOBAL ALLOC	P		2017-12-29

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
23		18	5
33,428		27,741	5,687
13,631		13,402	229
50,378		40,984	9,394
132,281		119,503	12,778
2,285		2,275	10
449		338	111
11,919		11,562	357
206		173	33
32,899		28,096	4,803

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			5
			5,687
			229
			9,394
			12,778
			10
			111
			357
			33
			4,803



**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 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)
FID INT'L DISCOVERY	P		2017-11-21
BR GLOBAL ALLOC	P		2017-12-29
FID INT'L GRTH	P	2013-06-11	2017-12-13
AM NEW PERSPECTIVE	P		2018-12-29
FID INT'L DISCOVERY	P		2017-07-25

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
4,917		3,701	1,216
4,905			4,905
9,000		7,048	1,952
9,020		8,995	25
15,000		11,759	3,241

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

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	
			1,216
			4,905
			1,952
			25
			3,241

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>				
AARP-AARPPPO BOX 93207 PO BOX 93207 LONG BEACH, CA 908093207	NONE	PC	CHARITABLE	30
ALZHEIMERS ASSOCIATION- ALZHEIMERS A PO BOX 96011 PO BOX 96011 WASHINGTON, DC 200906011	NONE	PC	MEDICAL	30
AMA FOUNDATION-AMA FOUNDATION 330 N WABASH AVE STE 39 330 N WABASH AVE STE 39 CHICAGO, IL 606115885	NONE	PC	CHARITABLE	25
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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>				
AMERICAN ACTION FUND-AMERICAN ACTION PO BOX 17294 PO BOX 17294 BALTIMORE, MD 212971294	NONE	PC	CHARITABLE	45
AMERICAN DIABETES ASSOCIATION-AMERICAN PO BOX 1834 PO BOX 1834 MERRIFIELD, VA 221168034	NONE	PC	MEDICAL	30
AMERICAN HEART ASSOCIATION-AMERICAN PO BOX 78851 PO BOX 78851 PHOENIX, AZ 850628851	NONE	PC	MEDICAL	45
<b>Total . . . . .</b> ▶ <b>3a</b>				61,676

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>				
AMERICAN KIDNEY FUND-AMERICAN KIDNE PO BOX 11038 PO BOX 11038 LEWISTON, ME 042439963	NONE	PC	MEDICAL	30
AMERICAN LUNG ASSOC OF MI-AMERICAN PO BOX 7000 PO BOX 7000 ALBERT LEA, MN 560078000	NONE	PC	MEDICAL	45
AMERICAN RED CROSS-AMERICAN RED CRO PO BOX 321070 PO BOX 321070 DETROIT, MI 482321070	NONE	PC	MEDICAL	30
<b>Total . . . . .</b> ► <b>3a</b>				61,676

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>				
AMERICAN RIVERS-AMERICAN RIVERS PO BOX 96158 PO BOX 96158 WASHINGTON, DC 200777106	NONE	PC	ENVIRONMENTAL	42
AMNESTY INTERNATIONAL USA-AMNESTY I PO BOX 98233 PO BOX 98233 WASHINGTON, DC 200777014	NONE	PC	CHARITABLE	15
AMVETS-AMVETSPO BOX 96175 PO BOX 96175 WASHINGTON, DC 200906175	NONE	PC	CHARITABLE	45
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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>				
ARTHRITIS FOUNDATION-ARTHRITIS FOUN PO BOX 96280 PO BOX 96280 WASHINGTON, DC 200906280	NONE	PC	MEDICAL	20
BEAUMONT FOUNDATION-BEAUMONT FOUNDA PO BOX 5802 PO BOX 5802 TROY, MI 480075802	NONE	PC	MEDICAL	15
BIPARTISAN POLICY CENTER INC-BIPART 1225 I STREET NW 1000 1225 I STREET NW 1000 WASHINGTON, DC 20005	NONE	PC	CHARITABLE	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				61,676

**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>				
BOYS TOWN-BOYS TOWN 200 FLANAGAN ROAD 200 FLANAGAN ROAD BOYS TOWN, NE 680109988	NONE	PC	CHARITABLE	45
BRAHMA KUMARIS WORLD SPIRITUAL ORG- 32969 HAMILTON CT STE G10 32969 HAMILTON CT STE G10 FARMINGTON HILLS, MI 48334	NONE	PC	RELIGIOUS	501
CAL FARLEY'S GIRLSTOWN USA-CAL FARL PO BOX 1890 PO BOX 1890 AMARILLO, TX 791059985	NONE	PC	CHARITABLE	30
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

**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>				
CAPUCHIN SOUP KITCHEN-CAPUCHIN SOUP PO BOX 772091 PO BOX 772091 DETROIT, MI 482772091	NONE	PC	CHARITABLE	30
CARTER CENTER-CARTER CENTER PO BOX 47339 PO BOX 47339 ATLANTA, GA 303629806	NONE	PC	CHARITABLE	45
CHILDREN'S MIRACLE NETWORK HOSPITAL PO BOX 158 PO BOX 158 ROYAL OAK, MI 480680158	NONE	PC	MEDICAL	15
<b>Total . . . . . ▶</b> <b>3a</b>				61,676



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>				
CHRISTIAN APPALACHIAN PROJECT-CHRIS PO BOX 55911 PO BOX 55911 LEXINGTON, KY 405555911	NONE	PC	RELIGIOUS	15
CIVIL WAR TRUST-CIVIL WAR TRUST PO BOX 17686 PO BOX 17686 BALTIMORE, MD 212971686	NONE	PC	CHARITABLE	30
COMPASSION & CHOICES-COMPASSION & C PO BOX 485 PO BOX 485 ETNA, NH 037500485	NONE	PC	CHARITABLE	45
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
CONSUMER REPORTS FOUNDATION- CONSUME PO BOX 96552 PO BOX 96552 WASHINGTON, DC 200906552	NONE	PC	CHARITABLE	45
COVENANT HOUSE-COVENANT HOUSE PO BOX 96708 PO BOX 96708 WASHINGTON, DC 200906708	NONE	PC	CHARITABLE	15
CYSTIC FIBROSIS FOUNDATION-CYSTIC F PO BOX 97372 PO BOX 97372 WASHINGTON, DC 200907372	NONE	PC	MEDICAL	30
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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>				
DAVID HOROWITZ FREEDOM CENTER-DAVID PO BOX 130707 PO BOX 130707 HOUSTON, TX 772190707	NONE	PC	CHARITABLE	15
DEFENDERS OF WILDLIFE-DEFENDERS OF PO BOX 1553 PO BOX 1553 MERRIFIELD, VA 221161553	NONE	PC	ENVIRONMENTAL	50
DETROIT PUBLIC TV-DETROIT PUBLIC TV PO BOX 930518 PO BOX 930518 WIXOM, MI 483930519	NONE	PC	CHARITABLE	45
<b>Total . . . . .</b> ► <b>3a</b>				61,676

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>				
DISABLED AMERICAN VETERANS-DISABLED PO BOX 14301 PO BOX 14301 CINCINNATI, OH 452500301	NONE	PC	CHARITABLE	30
DOCTORS WITHOUT BORDERS USA-DOCTORS PO BOX 5022 PO BOX 5022 HAGERSTOWN, MD 217415022	NONE	PC	MEDICAL	30
EASTER SEALS SOCIETY-EASTER SEALS S PO BOX 300880 PO BOX 300880 WATERFORD, MI 483300880	NONE	PC	CHARITABLE	30
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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>				
EKAL VIDYALAYA FOUNDATION-EKAL VIDY 4023 WESTHOLLOW PKWY 4023 WESTHOLLOW PKWY HOUSTON, TX 770829929	NONE	PC	EDUCATIONAL	1,155
ENVIRONMENTAL DEFENSE FUND-ENVIRONM PO BOX 98051 PO BOX 98051 WASHINGTON, DC 200777004	NONE	PC	ENVIRONMENTAL	15
EPILEPSY FOUNDATION-EPILEPSY FOUNDA PO BOX 96546 PO BOX 96546 WASHINGTON, DC 200777222	NONE	PC	MEDICAL	15
<b>Total . . . . .</b> ▶ <b>3a</b>				61,676

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>				
EYE FOUNDATION OF AMERICA-EYE FOUND 3140 COLLINS FERRY RD 3140 COLLINS FERRY RD MORGANTOWN, WV 26505	NONE	PC	CHARITABLE	25
FED FOR AM IMMIGRATION REFORM-FED F PO BOX 1859 PO BOX 1859 MERRIFIELD, VA 221168059	NONE	PC	CHARITABLE	30
GLAUCOMA FOUNDATION-GLAUCOMA FOUNDA 80 MAIDEN LANE STE 700 80 MAIDEN LANE STE 700 NEW YORK, NY 102730672	NONE	PC	MEDICAL	45
<b>Total . . . . .</b> ► <b>3a</b>				61,676

**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>				
GLOBAL FUND FOR WOMEN-GLOBAL FUND F PO BOX 97306 PO BOX 97306 WASHINGTON, DC 200907309	NONE	PC	CHARITABLE	15
GUIDING EYES FOR THE BLIND- GUIDING PO BOX 97007 PO BOX 97007 WASHINGTON, DC 200907007	NONE	PC	CHARITABLE	30
GUJARATI SAMAJ OF DETROIT- GUJARATI 8299 SANDPIPER STREET 8299 SANDPIPER STREET CANTON, MI 48187	NONE	PC	RELIGIOUS	3,500
<b>Total . . . . .</b> ► <b>3a</b>				61,676

**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>				
HABITAT FOR HUMANITY-HABITAT FOR HU PO BOX 6439 PO BOX 6439 AMERICUS, GA 317099952	NONE	PC	CHARITABLE	70
HEALTH FOUNDATION FOR RURAL INDIA-H 15 CEDAR HILL CT 15 CEDAR HILL CT VOORHEES, NJ 080434711	NONE	PC	MEDICAL	2,000
HENRY FORD HEALTH SYSTEM-HENRY FORD 1 FORD PLACE 5A 1 FORD PLACE 5A DETROIT, MI 482029941	NONE	PC	MEDICAL	15
<b>Total . . . . .</b> ► <b>3a</b>				61,676



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>				
HINDU AMERICAN FOUNDATION-HINDU AME 910 SEVENTEENTH ST NW ST 910 SEVENTEENTH ST NW ST WASHINGTON, DC 20006	NONE	PC	CHARITABLE	6,252
INDIA DEVELOPMENT & RELIEF FUND-IND 5821 MOSSROCK DR 5821 MOSSROCK DR NORTH BETHESDA, MD 208523238	NONE	PC	CHARITABLE	10,200
INDO AMERICAN CULTURAL CENTER-INDO 2002 RAMONA AVE 2002 RAMONA AVE PORTAGE, MI 49002	NONE	PC	CHARITABLE	25
<b>Total . . . . .</b> ▶ <b>3a</b>				61,676

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>				
INT'L FELLOWSHIP OF CHRISTIANS & JE PO BOX 97339 PO BOX 97339 WASHINGTON, DC 200777472	NONE	PC	RELIGIOUS	15
JAIN SOCIETY OF DETROIT-JAIN SOCIET 29728 W 12 MILE 29728 W 12 MILE FARMINGTON HILLS, MI 483344108	NONE	PC	RELIGIOUS	601
KARMANOS CANCER INSTITUTE- KARMANOS 4100 JOHN R 4100 JOHN R DETROIT, MI 482012013	NONE	PC	MEDICAL	15
<b>Total . . . . .</b> ▶ <b>3a</b>				61,676

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>				
MADD-MADDPO BOX 758521 PO BOX 758521 TOPEKA, KS 666758521	NONE	PC	CHARITABLE	15
MAI FAMILY SERVICES-MAI FAMILY SERV 32401 W EIGHT MILE RD 32401 W EIGHT MILE RD LIVONIA, MI 48152	NONE	PC	MEDICAL	101
MAKE A WISH FOUNDATION-MAKE A WISH PO BOX 97104 PO BOX 97104 WASHINGTON, DC 200907104	NONE	PC	CHARITABLE	15
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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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>				
MARCH OF DIMES-MARCH OF DIMES PO BOX 8972 PO BOX 8972 TOPEKA, KS 666088972	NONE	PC	MEDICAL	15
MARINE CORPS HERITAGE FOUNDATION-MA PO BOX 96628 PO BOX 96628 WASHINGTON, DC 200906628	NONE	PC	CHARITABLE	15
MARINE CORPS SCHOLARSHIP FUND-MARIN PO BOX 759468 PO BOX 759468 BALTIMORE, MD 212759468	NONE	PC	EDUCATIONAL	30
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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>				
MARINE TOYS FOR TOTS-MARINE TOYS FO PO BOX 4002036 PO BOX 4002036 DES MOINES, IA 503402036	NONE	PC	CHARITABLE	30
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 5028 PO BOX 5028 HAGERSTOWN, MD 217415028	NONE	PC	MEDICAL	30
MICHIGAN STATE UNIVERSITY-MICHIGAN 62689 COLLECTIONS CENTER 62689 COLLECTIONS CENTER CHICAGO, IL 606930626	NONE	PC	EDUCATIONAL	115
<b>Total . . . . .</b> ► <b>3a</b>				61,676

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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>				
NATIONAL FEDERATION OF THE BLIND- NA PO BOX 17252 PO BOX 17252 BALTIMORE, MD 212988342	NONE	PC	CHARITABLE	45
NATIONAL GEOGRAPHIC SOCIETY- NATIONA PO BOX 98197 PO BOX 98197 WASHINGTON, DC 200777137	NONE	PC	CHARITABLE	15
NATIONAL GLAUCOMA RESEARCH- NATIONAL PO BOX 1962 PO BOX 1962 CLARKSBURG, MD 208711962	NONE	PC	CHARITABLE	15
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

**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>				
NATIONAL LAW ENFORCEMENT OFFICERS M PO BOX 97072 PO BOX 97072 WASHINGTON, DC 200907072	NONE	PC	CHARITABLE	15
NATIONAL MUSEUM OF THE US ARMY- NATI PO BOX 96281 PO BOX 96281 WASHINGTON, DC 200906281	NONE	PC	CHARITABLE	30
NATIONAL PARK FOUNDATION- NATIONAL P PO BOX 17394 PO BOX 17394 BALTIMORE, MD 212989450	NONE	PC	CHARITABLE	15
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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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>				
NATIONAL PARKS CONSERVATION ASSOC-N PO BOX 97202 PO BOX 97202 WASHINGTON, DC 200777435	NONE	PC	CHARITABLE	20
NATIONAL SEPT 11 MEMORIAL & MUSEUM- PO BOX 96126 PO BOX 96126 WASHINGTON, DC 200906126	NONE	PC	CHARITABLE	15
NATIONAL WILDLIFE FEDERATION-NATION PO BOX 1691 PO BOX 1691 MERRIFIELD, VA 221161691	NONE	PC	CHARITABLE	16
<b>Total . . . . .</b> ► <b>3a</b>				61,676



**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>				
NATIONAL WORLD WAR II MUSEUM- NATION PO BOX 758590 PO BOX 758590 TOPEKA, KS 666758590	NONE	PC	ENVIRONMENTAL	30
OMANAND YOG SADHANA PARMARTHIK NYAS PO GANDHI NAGER DISTRICT PO GANDHI NAGER DISTRICT INDORE PC 453112 IN	NONE	PC	CHARITABLE	1,000
PARTNERS IN HEALTH-PARTNERS IN HEAL PO BOX 996 PO BOX 996 FREDERICK, MD 217059942	NONE	PC	CHARITABLE	15
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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>				
PROJECT HOPE-PROJECT HOPE PO BOX 5029 PO BOX 5029 HAGERSTOWN, MD 217419968	NONE	PC	EDUCATIONAL	30
READING IS FUNDAMENTAL-READING IS F PO BOX 96897 PO BOX 96897 WASHINGTON, DC 200906897	NONE	PC	EDUCATIONAL	15
SALVATION ARMY-SALVATION ARMY PO BOX 44530 PO BOX 44530 DETROIT, MI 482440530	NONE	PC	RELIGIOUS	45
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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>				
SHRI MANGAL MANDIR TRUST-SHRI MANGA 17110 NEW HAMPSHIRE AVE 17110 NEW HAMPSHIRE AVE SILVER SPRING, MD 20905	NONE	PC	CHARITABLE	101
SHRINERS HOSPITALS FOR CHILDREN-SHR PO BOX 1510 PO BOX 1510 RANSON, WV 254384510	NONE	PC	MEDICAL	45
SIERRA CLUB-SIERRA CLUB PO BOX 421041 PO BOX 421041 PALM COAST, FL 321421042	NONE	PC	ENVIRONMENTAL	45
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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>				
SOUTHERN POVERTY LAW CENTER-SOUTHER PO BOX 548 PO BOX 548 MONTGOMERY, AL 361779621	NONE	PC	CHARITABLE	45
SRI BALAJI TEMPLE OF GREAT LAKES-SR 3325 MIDDLEBELT RD 3325 MIDDLEBELT RD WEST BLOOMFIELD, MI 48323	NONE	PC	CHARITABLE	251
ST BONAVENTURE INDIAN MISSION-ST PO BOX 610 PO BOX 610 THOREAU, NM 873230610	NONE	PC	CHARITABLE	30
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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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>				
ST JOHN PROVIDENCE FOUNDATIONS- ST 19251 MACK AVE STE 102 19251 MACK AVE STE 102 GROSSE POINTE WOODS, MI 482362881	NONE	PC	MEDICAL	30
ST LABRE INDIAN SCHOOL-ST LABRE I PO BOX 216 PO BOX 216 ASHLAND, MT 590039989	NONE	PC	EDUCATIONAL	15
UNION OF CONCERNED SCIENTISTS- UNION PO BOX 4123 PO BOX 4123 WOBURN, MA 018884123	NONE	PC	CHARITABLE	30
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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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>				
UNITED NEGRO COLLEGE FUND-UNITED NE PO BOX 55040 PO BOX 55040 BOSTON, MA 022059822	NONE	PC	CHARITABLE	30
UNIVERSITY OF MICHIGAN-UNIVERSITY O DEPT CH 10189 DEPT CH 10189 PALATINE, IL 600550189	NONE	PC	EDUCATIONAL	15
USO-USOPO BOX 96860 PO BOX 96860 WASHINGTON, DC 200777677	NONE	PC	CHARITABLE	30
<b>Total . . . . . ▶</b> <b>3a</b>				61,676

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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>				
VETERANS OF FOREIGN WARS- VETERANS O PO BOX 8911 PO BOX 8911 TOPEKA, KS 666089940	NONE	PC	CHARITABLE	53
VOLUNTEERS OF AMERICA- VOLUNTEERS OF PO BOX 14246 PO BOX 14246 LANSING, MI 489014246	NONE	PC	CHARITABLE	30
WATER AID AMERICA-WATER AID AMERICA 233 BROADWAY STE 2705 233 BROADWAY STE 2705 NEW YORK, NY 10279	NONE	PC	RELIGIOUS	8,500
<b>Total . . . . .</b> ► <b>3a</b>				61,676

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>				
WDET PUBLIC RADIO-WDET PUBLIC RADIO PO BOX 2177 PO BOX 2177 DETROIT, MI 482020177	NONE	PC	CHARITABLE	30
WOMEN FOR WOMEN INTERNATIONAL-WOMEN PO BOX 9224 PO BOX 9224 CENTRAL ISLLIP, NY 117229224	NONE	PC	CHARITABLE	15
WORLD SPIRITUAL AWARENESS FORUM INC 24 OAK LANE 24 OAK LANE ROSLYN HEIGHTS, NY 115772600	NONE	PC	RELIGIOUS	101
<b>Total . . . . .</b> ► <b>3a</b>				61,676



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)				
a Paid during the year				
WORLD WILDLIFE FUND-WORLD WILDLIFE PO BOX 96555 PO BOX 96555 WASHINGTON, DC 200777789	NONE	PC	CHARITABLE	32
WOUNDED WARRIOR PROJECT-WOUNDED WAR PO BOX 758541 PO BOX 758541 TOPEKA, KS 666758541	NONE	PC	CHARITABLE	45
			DIFF	
Total . . . . . ▶ 3a				61,676

**TY 2017 Accounting Fees Schedule****Name:** PAREKH-VORA CHARITABLE FOUNDATION**EIN:** 38-2779568**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING & TAX PREP FEES	8,065			8,065

**TY 2017 Investments Corporate Stock Schedule****Name:** PAREKH-VORA CHARITABLE FOUNDATION**EIN:** 38-2779568

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
04-ARTISAN INTERNATIONAL		
07-FIDELITY INTERNATIONAL DISCOVERY		
10-FIDELITY INT'L GROWTH	84,202	109,025
19-AMERICAN CAPITAL WLD GRW & INC A	7	8
21-AM NEW WORLD FD A	40	41
25-BERKSHIRE HATHAWAY CLB		
28-FIRST EAGLE GLOBAL	38	40
31-LAZARD EMERGING MARKETS	60,507	86,042
34-BLACKROCK GLOBAL ALLOCATION A	3	3
40-AMERICAN NEW PERSPECTIVE A	11	10
44-OPPENHEIMER INT'L GRTH A	16	19
46-FRANKLIN MUTUAL GLOBAL DISC A	10	9
50-SUNAMERICA FOCUSED (AIG)	1	1
60-ML MANAGED ACCT.	1,198,788	1,198,788

**TY 2017 Other Expenses Schedule****Name:** PAREKH-VORA CHARITABLE FOUNDATION**EIN:** 38-2779568**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
MICHIGAN ANNUAL REPORT	20			20

## TY 2017 Other Income Schedule

**Name:** PAREKH-VORA CHARITABLE FOUNDATION

**EIN:** 38-2779568

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	188	188	

**TY 2017 Taxes Schedule****Name:** PAREKH-VORA CHARITABLE FOUNDATION**EIN:** 38-2779568

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX - EXCISE	750			
TAX - FOREIGN WH	1,168			