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2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2018, or tax year beginning 01-01-20)18 , aı	nd ei	nding 12-31-	2018	
RADHA DEVI JOSHI FAMILY FOUNDATION INC				A Employer id	entification numbe	r	
					06-1594592		
Number and street (or P O box number if mail is not delivered to street address) Room/suite 13830 SAXON LAKE DRIVE					B Telephone nu	mber (see instruction	ns)
						+	
		, state or province, country, and ZIP or foreign postal code LLE, FL 32225			C If exemption	application is pendin	g, check here
					1		▶ ∟
i Cł	neck al	I that apply	former public charity			ganizations, check he	▶ ∟
		☐ Final return ☐ Amended return				ganizations meeting k here and attach co	
		☐ Address change ☐ Name change	fa			ındatıon status was t	
		pe of organization			under sectio	n 507(b)(1)(A), chec	k here
			☑ Cash ☐ Accru	al	F If the founda	ation is in a 60-monti	n termination 🖂
of '	year (f	rom Part II, col (c),		. .		n 507(b)(1)(B), chec	
Ш	= 10)	>\$ 1,580,959	be on cash basis)				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	books		meeme	meome	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► ✓ if the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments	467		467		
	4	Dividends and interest from securities	25,285		26,887		
	5a	Gross rents					
a)	b	Net rental income or (loss)					
ž	6a	Net gain or (loss) from sale of assets not on line 10	52,926				
Revenue	b	Gross sales price for all assets on line 6a 172,977			52.025		
ž	7	Capital gain net income (from Part IV, line 2)			52,926		
	8	Net short-term capital gain					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold	<u> </u>				
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	78,678		80,280		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
√	15	Pension plans, employee benefits					
<u>```</u>	16a	Legal fees (attach schedule)					
Expenses	ь	Accounting fees (attach schedule)	9 1,150				
יו עם	c	Other professional fees (attach schedule)					
Ž	17	Interest					
2 X	18	Taxes (attach schedule) (see instructions)	% 70				
and Administrative	19	Depreciation (attach schedule) and depletion					
	20	Occupancy					
₹ □	21	Travel, conferences, and meetings					
5	22	Printing and publications					
5	23	Other expenses (attach schedule)	4,597				
Operating	24	Total operating and administrative expenses.					
<u> </u>		Add lines 13 through 23	5,817		0		00.300
-	25	Contributions, gifts, grants paid	98,309				98,309
	26	Total expenses and disbursements. Add lines 24 and 25	104,126		0		98,309
	27	Subtract line 26 from line 12	,				,
	a	Excess of revenue over expenses and	DE 440				
	ь	disbursements Net investment income (if negative, enter -0-)	-25,448		80,280		
	c	Adjusted net income (If negative, enter -0-)			33,230		
			I				

		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 ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	1,054,643	1,060,514	1,462,
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule)			

1,179,250

1,179,250

1,179,250

1,179,250

2

3 4

5

6

1,204,698

1,179,250

1,179,250 Form 990-PF (2018)

-25,448

1,204,698

1,204,698

1,204,698

1,580,959

12 13 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶ 15 Other assets (describe > _ 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 1,204,698 17

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

18

19

20

21 22

23

24

25

26

28

29

31

Part III

2

Liabilities

or Fund Balances

Assets 27

Net 30 Grants payable

Unrestricted

Temporarily restricted Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) > ___

Deferred revenue .

Other liabilities (describe -_

Page **3**

	pe the kind(s) of property sold (e g , arehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
					
	(f)		(g)	(h)
(e)	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f) minus (g)
а					
b					
c					
d					
e					
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
(i)	(j)		(k)		h) gain minus
FMV as of 12/31/69	Adjusted basis as of 12/31/69		of col (i)		less than -0-) or om col (h))
	as or 12/31/69	over coi	(j), if any	Losses (III	om cor (m)
a b					
	+				
d					
	+				
e	<u> </u>	If gain, also enter in P	Inst T. lune 7		
·	gain or (loss) as defined in sections art I, line 8, column (c) (see instructi	ons) If (loss), enter -0	· }	3	52,926 -920
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
(For optional use by domestic p	private foundations subject to the se	ction 4940(a) tax on ne	et investment incom	e)	
	-			- /	
If section 4940(d)(2) applies, I	eave this part blank			_	_
	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do		ın the base period?	· L Ye	es Ll No
1 Enter the appropriate ar	mount in each column for each year,	see instructions before	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2017					
2016					
2015					
2014					
2013					
2 Total of line 1, column (• •		2		
number of years the four	o for the 5-year base period—divide ndation has been in existence if less	than 5 years	3		
	oncharitable-use assets for 2018 from	•	4		
5 Multiply line 4 by line 3	(40) (50) (41)		5		
	ent income (1% of Part I, line 27b)		6		
			7		
	ions from Part XII, line 4 ,			10/ : -	
If line 8 is equal to or gr instructions	eater than line 7, check the box in Pa	art VI, line 1b, and com	piete that part usin	g a 1% tax rate Se	e tne Part VI

Page **6**

Pai	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continued))			
5a	During the year did the foundation	pay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or other	vise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes 5	✓ No			
	(2) Influence the outcome of any s	pecıfı	c public election (see sect	ion 4955), or to carry					
	on, directly or indirectly, any vo	oter re	egistration drive?		· · 🗌 Yes	✓ No			
	(3) Provide a grant to an individua				☐ Yes 5	✓ No			
	(4) Provide a grant to an organizat			· -					
	in section 4945(d)(4)(A)? See i				· · Yes	✓ No			
	(5) Provide for any purpose other t								
	educational purposes, or for the		· ·		∟ Yes Ľ	✓ No			
b	If any answer is "Yes" to 5a(1)-(5)		=						
	Regulations section 53 4945 or in a				_	-	5b		No
_	Organizations relying on a current i								
С	If the answer is "Yes" to question 5			•					
	tax because it maintained expendit				· · L Yes	✓ No			
_	If "Yes," attach the statement requ		· -						
6a	Did the foundation, during the year	-			ums on				
L	a personal benefit contract?				· Yes	✓ No	6		l NI
D	Did the foundation, during the year If "Yes" to 6b, file Form 8870	, pay	premiums, directly or ind	irectiy, on a personal be	nerit contract/		6b		No
7-	At any time during the tax year, wa	c tha	foundation a party to a n	robibited tay chalter train	ncaction? \Box	_			
7a b	If yes, did the foundation receive a				⊥ res ⊔	✓ No	7b		No
8	Is the foundation subject to the sec		· · · · · · · · · · · · · · · · · · ·				 		- ''
0	excess parachute payment during t					<u> </u>			
					res_L			<u> </u>	
Pai	and Contractors	JIIIC	ers, Directors, Trust	ees, roundation Ma	anagers, Highly Paid	Emplo	уссь,	•	
1	List all officers, directors, truste			•					
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans a deferred compensation	nal , ;	Experother a		
See /	Additional Data Table								
2	Compensation of five highest-pa	id er	nployees (other than th	nose included on line :	1-see instructions). If i	none, e	nter "	NONE	<u>." </u>
(a)	Name and address of each employee more than \$50,000	paid	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred		Expen ther all		
			devoted to position		compensation				
NON	E								
Tota	I number of other employees paid or	er \$5	0,000		<u> </u>				
						Fo	rm 99 1	0-PF	(201

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Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Pa	aid Employees,
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 releva organizations and other beneficiaries served, conferences convened, research papers produce:		r of Expenses
1		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the	ax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Iotal. Add lines 1 through 3		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

98.309

98,309

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Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4

5

Page 9

85,634

40,265

45,369

Form **990-PF** (2018)

990-PF (2018)				
t XIII	Un			

Form 990-PF (2)	018)
Part XIII	Undi

- stributed Income (see instructions)
- 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.
- **b** Total for prior years Excess distributions carryover, if any, to 2018
- a From 2013. **b** From 2014. . . . c From 2015. . .

- d From 2016.
- e From 2017.

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must

6 Enter the net total of each column as

be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

- f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$
- a Applied to 2017, but not more than line 2a
- **b** Applied to undistributed income of prior years (Election required—see instructions).
- c Treated as distributions out of corpus (Election

same amount must be shown in column (a))

- **d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

(a)

Corpus

(b)

Years prior to 2017

(c)

2017

58.044

factors



Enter gros	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees	and contracts from government agencies					
	ership dues and assessments					
	st on savings and temporary cash ments					467
	ends and interest from securities					25,285
	ental income or (loss) from real estate					
	r-financed property					
	ental income or (loss) from personal property					
	investment income					
	or (loss) from sales of assets other than					
invent	·					52,926
	come or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
_						
· -						
d						
d e						
d e 12 Subto	tal Add columns (b), (d), and (e).					
d e 12 Subto 13 Total	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	3	
d e 12 Subto 13 Total (See v	tal Add columns (b), (d), and (e).	ılatıons)			3	
d e 12 Subto 13 Total (See v	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculated and the second activities to the second activities to the second activity for which	ilations) ne Accomplisi income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	78,678
d e 12 Subto 13 Total (See v Part XV	tal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). vorksheet in line 13 instructions to verify calculated the columns of activities to the columns below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the columns.	ilations) ne Accomplisi income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	78,678
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d e 12 Subto 13 Total (See v Part XV	tal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). vorksheet in line 13 instructions to verify calculated the columns of activities to the columns below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the columns.	ilations) ne Accomplisi income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	78,678
d e 12 Subto 13 Total (See v Part XV	tal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). vorksheet in line 13 instructions to verify calculated the columns of activities to the columns below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the columns.	ilations) ne Accomplisi income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	78,678
d e 12 Subto 13 Total (See v Part XV	tal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). vorksheet in line 13 instructions to verify calculated the columns of activities to the columns below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the columns.	ilations) ne Accomplisi income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	ted importantly to	78,678

Fc	orm 990-PF (2018)		Pa	ge 13
	Part XVII Information Regarding Transfers To and Transactions and Relationships With Nonchari Exempt Organizations	table		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
	a Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
ı	b Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(A) Development and appropriate	41.743		NI -

(3) Rental of facilities, equipm	ient, or other assets		10(3)	No
(4) Reimbursement arrangeme	ents		1b(4)	No
(5) Loans or loan guarantees.			1b(5)	No
(6) Performance of services or	membership or fundraising solicitations		1b(6)	No
	, mailing lists, other assets, or paid employees		1c	No
of the goods, other assets, or s		column (b) should always show the fair market ne foundation received less than fair market valu he goods, other assets, or services received		
(a) Line No (b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	arıng arrangem	nents
•	lirectly affiliated with, or related to, one or more	re tax-exempt organizations		

,	cranbaction of onlining arra	ingenient, snow in column (a, and raide of the go	, , , , , , , , , , , , , , , , , , ,	100 1001100
(a) Line No	(b) Amount involved	(c) Name of noncharitable ex	empt organization	(d) Description of transfers, tr	ansactions, and sharing arrangements
	,	ectly affiliated with, or relat	•		
		r than section 501(c)(3)) or	in section 527?		. ☐ Yes ☑ No
b If "Yes	," complete the following s		415 - 6		
	(a) Name of organization	on	(b) Type of organization	(c)	Description of relationship
l	Jnder penalties of perjury,	I declare that I have exami	ned this return, includ	ling accompanying schedu	les and statements, and to the best
0	of my knowledge and belief	, it is true, correct, and cor	nplete Declaration of	preparer (other than taxp	ayer) is based on all information of
	which preparer has any kno	owledge	1		
Sign	*****		2019-11-12	*****	May the IRS discuss this return
Here				_	with the preparer shown
	Signature of officer or t	rustee	Date	Title	below
1	-				(see instr)? 🗹 Yes 🗆 No

PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P01463581 employed \blacktriangleright ROBERT PERRINE Paid **Preparer** Fırm's name ▶ Robert Perrine CPA Fırm's EIN ▶ **Use Only** Firm's address ► 19 Spear Rd Ste 309 Phone no (201) 529-1143 Ramsey, NJ 07446

Form **990-PF** (2018)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account. hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation SUSHILA JOSHI President 0.00 13830 SAXON LAKE DRIVE JACKONVILLE, FL 32225 GYANENDRA K JOSHI Treasurer 0.00 13830 SAXON LAKE DRIVE JACKSONVILLE, FL 32225 SEEMA JOSHI Secretary 0 00 32 PAUL STREET NEWTON, MA 02459 SANGITA JOSHI V P ASST TREAS 0 0.00 3226 DEVONSHIRE WAY GERMANTOWN, TN 38139 JAYA JULIE JOSHI V P ASST SECRET 0.00 394 NORTH ROAD BEDFORD, MA 01730 ANITA JOSHI Trustee 0.00 9864 SUMERLAKES DRIVE CARMEL, IN 46032 ARUN JAIN Trustee 0 00 9864 SUMMERLAKES DRIVE CARMEL, IN 46032

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PC FOR RELIGOUS EDUCATION 50,070 FKAL VIDYALAYA FOUNDATION 15455 EMPANADA DRIVE

HOUSTON, TX 77083				
HINDU SOCIETY OF NEF714 PARK AVE ORANGE PARK, FL 32073	NONE	PC	FUND FOR MAINTANENCEFOR REGLIOUS TEMPLE	711
BRAHAM KUMARIS WSO 2207 EAST BUSCH BLVD	NONE	PC	EDUCATION FUND TO PROMOTE REGLIOUS	6,000

ORANGE PARK, FL 32073	NONE	rc	REGLIOUS TEMPLE	/1.
BRAHAM KUMARIS WSO 2207 EAST BUSCH BLVD TAMPA, FL 33612	NONE	PC	EDUCATION FUND TO PROMOTE REGLIOUS	6,000
Total			▶ 3a	98,309

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

	or substantial contributor			
a Paid during the year				
DISABLED AMERICAN VETS 3725 ALEXANDRAIA PIKE	NONE	PC	DISABLE VETS GENRERLFUND	30

COLD SPRING, KY 41076				
SPECIAL OLYMPICS FLORIDA 1915 DON WICKHAM DRIVE	NONE	PC	PROGRAMS FOR SPECIALOYLMPICS	

SPECIAL OLYMPICS FLORIDA 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	PC	PROGRAMS FOR SPECIALOYLMPICS	150
DOCTORS WITHOUT BORDERS	NONE	PC	MEDICAL AID	1,000

1915 DON WICKHAM DRIVE CLERMONT, FL 34711			SPECIALOYLMPICS	
DOCTORS WITHOUT BORDERS 333 7TH AVE NEW YORK, NY 10001	NONE	PC	MEDICAL AID	1,000

CLERMONT, FL 34711				
DOCTORS WITHOUT BORDERS 333 7TH AVE NEW YORK, NY 10001	NONE	PC	MEDICAL AID	1,000
Total			▶ 3a	98,309

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SOUTHERN POVERY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104	NONE	PC	TO FIGHT HATE AND BIGOTRY	1,000

	MONTGOMERY, AL 36104				
ı	AMERICAN HEART ASSOC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PC	REASEARCH TO FIGHT HEART DISEASE	50
	PARALYZED VETERANS OF AMERICNA	NONE	PC	HELP PARALYZED VETERAN	2,000

7272 GREENVILLE AVE DALLAS,TX 75231			DISEASE	
PARALYZED VETERANS OF AMERICNA 801 EIGHTEENTH ST NW WASHINGTON, DC 20006	NONE	PC	HELP PARALYZED VETERAN HEALTHCARE, RESEARCH AND EDCUATION	2,000
Total			▶ 3a	98,309

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
FLORIDA SHERIFFS ASSOC 2617 MAHAN DR TALLAHASSEE, FL 32308	NONE	PC	PROMTE PUBLIC SAFETY AN PROTECTING YOUTH	100

OPERATION SMILE 3641 FACULTY BOULEVARD VIRGINIA, VA 23453	NONE	PC	SURGICAL CARE TO CHILDREN AROUND THE WORLD	1,240

3641 FACULTY BOULEVARD VIRGINIA, VA 23453			AROUND THE WORLD	
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PC	RESARCH THE PROBLEMS THAT THREATEN THE HEALTH OF BABIES	10,000

3641 FACULTY BOULEVARD VIRGINIA, VA 23453			AROUND THE WORLD	
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PC	RESARCH THE PROBLEMS THAT THREATEN THE HEALTH OF BABIES	10,0

Recipient

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Red during the year

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

SAVE THE CHILDREN 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	NONE	PC	HELP CHILDREN AROUND THE WORLD	9,000
FINCA1201 15TH ST NW 8TH FLOOR	NONE	PC	Alleviate poverty	750

TAINTEED, CT 00025				
FINCA1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005	NONE	PC	Alleviate poverty	750
ST LABRE INDIAN SCHOOL 1000 TONGUE RIVER RD ASLAND MT, MT 59003		PC	SCHOOL SUPPLIES	30

Total . .

98,309

▶ 3a

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
PROJECT HOPE170-20 140TH AVE JAMAICA, NY 11434	NONE	PC	VACCINE & MEDICINE	600
VEW406 W34 STREET	NONE	PC	HELP FOR VETERIANS	1.000

VFW406 W34 STREET KANSAS CITY, MO 64111	NONE	PC	HELP FOR VETERIANS	1,000
ADOPTA PLATOON NAT COMMINSION PO BOX 1457	NONE	PC	CARE PACKAGE FOR SOLDIERS	3,300

KANSAS CITY, MO 64111	NONE		THEEL FOR VETERIANS	1,000
ADOPTA PLATOON NAT COMMINSION PO BOX 1457 SEABROOK, NH 03874	NONE	PC	CARE PACKAGE FOR SOLDIERS	3,300
Total			▶ 3a	98,309

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
ST JUDE CHILDREN S RES HOSP 220 E 42ND ST	NONE	PC	HOSPITAL DONATION	2,300
220 E 42ND ST				

220 E 42ND ST NEW YORK, NY 10017				
ORBIS520 8TH AVE 12 NEW YORK NY 10018	NONE	PC	EYE CARE	300

ORBIS520 8TH AVE 12 NEW YORK, NY 10018	NONE	PC	EYE CARE	300
HINDU SOCIETY OF NEF714 PARK AVE	NONE	PC	RELIGOUS FOR KITCHENAND	173

NEW YORK, NY 10018				
HINDU SOCIETY OF NEF714 PARK AVE ORANGE PARK, FL 32073	NONE	PC	RELIGOUS FOR KITCHENAND FOOD PREPARATION	173

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SHRINERS HOSPITAL FOR CHILDRENS NONE PC HOSPITAL FOR CHILDREN 2,600 2900 ROCKY POINT DRIVE

TAMPA, FL 33607				
USOPO BOX 96860 WASHINGTON, DC 20077	NONE	PC	ARMED FORCES DONATION	1,000
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	NONE	PC	FOR FOOD AND CARE	70

Total

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LEUKEMIA LYMPHOMA SOCIETY NONE PC FOR CANCER RESEARCH 100 3 INTERNATIONAL DRIVE SUITE 300 RYF BROOK NY 10573

Little Bitte Gitty itt i 20070				
ACCESS LIFE AMERICAPO BOX ALPHARETTA, GA 30023	NONE	PC	CHILDHOOD CANCER PATIENTS	500
PAWS PURPLE HEARTS 10201 OLD REDWOOD HWY	NONE	PC	HELP FOR VETERANS	4,000

TELLINGELLING ON SOULS				
PAWS PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	PC	HELP FOR VETERANS	4,000
Total			▶ 3a	98.309

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
NATIONAL FED OF BLIND 100 EAST 22ND STREET MINNEAPOLIS, MN 55404	NONE	PC	HELP FOR THE BLIND	75

MUTTS WITH A MISSION 3122 HIGH STREET PORTSMOUTH, VA 23707	NONE	PC	HELP FOR VETERANS	
EEEDING NORTH EAST ELOBIDA	NONE	DC.	DONATION FOR ECODRICHASES	

PORTSMOUTH, VA 23707				
FEEDING NORTH EAST FLORIDA 1116 EDGEWOOD AVE UNIT D/E JACKSONVILLE, FL 32254	NONE	PC	DONATION FOR FOODPUCHASES	110

50

PORTSMOUTH, VA 23707				
FEEDING NORTH EAST FLORIDA 1116 EDGEWOOD AVE UNIT D/E JACKSONVILLE, FL 32254	NONE	PC	DONATION FOR FOODPUCHASES	110
Total			▶ 3a	98,309

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -	DI	LN: 93491316011089		
TY 2018 Accounting Fees Schedule							
Name: RADHA DEVI JOSHI FAMILY FOUNDATION INC							
EIN: 06-1594592							
Softw	vare ID:	1800721	8				
Software \	ersion:	2018v3.1	L				
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
		1,150	0	0	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491316011089			
TY 2018 Other Expenses Schedule							
-							
Name:	RADHA DEVI JO	SHI FAMILY FOU	NDATION INC				
EIN:	06-1594592	06-1594592					
Software ID:	: 18007218						
Software Version:	2018v3.1						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
DUES & SUBSCRIPTIONS	121						
INTVESTMENTS FEES	4,476						

efile GRAPHIC print - DO NOT	PROCESS	CESS As Filed Data - DLN: 9349131601108				
TY 2018 Taxes Sched	ule					
Name: RADHA DEVI JOSHI FAMILY FOUNDATION INC						
EIN: 06-1594592						
Software ID: 18007218						
Software	Version:	2018v3.1				
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
		70				