

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

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		B Telephone number (see instructions)	
City or town, state or province, country, and ZIP or foreign postal code WEST BLOOMFIELD, MI 483232419		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
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 <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 1,203,223	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

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 . . . . .	125	125		
	4 Dividends and interest from securities . . . . .	28,357	28,357		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	33,890			
	b Gross sales price for all assets on line 6a 1,039,548				
	7 Capital gain net income (from Part IV, line 2) . . . . .		33,890		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	10	10		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	62,382	62,382		
Operating and Administrative Expenses	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) . . . . .	8,110			8,110
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	5,670			
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	5,610			55
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	19,390	0		8,165
	25 Contributions, gifts, grants paid . . . . .	79,422			79,422
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	98,812	0		87,587
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-36,430			
	b <b>Net investment income</b> (if negative, enter -0-)		62,382		
c <b>Adjusted net income</b> (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 . . . . .	10,924	6,612	6,612
	2	Savings and temporary cash investments . . . . .	13,624	43,489	43,489
	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) . . . . .	1,343,623	1,281,640	1,153,122
	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)	1,368,171	1,331,741	1,203,223	
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	1,368,171	1,331,741	
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	1,368,171	1,331,741		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	1,368,171	1,331,741		

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	1,368,171
2	Enter amount from Part I, line 27a . . . . .	2	-36,430
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	1,331,741
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	1,331,741

**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>1 a</b> FIDELITY BROKERAGE 5134		P		
<b>b</b> FIDELITY BROKERAGE 5134		P		
<b>c</b> MERRILL LYNCH BROKERAGE,,,9568		P		
<b>d</b> MERRILL LYNCH BROKERAGE,,,9568		P		
<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> 45,700		38,543	7,157
<b>b</b> 40,200		30,607	9,593
<b>c</b> 941,629		936,508	5,121
<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>			7,157
<b>b</b>			9,593
<b>c</b>			5,121
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	33,890
<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>	5,121

**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))
2017	70,343	1,339,226	0 052525
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

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 194847
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 038969
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	1,355,801
<b>5</b> Multiply line 4 by line 3	<b>5</b>	52,834
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	624
<b>7</b> Add lines 5 and 6	<b>7</b>	53,458
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	87,587

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>	624
<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>	624
<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>	624
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	3,774
<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>	800
<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>	4,574
<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>	3,950
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ▶ 3,950 <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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> ROBERT BLEHM, BLEHM FINANCIAL Telephone no <b>▶</b> (586) 773-5050			

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 . . . . . <b>▶</b> <input type="checkbox"/>	<b>15</b>		
<b>16</b>	At any time during calendar year 2018, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</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 2018? . . . . . <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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2018 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 2018). . . . .	<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 2018?	<b>4b</b>		<b>No</b>

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

		Yes	No
<b>5a</b>	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>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>
<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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		<b>6b</b> No
<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>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, 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 000 00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				

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

**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	8,164
<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>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	1,307,127
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	69,321
<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>	1,376,448
<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>	1,376,448
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	20,647
<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>	1,355,801
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	67,790

**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>	67,790
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	624
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	624
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	67,166
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	67,166
<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>	67,166

**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>	87,587
<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>	87,587
<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>	624
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	86,963

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				67,166
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				9,718
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	9,718			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 87,587				
<b>a</b> Applied to 2017, 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 2018 distributable amount. . . . .				67,166
<b>e</b> Remaining amount distributed out of corpus	20,421			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	30,139			
<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 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				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 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	30,139			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				9,718
<b>e</b> Excess from 2018. . . . .				20,421

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<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 foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

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

**c** Any submission deadlines

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

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

Recipient	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>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	

Enter gross amounts unless otherwise indicated

<b>13 Total.</b> Add line 12, columns (b), (d), and (e).	<b>13</b>	62,382
(See worksheet in line 13 instructions to verify calculations )		

[illegible]

## Part XVII

	Yes	No
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<b>1a(1)</b>	<b>No</b>
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1a(2)	No
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<b>1b(1)</b>	<b>No</b>
--------------	-----------

<b>1b(2)</b>	<b>No</b>
--------------	-----------

<b>1b(3)</b>	<b>No</b>
--------------	-----------

<b>1b(4)</b>		<b>No</b>
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<b>1b(5)</b>		<b>No</b>
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<b>1b(6)</b>		<b>No</b>
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<b>1c</b>		<b>No</b>
-----------	--	-----------

value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (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

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.

Sign Here
\*\*\*\*\*
2019-11-10
\*\*\*\*\*
May the IRS discuss this return with the preparer shown

\*\*\*\*\*

Title

(see instr )? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	ROBERT A BLEHM		2019-11-10		
	Firm's name ▶ BLEHM FINANCIAL				Firm's EIN ▶ 38-3451482

PTIN

2019-11-10

P00013165

Firm's EIN ► 38-3451482

Phone no (586) 773-5050

ST CLAIR SHORES, MI 480811248

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	45
ALS ASSOCIATION ALS ASSOCIATIONPO BOX 37022 PO BOX 37022 BOONE, IA 500370022	NONE	PC	MEDICAL	15
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 . . . . . ▶ 3a</b>				79,422

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 FUNDPO BOX 17294 PO BOX 17294 BALTIMORE, MD 212971294	NONE	PC	CHARITABLE	30
AMERICAN CANCER SOCIETY AMERICAN CANCER SOCIETY PO BOX 30280 PO BOX 30280 LANSING, MI 489097780	NONE	PC	MEDICAL	15
AMERICAN DIABETES ASSOCIATION AMERICAN DIABETES ASSOCIATION PO BOX 7017 PO BOX 7017 MERRIFIELD, VA 221169704	NONE	PC	MEDICAL	30
<b>Total . . . . . ▶ 3a</b>				79,422

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 HEART ASSOCIATION AMERICAN HEART ASSOCIATION PO BOX 78851 PO BOX 78851 PHOENIX, AZ 850628851	NONE	PC	MEDICAL	60
AMERICAN KIDNEY FUND AMERICAN KIDNEY FUND PO BOX 11038 PO BOX 11038 LEWISTON, ME 042439963	NONE	PC	MEDICAL	30
AMERICAN LUNG ASSOC OF MI AMERICAN LUNG ASSOC OF MI PO BOX 11039 PO BOX 11039 LEWISTON, ME 042439409	NONE	PC	MEDICAL	45
<b>Total . . . . . ▶ 3a</b>				79,422



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 RED CROSS AMERICAN RED CROSSPO BOX 321070 PO BOX 321070 DETROIT, MI 482321070	NONE	PC	MEDICAL	30
AMVETS AMVETSPO BOX 96175 PO BOX 96175 WASHINGTON, DC 200906175	NONE	PC	CHARITABLE	30
BAPS RELIEF FUND BAPS RELIEF FUND4N739 IL ROUTE 59 4N739 IL ROUTE 59 BARTLETT, IL 60103	NONE	PC	CHARITABLE	152
<b>Total . . . . . ▶ 3a</b>				79,422

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>				
BIPARTISAN POLICY CENTER INC BIPARTISAN POLICY CENTER INC 1225 EYE STREET NW 1000 1225 EYE STREET NW 1000 WASHINGTON, DC 20005	NONE	PC	CHARITABLE	25,000
BOY SCOUTS OF AMERICA BOY SCOUTS OF AMERICA 1776 WEST WARREN AVE 1776 WEST WARREN AVE DETROIT, MI 48208	NONE	PC	CHARITABLE	15
BOYS TOWN BOYS TOWN200 FLANAGAN BLVD 200 FLANAGAN BLVD BOYS TOWN, NE 680109988	NONE	PC	CHARITABLE	45
<b>Total . . . . .</b>			<b>3a</b>	79,422

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>				
CAL FARLEY'S CAL FARLEY'SPO BOX 98156 PO BOX 98156 WASHINGTON, DC 200777652	NONE	PC	CHARITABLE	30
CAPUCHIN SOUP KITCHEN CAPUCHIN SOUP KITCHEN PO BOX 772091 PO BOX 772091 DETROIT, MI 482772091	NONE	PC	CHARITABLE	15
CARTER CENTER CARTER CENTERPO BOX 47339 PO BOX 47339 ATLANTA, GA 303629806	NONE	PC	CHARITABLE	30
<b>Total . . . . . ▶ 3a</b>				79,422

**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>				
CATHOLIC RELIEF SERVICES CATHOLIC RELIEF SERVICES PO BOX 17152 PO BOX 17152 BALTIMORE, MD 212988452	NONE	PC	RELIGIOUS	15
CHILDREN'S HOSPITAL FOUNDATION CHILDREN'S HOSPITAL FOUNDATION PO BOX 96490 PO BOX 96490 WASHINGTON, DC 200906490	NONE	PC	MEDICAL	15
CHRISTIAN APPALACHIAN PROJECT CHRISTIAN APPALACHIAN PROJECT PO BOX 55911 PO BOX 55911 LEXINGTON, KY 405555911	NONE	PC	RELIGIOUS	15
<b>Total . . . . .</b>			<b>▶ 3a</b>	79,422

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>				
CIVIL WAR TRUST CIVIL WAR TRUSTPO BOX 17686 PO BOX 17686 BALTIMORE, MD 212988333	NONE	PC	CHARITABLE	30
COMPASSION & CHOICES COMPASSION & CHOICESPO BOX 485 PO BOX 485 ETNA, NH 037500485	NONE	PC	CHARITABLE	30
CONSUMER REPORTS CONSUMER REPORTSPO BOX 96552 PO BOX 96552 WASHINGTON, DC 200906552	NONE	PC	CHARITABLE	15
<b>Total . . . . .</b>			<b>▶ 3a</b>	79,422

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>				
COVENANT HOUSE COVENANT HOUSEPO BOX 96393 PO BOX 96393 WASHINGTON, DC 200777114	NONE	PC	CHARITABLE	15
CYSTIC FIBROSIS FOUNDATION CYSTIC FIBROSIS FOUNDATION PO BOX 97372 PO BOX 97372 WASHINGTON, DC 200907372	NONE	PC	MEDICAL	15
DEFENDERS OF WILDLIFE DEFENDERS OF WILDLIFEPO BOX 1553 PO BOX 1553 MERRIFIELD, VA 221161553	NONE	PC	ENVIRONMENTAL	130
<b>Total . . . . . ▶ 3a</b>				79,422

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>				
DETROIT PUBLIC TV DETROIT PUBLIC TVPO BOX 930519 PO BOX 930519 WIXOM, MI 483930519	NONE	PC	CHARITABLE	30
DETROIT RESCUE MISSION DETROIT RESCUE MISSION PO BOX 312087 PO BOX 312087 DETROIT, MI 482312087	NONE	PC	CHARITABLE	15
DISABLED AMERICAN VETERANS DISABLED AMERICAN VETERANS PO BOX 14301 PO BOX 14301 CINCINNATI, OH 452500301	NONE	PC	CHARITABLE	45
<b>Total . . . . . ▶ 3a</b>				79,422

**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>				
DOCTORS WITHOUT BORDERS DOCTORS WITHOUT BORDERS PO BOX 5022 PO BOX 5022 HAGERSTOWN, MD 217415022	NONE	PC	MEDICAL	30
DUBLIN BUSINESS SCHOOL DUBLIN BUSINESS SCHOOL 13/14 AUNGIER STREET 13/14 AUNGIER STREET DUBLIN D02WC04 IR	NONE	PC	EDUCATIONAL	4,000
DUCKS UNLIMITED DUCKS UNLIMITEDPO BOX 98112 PO BOX 98112 WASHINGTON, DC 200777722	NONE	PC	ENVIRONMENTAL	130
<b>Total . . . . . ▶ 3a</b>				79,422



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>				
EASTER SEALS EASTER SEALSPO BOX 300880 PO BOX 300880 WATERFORD, MI 483300880	NONE	PC	CHARITABLE	50
EKAL VIDYALAYA FOUNDATION EKAL VIDYALAYA FOUNDATION 4023 WESTHOLLOW PKWY 4023 WESTHOLLOW PKWY HOUSTON, TX 770829929	NONE	PC	EDUCATIONAL	1,155
EPILEPSY FOUNDATION EPILEPSY FOUNDATIONPO BOX 96546 PO BOX 96546 WASHINGTON, DC 200777222	NONE	PC	MEDICAL	15
<b>Total . . . . . ▶ 3a</b>				79,422

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>				
FED FOR AM IMMIGRATION REFORM FED FOR AM IMMIGRATION REFORM PO BOX 1859 PO BOX 1859 MERRIFIELD, VA 221169635	NONE	PC	CHARITABLE	45
FORGOTTEN HARVEST FORGOTTEN HARVESTPO BOX 398 PO BOX 398 TROY, MI 480990398	NONE	PC	CHARITABLE	30
GLAUCOMA FOUNDATION GLAUCOMA FOUNDATION 80 MAIDEN LANE STE 700 80 MAIDEN LANE STE 700 NEW YORK, NY 102730672	NONE	PC	MEDICAL	15
<b>Total . . . . . ► 3a</b>				79,422

**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 FOR WOMEN PO BOX 97309 PO BOX 97309 WASHINGTON, DC 200907309	NONE	PC	CHARITABLE	45
GUIDE DOG FOUNDATION FOR THE BLIND GUIDE DOG FOUNDATION FOR THE BLIND 371 EAST MAIN STREET 371 EAST MAIN STREET SMITHTOWN, NY 117879897	NONE	PC	CHARITABLE	15
GUIDING EYES FOR THE BLIND GUIDING EYES FOR THE BLIND PO BOX 97007 PO BOX 97007 WASHINGTON, DC 200907007	NONE	PC	CHARITABLE	15
<b>Total . . . . . ► 3a</b>				79,422

**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>				
GUJARATI SAMAJ OF DETROIT GUJARATI SAMAJ OF DETROIT 8299 SANDPIPER ST 8299 SANDPIPER ST CANTON, MI 48187	NONE	PC	RELIGIOUS	3,552
HABITAT FOR HUMANITY HABITAT FOR HUMANITY 322 W LAMAR ST 322 W LAMAR ST AMERICUS, GA 317099906	NONE	PC	CHARITABLE	125
HEALTH FOUNDATION FOR RURAL INDIA HEALTH FOUNDATION FOR RURAL INDIA 15 CEDAR HILL CT 15 CEDAR HILL CT VOORHEES, NJ 08043	NONE	PC	MEDICAL	5,000
<b>Total . . . . .</b>			<b>3a</b>	79,422

**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>				
HENRY FORD HEALTH SYSTEM HENRY FORD HEALTH SYSTEM 1 FORD PLACE 5A 1 FORD PLACE 5A DETROIT, MI 482029941	NONE	PC	MEDICAL	15
HINDU AMERICAN FOUNDATION HINDU AMERICAN FOUNDATION 910 17TH ST NW STE 316A 910 17TH ST NW STE 316A WASHINGTON, DC 20006	NONE	PC	CHARITABLE	5,000
INDIA DEVELOPMENT & RELIEF FUND INDIA DEVELOPMENT & RELIEF FUND 5821 MOSSROCK DRIVE 5821 MOSSROCK DRIVE NORTH BETHESDA, MD 208523238	NONE	PC	CHARITABLE	5,000
<b>Total . . . . .</b>			<b>3a</b>	79,422

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INDIAN CREEK SCHOOL INDIAN CREEK SCHOOL 1130 ANNE CHAMBERS WAY 1130 ANNE CHAMBERS WAY COWNSVILLE, MD 21032	NONE	PC	EDUCATIONAL	100
INTERNATIONAL RESCUE COMMITTEE INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 PO BOX 6068 ALBERT LEA, MN 560079847	NONE	PC	CHARITABLE	15
ISSO ISSO1517 JOSLYN AVE 1517 JOSLYN AVE PONTIAC, MI 48340	NONE	PC	CHARITABLE	101
<b>Total . . . . . ▶ 3a</b>				79,422

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JAIN SOCIETY OF GREATER DETROIT JAIN SOCIETY OF GREATER DETROIT 29728 W 12 MILE 29728 W 12 MILE FARMINGTON HILLS, MI 483344108	NONE	PC	RELIGIOUS	450
MAI FAMILY SERVICES MAI FAMILY SERVICES 32401 W EIGHT MILE RD 32401 W EIGHT MILE RD LIVONIA, MI 48152	NONE	PC	MEDICAL	500
MAKE A WISH MICHIGAN MAKE A WISH MICHIGANPO BOX 97104 PO BOX 97104 WASHINGTON, DC 200907104	NONE	PC	CHARITABLE	15
<b>Total . . . . . ▶ 3a</b>				79,422

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARCH OF DIMES MARCH OF DIMESPO BOX 2547 PO BOX 2547 DECATUR, IL 625252547	NONE	PC	MEDICAL	25
MARINE CORPS SCHOLARSHIP FOUNDATION MARINE CORPS SCHOLARSHIP FOUNDATION PO BOX 759468 PO BOX 759468 BALTIMORE, MD 212759468	NONE	PC	EDUCATIONAL	15
MARINE TOYS FOR TOTS MARINE TOYS FOR TOTS PO BOX 4002036 PO BOX 4002036 DES MOINES, IA 503402036	NONE	PC	CHARITABLE	30
<b>Total . . . . . ▶ 3a</b>				79,422



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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>				
MEM SLOAN-KETTERING CANCER CENTER MEM SLOAN-KETTERING CANCER CENTER PO BOX 5028 PO BOX 5028 HAGERSTOWN, MD 217415028	NONE	PC	MEDICAL	30
MICHIGAN STATE UNIVERSITY MICHIGAN STATE UNIVERSITY 62689 COLLECTIONS CENTER 62689 COLLECTIONS CENTER CHICAGO, IL 606930626	NONE	PC	EDUCATIONAL	65
NAACP NAACPPO BOX 64983 PO BOX 64983 BALTIMORE, MD 212644983	NONE	PC	CHARITABLE	15
<b>Total . . . . . ▶ 3a</b>				79,422

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL AUDUBON SOCIETY NATIONAL AUDUBON SOCIETY PO BOX 97193 PO BOX 97193 WASHINGTON, DC 200907193	NONE	PC	CHARITABLE	20
NATIONAL FEDERATION OF THE BLIND NATIONAL FEDERATION OF THE BLIND PO BOX 17252 PO BOX 17252 BALTIMORE, MD 212988342	NONE	PC	CHARITABLE	30
NATIONAL GEOGRAPHIC SOCIETY NATIONAL GEOGRAPHIC SOCIETY PO BOX 98197 PO BOX 98197 WASHINGTON, DC 200777137	NONE	PC	CHARITABLE	30
<b>Total . . . . . ▶ 3a</b>				79,422

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL GLAUCOMA RESEARCH NATIONAL GLAUCOMA RESEARCH PO BOX 1962 PO BOX 1962 CLARKSBURG, MD 208711962	NONE	PC	CHARITABLE	15
NATIONAL PARK FOUNDATION NATIONAL PARK FOUNDATION PO BOX 17394 PO BOX 17394 BALTIMORE, MD 212989450	NONE	PC	CHARITABLE	15
NATIONAL PARKS CONSERVATION ASSOC NATIONAL PARKS CONSERVATION ASSOC PO BOX 97202 PO BOX 97202 WASHINGTON, DC 200777435	NONE	PC	CHARITABLE	15
<b>Total . . . . . ► 3a</b>				79,422

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL SEPT 11 MEMORIAL & MUSEUM NATIONAL SEPT 11 MEMORIAL & MUSEUM PO BOX 96126 PO BOX 96126 WASHINGTON, DC 200906126	NONE	PC	CHARITABLE	15
NATIONAL WILDLIFE FEDERATION NATIONAL WILDLIFE FEDERATION PO BOX 1582 PO BOX 1582 MERRIFIELD, VA 221161582	NONE	PC	CHARITABLE	30
NATIONAL WORLD WAR II MUSEUM NATIONAL WORLD WAR II MUSEUM PO BOX 758590 PO BOX 758590 TOPEKA, KS 666758590	NONE	PC	ENVIRONMENTAL	30
<b>Total . . . . .</b> ► <b>3a</b>				79,422

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>				
NETWORK FOR GOOD INC NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW 1140 CONNECTICUT AVE NW WASHINGTON, DC 200364011	NONE	PC	CHARITABLE	25
PRESIDENTIAL SCHOLARS FOUNDATION PRESIDENTIAL SCHOLARS FOUNDATION 700 COLORADO BLVD STE 65 700 COLORADO BLVD STE 65 DENVER, CO 80206	NONE	PC	EDUCATIONAL	5,000
PROJECT HOPE PROJECT HOPEPO BOX 5029 PO BOX 5029 HAGERSTOWN, MD 217419968	NONE	PC	EDUCATIONAL	15
<b>Total . . . . .</b>			<b>▶ 3a</b>	79,422

**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>				
SALVATION ARMY SALVATION ARMYPO BOX 44530 PO BOX 44530 DETROIT, MI 482440530	NONE	PC	RELIGIOUS	45
SHREE SWAMINARAYAN GYANPITH USA INC SHREE SWAMINARAYAN GYANPITH USA INC 411 CANTERBURY CIRCLE 411 CANTERBURY CIRCLE CANTON, MI 48187	NONE	PC	CHARITABLE	4,001
SHRINERS HOSPITALS FOR CHILDREN SHRINERS HOSPITALS FOR CHILDREN PO BOX 1510 PO BOX 1510 RANSON, WV 254384510	NONE	PC	MEDICAL	45
<b>Total . . . . .</b>			<b>3a</b>	79,422

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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>				
SIMON WIESENTHAL CENTER SIMON WIESENTHAL CENTER 1399 S ROXBURY DR 1399 S ROXBURY DR LOS ANGELES, CA 90035	NONE	PC	CHARITABLE	15
SOUTHERN POVERTY LAW CENTER SOUTHERN POVERTY LAW CENTER PO BOX 548 PO BOX 548 MONTGOMERY, AL 361779621	NONE	PC	CHARITABLE	30
SRI BALAJI TEMPLE OF GREAT LAKES SRI BALAJI TEMPLE OF GREAT LAKES 3325 MIDDLEBELT RD 3325 MIDDLEBELT RD WEST BLOOMFIELD, MI 48323	NONE	PC	CHARITABLE	702
<b>Total . . . . . ▶ 3a</b>				79,422

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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 BONAVENTURE INDIAN MISSION ST BONAVENTURE INDIAN MISSION PO BOX 610 PO BOX 610 THOREAU, NM 873230610	NONE	PC	CHARITABLE	15
UNION OF CONCERNED SCIENTISTS UNION OF CONCERNED SCIENTISTS PO BOX 4123 PO BOX 4123 WOBURN, MA 018884123	NONE	PC	CHARITABLE	30
UNITED NEGRO COLLEGE FUND UNITED NEGRO COLLEGE FUND PO BOX 55040 PO BOX 55040 BOSTON, MA 022059822	NONE	PC	CHARITABLE	30
<b>Total . . . . .</b> ► <b>3a</b>				79,422



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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>				
UNIVERSITY OF MICHIGAN UNIVERSITY OF MICHIGAN DEPT CH 10189 DEPT CH 10189 PALATINE, IL 600550189	NONE	PC	EDUCATIONAL	115
UNIVERSITY OF MICHIGAN SCHOOL OF PU UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH 1415 WASHINGTON HEIGHTS 1415 WASHINGTON HEIGHTS ANN ARBOR, MI 481092029	NONE	PC	EDUCATIONAL	8,000
US OLYMPIC & PARALYMPIC FOUNDATION US OLYMPIC & PARALYMPIC FOUNDATION PO BOX 6094 PO BOX 6094 ALBERT LEA, MN 560076694	NONE	PC	CHARITABLE	15
<b>Total</b> . . . . . ► <b>3a</b>				79,422

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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>				
US OLYMPIC COMMITTEE US OLYMPIC COMMITTEEPO BOX 7010 PO BOX 7010 ALBERT LEA, MN 560078010	NONE	PC	CHARITABLE	15
USO USOPO BOX 96860 PO BOX 96860 WASHINGTON, DC 200777677	NONE	PC	CHARITABLE	60
VETERANS OF FOREIGN WARS VETERANS OF FOREIGN WARS PO BOX 8958 PO BOX 8958 TOPEKA, KS 666089805	NONE	PC	CHARITABLE	38
<b>Total . . . . . ▶ 3a</b>				79,422

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VIETNAM VETERANS MEMORIAL FUND VIETNAM VETERANS MEMORIAL FUND PO BOX 96764 PO BOX 96764 WASHINGTON, DC 200906764	NONE	PC	CHARITABLE	15
WASHINGTON KALI TEMPLE WASHINGTON KALI TEMPLE 16126 NEW COLUMBIA PIKE 16126 NEW COLUMBIA PIKE BURTONSVILLE, MD 20866	NONE	PC	RELIGIOUS	101
WATER AID AMERICA WATER AID AMERICA 233 BROADWAY STE 2705 233 BROADWAY STE 2705 NEW YORK, NY 10279	NONE	PC	RELIGIOUS	9,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	79,422

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WDET PUBLIC RADIO WDET PUBLIC RADIOPO BOX 2177 PO BOX 2177 DETROIT, MI 482020177	NONE	PC	CHARITABLE	30
WEST BLOOMFIELD TWP PUBLIC LIBRARY WEST BLOOMFIELD TWP PUBLIC LIBRARY 4600 WALNUT LAKE ROAD 4600 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE	PC	CHARITABLE	100
WOMEN FOR WOMEN INTERNATIONAL WOMEN FOR WOMEN INTERNATIONAL PO BOX 9224 PO BOX 9224 CENTRAL ISLIP, NY 117229224	NONE	PC	CHARITABLE	15
<b>Total . . . . .</b>			<b>▶ 3a</b>	79,422

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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>				
WORLD WILDLIFE FUND WORLD WILDLIFE FUNDPO BOX 96555 PO BOX 96555 WASHINGTON, DC 200777760	NONE	PC	CHARITABLE	110
WOUNDED WARRIOR PROJECT WOUNDED WARRIOR PROJECT PO BOX 758541 PO BOX 758541 TOPEKA, KS 666758541	NONE	PC	CHARITABLE	45
<b>Total . . . . . ▶ 3a</b>				79,422

**TY 2018 Accounting Fees Schedule****Name:** PAREKH-VORA CHARITABLE FOUNDATION**EIN:** 38-2779568

<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	8,110			8,110

**TY 2018 Investments Corporate Stock Schedule****Name:** PAREKH-VORA CHARITABLE FOUNDATION**EIN:** 38-2779568**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
10-FIDELITY INT'L GROWTH	46,359	52,592
19-AMERICAN CAPITAL WLD GRW & INC A		
21-AM NEW WORLD FD A		
28-FIRST EAGLE GLOBAL		
31-LAZARD EMERGING MARKETS	30,570	31,946
34-BLACKROCK GLOBAL ALLOCATION A		
40-AMERICAN NEW PERSPECTIVE A		
44-OPPENHEIMER INT'L GRTH A		
46-FRANKLIN MUTUAL GLOBAL DISC A		
50-SUNAMERICA FOCUSED (AIG)		
60-ML MANAGED ACCT.	1,204,711	1,068,584

**TY 2018 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
SUPPLIES	26			26
INVESTMENT FEES	5,555			
BANK FEES	9			9



## TY 2018 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	10	10	

**TY 2018 Taxes Schedule****Name:** PAREKH-VORA CHARITABLE FOUNDATION**EIN:** 38-2779568

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX - EXCISE	4,250			
TAX - FOREIGN WH-FIDELITY	332			
TAX - FOREIGN WH-ML	1,088			