

EXTENDED TO NOVEMBER 16, 2020

Return of Private Foundation

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 www.irs.gov/Form990PF for instructions and the latest information.

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning

, and ending

1912

Name of foundation

THE PAROS FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

2217 5TH STREET

A Employer identification number

20-5094630

City or town, state or province, country, and ZIP or foreign postal code

BERKELEY, CA 94710

B Telephone number

(510) 649-1900

C If exemption application is pending, check here ► D 1. Foreign organizations, check here ► 2. Foreign organizations meeting the 85% test, check here and attach computation ► E If private foundation status was terminated under section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year **198,754.** (from Part II, col. (c), line 16) J Accounting method: Cash Accrual
 Other (specify) **04**

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	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))				
	1 Contributions, gifts, grants, etc., received	1,552,434.		N/A	
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
	Interest on savings and temporary cash investments	78.	78.		STATEMENT 2
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	48.			STATEMENT 1
	b Gross sales price for all assets on line 6a	10,509.			
	7 Capital gain net income (from Part IV, line 2)		2,781.		
	8 Net short-term capital gain				
	9 Income modifications				
	Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	-99.	0.		STATEMENT 3
	12 Total. Add lines 1 through 11	1,552,461.	2,859.		
	13 Compensation of officers, directors, trustees, etc	155,833.	0.		155,833.
	14 Other employee salaries and wages	87,289.	0.		87,289.
	15 Pension plans, employee benefits	17,445.	0.		17,445.
	16a Legal fees RECEIVED STMT 4	150.	0.		0.
	b Accounting fees STMT 5	4,350.	0.		0.
	c Other professional fees STMT 6	3,681.	0.		0.
	17 Interest NOV 17 2020 STMT 7	14,910.	0.		0.
	18 Taxes 300 STMT 8	2,549.	0.		
	19 Depreciation and depletion	462.	0.		0.
	20 Occupancy OGDEN, UT STMT 9	41,163.	0.		41,163.
	21 Travel, conferences, and meetings	3,078.	0.		0.
	22 Printing and publications	120,618.	0.		0.
	23 Other expenses STMT 8	451,528.	0.		301,730.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,159,145.			1,159,145.
	25 Contributions, gifts, grants paid				
	26 Total expenses and disbursements. Add lines 24 and 25	1,610,673.	0.		1,460,875.
	27 Subtract line 26 from line 12:	-58,212.			
	a Excess of revenue over expenses and disbursements				
	b Net investment income (if negative, enter -0-)		2,859.		
	c Adjusted net income (if negative, enter -0-)			N/A	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing	228,836.	169,022.	169,022.
	2	Savings and temporary cash investments			
	3	Accounts receivable ► 11,111.			
		Less: allowance for doubtful accounts ► 7,445.		11,111.	11,111.
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons			
	7	Other notes and loans receivable ►			
		Less: allowance for doubtful accounts ►			
	8	Inventories for sale or use	14,261.	13,975.	13,975.
	9	Prepaid expenses and deferred charges			
	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
Liabilities	11	Investments - land, buildings, and equipment: basis ►			
		Less accumulated depreciation ►			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 38,917.			
		Less accumulated depreciation STMT 9 ► 34,271.	6,064.	4,646.	4,646.
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	256,606.	198,754.	198,754.
	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			
	22	Other liabilities (describe ► ACCRUED EXPENSES)	3,990.	4,350.	
	23	Total liabilities (add lines 17 through 22)	3,990.	4,350.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/>				
	and complete lines 24, 25, 29, and 30.				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>				
	and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds	0.	0.	
	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28	Retained earnings, accumulated income, endowment, or other funds	252,616.	194,404.	
	29	Total net assets or fund balances	252,616.	194,404.	
	30	Total liabilities and net assets/fund balances	256,606.	198,754.	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	252,616.
2	Enter amount from Part I, line 27a	2	-58,212.
3	Other increases not included in line 2 (itemize) ►	3	0.
4	Add lines 1, 2, and 3	4	194,404.
5	Decreases not included in line 2 (itemize) ►	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	194,404.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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.)
1a VANGUARD 500 INDEX			D		
b WELLS FARGO			D		
c					
d					
e					
(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))		
a 5,236.		3,864.	1,372.		
b 5,273.		3,864.	1,409.		
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a			1,372.		
b			1,409.		
c					
d					
e					
2 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 }		2	2,781.	
3 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). If (loss), enter -0- in Part I, line 8					
			3	N/A	

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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))
2018	1,066,278.	100,495.	10.610259
2017	806,394.	69,362.	11.625876
2016	1,035,881.	107,781.	9.610980
2015	845,554.	137,224.	6.161852
2014	444,054.	68,485.	6.483960

2 Total of line 1, column (d)

2 44.492927

3 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

3 8.898585

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

4 87,547.

5 Multiply line 4 by line 3

5 779,044.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 29.

7 Add lines 5 and 6

7 779,073.

8 Enter qualifying distributions from Part XII, line 4

8 1,460,875.

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.

3

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.
1	Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)
3	Add lines 1 and 2
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-
6	Credits/Payments:
6a	a 2019 estimated tax payments and 2018 overpayment credited to 2019 0.
6b	b Exempt foreign organizations - tax withheld at source 0.
6c	c Tax paid with application for extension of time to file (Form 8868) 29.
6d	d Backup withholding erroneously withheld 0.
7	Total credits and payments. Add lines 6a through 6d 29.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached 0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ► 0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ► 0.
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► Refunded 0.

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of political purposes. 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1c	Did the foundation file Form 1120-POL for this year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	If "Yes," attach a detailed description of the activities. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4a	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," has it filed a tax return on Form 990-T for this year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	If "Yes," attach the statement required by <i>General Instruction T</i> . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CA	Enter the states to which the foundation reports or with which it is registered. See instructions. ► <input type="checkbox"/> CA
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 <i>General Instruction G</i> ? If "No," attach explanation. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part VII-A: Statements Regarding Activities (continued)

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
11 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	11	X
12 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	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
Website address ► N/A		
14 The books are in care of ► MARY AHRENS Located at ► C/O THE RODA GROUP, 2217 5TH ST., BERKELEY, CA	Telephone no. ► (510) 649-1900	ZIP+4 ► 94710
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	► 15	N/A
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	X

Part VII-B: Statements Regarding Activities for Which Form 4720 May Be Required

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input 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	X No
(6) Agree to pay money or property to a government official? (Exception. 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	X No
b If any answer is "Yes" to 1a(1)-(6), did any 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		
Organizations relying on a current notice regarding disaster assistance, check here ►		
c 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 2019?		
2 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)):		
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	<input type="checkbox"/> Yes	X No
If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions.)		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
►		
3a 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	X No
b If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)		
N/A		
3b		
4a		X
4b		X

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

5a 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"/> X	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"/> X	No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input checked="" type="checkbox"/> Yes	<input 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"/> X	No
b If any answer is "Yes" to 5a(1)-(5), did any 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	▶ <input type="checkbox"/>		
Organizations relying on a current notice regarding disaster assistance, check here			
c 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?	SEE STATEMENT 11		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a 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"/> X	No
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	▶ <input type="checkbox"/>		
If "Yes" to 6b, file Form 8870.			
7a 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"/> X	No
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	No

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

1. List all officers, directors, trustees, and foundation managers and their compensation.

(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
ROGER A. STRAUCH	PRESIDENT			
2217 5TH ST.	1.00	0.	0.	0.
BERKELEY, CA 94710	DEPUTY DIRECTOR			
PARSEH ABAJIAN	40.00	155,833.	9,595.	0.
2217 5TH ST.	EMPLOYEE			
BERKELEY, CA 94710	40.00	54,889.	7,850.	0.

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

(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				
Total number of other employees paid over \$50,000				► 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
3 Five highest-paid independent contractors for professional services. 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 ►

0

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

1 TO SUPPORT NOR LUYCE AND ITS CHARITABLE ACTIVITIES	8,400.
2 TO SUPPORT THE MANANA YOUTH EDUCATIONAL CULTURAL CENTER AND ITS CHARITABLE ACTIVITIES	40,620.
3 TO SUPPORT THE PAROS PROJECT AND ITS CHARITABLE ACTIVITIES	1,080,020.
4 TO SUPPORT GHOGHANJ AND ITS CHARITABLE ACTIVITIES	29,604.

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1 N/A	
2	
3	
Total. Add lines 1 through 3	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a	Average monthly fair market value of securities	1a 0.
b	Average of monthly cash balances	1b 77,615.
c	Fair market value of all other assets	1c 11,265.
d	Total (add lines 1a, b, and c)	1d 88,880.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.
2	Acquisition indebtedness applicable to line 1 assets	2 0.
3	Subtract line 2 from line 1d	3 88,880.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 1,333.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 87,547.
6	Minimum investment return. Enter 5% of line 5	6 4,377.

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)

1	Minimum investment return from Part X, line 6	1 4,377.
2a	Tax on investment income for 2019 from Part VI, line 5	2a 29.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b
c	Add lines 2a and 2b	2c 29.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 4,348.
4	Recoveries of amounts treated as qualifying distributions	4 0.
5	Add lines 3 and 4	5 4,348.
6	Deduction from distributable amount (see instructions)	6 0.
7	Distributable amounts as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 4,348.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a 1,460,875.
b	Program-related investments - total from Part IX-B	1b 0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2
3	Amounts set aside for specific charitable projects that satisfy the:	
a	Suitability test (prior IRS approval required)	3a
b	Cash distribution test (attach the required schedule)	3b
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4 1,460,875.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5 29.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 1,460,846.

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				4,348.
2 Undistributed income, if any, as of the end of 2019			0.	
a Enter amount for 2018 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014	440,630.			
b From 2015	838,693.			
c From 2016	1,030,492.			
d From 2017	802,926.			
e From 2018	1,061,253.			
f Total of lines 3a through e	4,173,994.			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 1,460,875.			0.	
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2019 distributable amount				4,348.
e Remaining amount distributed out of corpus	1,456,527.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (e))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,630,521.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
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)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	440,630.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	5,189,891.			
10 Analysis of line 9:				
a Excess from 2015	838,693.			
b Excess from 2016	1,030,492.			
c Excess from 2017	802,926.			
d Excess from 2018	1,061,253.			
e Excess from 2019	1,456,527.			

Part XV Supplementary Information (continued)

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
a Paid during the year				
GHOGHANJ MOSKOVYAN 38 APT 2 YEREVAN, ARMENIA	NONE	FOREIGN CHARITABLE ORG	CHARITABLE CONTRIBUTION	29,604.
HOUSE OF ARMENIA 1203 N VERNMONT AVE. LITTLE ARMENIA, CA 90029	NONE	CHARITABLE ORGANIZATION		500.
MANANA BAGHRAMYAN AVE. 2, APT. 25 YEREVAN, ARMENIA	NONE	FOREIGN CHARITABLE ORG	CHARITABLE CONTRIBUTION	40,621.
NOR LUYCE 238 GHORGHANYAN STREET GYUMRI, SHIRAK, ARMENIA 3104	NONE	FOREIGN CHARITABLE ORG	CHARITABLE CONTRIBUTION	8,400.
THE PAROS 100 PROJECT FIRST BLIND ALLEY, BUILDING 24/2, APT 23 YEREVAN, ARMENIA	NONE	FOREIGN CHARITABLE ORG	CHARITABLE CONTRIBUTION	1,080,020.
Total				► 3a 1,159,145.
b Approved for future payment				
NONE				
Total				► 3b 0.

Part XVI-A Analysis of Income-Producing Activities

	Unrelated business income		Excluded by section 512, 513, or 514	(e) Related or exempt function income
	(a) Business code	(b) Amount		
1 Program service revenue:				
a				
b				
c				
d				
e				
f				
g Fees and contracts from government agencies				
2 Membership dues and assessments				
3 Interest on savings and temporary cash investments				78.
4 Dividends and interest from securities				
5 Net rental income or (loss) from real estate:				
a Debt-financed property				
b Not debt-financed property				
6 Net rental income or (loss) from personal property				
7 Other investment income		14		- 99.
8 Gain or (loss) from sales of assets other than inventory		18		48.
9 Net income or (loss) from special events				
10 Gross profit or (loss) from sales of inventory				
11 Other revenue:				
a				
b				
c				
d				
e				
12 Subtotal. Add columns (b), (d), and (e)	0.		- 51.	78.
13 Total. Add line 12, columns (b), (d), and (e)			13	27.
(See worksheet in line 13 instructions to verify calculations.)				

Relationship of Activities to the Accomplishment of Exempt Purposes

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

THE PAROS FOUNDATION

Employer identification number

20-5094630

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific; literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

THE PAROS FOUNDATION

20-5094630

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GREGORY DADOURIAN 5 RIDGE CIR. MANHASSET, NY 11030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JEAN-MARIE L ATAMIAN 1326 MADISON AVE #71 NEW YORK, NY 10128	\$ 78,116.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	STRAUCH KULHANJIAN FAMILY 2217 5TH ST. BERKELEY, CA 94710	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	THE MOSSE FOUNDATION 2217 5TH ST. BERKELEY, CA 94710	\$ 315,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	DADOURIAN FOUNDATION 173 CANAL ST. FL 4 NEW YORK, NY 10013	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	AJEMIAN FOUNDATION 101 W. BIG BEAVER RD. TROY, MI 48084	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE PAROS FOUNDATION

20-5094630

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>KNIGHTS OF VARTAN</u> <u>2530 WILDBROOK RUN</u> <u>BLOOMFIELD HILLS, MI 48304</u>	\$ <u>17,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	<u>VASKEN & MARO EKMEKJIAN</u> <u>3550 PARAISO WAY</u> <u>LA CRESCENTA, CA 91214</u>	\$ <u>15,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
9	<u>ARA CHERCHIAN</u> <u>3100 NAGAWICKA RD</u> <u>HARTLAND, WI 53029</u>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	<u>ADRIENNE V TASHIJIAN</u> <u>15 W. CHARDON RD</u> <u>WINCHESTER, MA 01890</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
11	<u>BEATRICE & REYMONT PAUL FOUNDATION</u> <u>40900 WOODWARD AVE STE 11</u> <u>BLOOMFIELD HILLS, MA 48304</u>	\$ <u>11,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	<u>CULTURAL SOCIETY OF ARMENIANS</u> <u>22001 NORTHWESTERN HWY</u> <u>SOUTHFIELD, MI 48237</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE PAROS FOUNDATION

20-5094630

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HERMAN HINTIRYAN 21700 GREENFILED RD. STE. 324 OAK PARK, MI 48237	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
14	LUCY ARTINIAN 1400 FAYMONT AVE. MANHATTAN BEACH, CA 90266	\$ 10,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
15	MICHAEL & PATRICIA STARZAR 91 FALCON HILLS DRIVE HIGHLANDS RANCH, CO 80126	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
16	ORGANIZATION OF HUMANITARIAN SERVICES FOR ARMENIA P.O. BOX 660849 ARCADIA, CA 91066	\$ 81,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
17	GEORGE APELIAN DDS, INC 30300 AGOURA RD. STE. 230 AGOURA HILLS, CA 91301	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
18	CHARLES AND EVA SARKISIAN 9812 EMERALD LINKS DRIVE TAMPA, FL 33626	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE PAROS FOUNDATION

20-5094630

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	KELLY BADISHKANIAN 350 ALBANY ST. PH1 NEW YORK, NY 10280	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	NOR KEGHI ASSOCIATION 29958 HIGH VALLEY RD FARMINGTON HILLS, MI 48331	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
21	GEORGE & FLORA DUNAIANS 3375 E. LOMBARDY RD PASADENA, CA 91107	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
22	KENNETH & CYNTHIA NORIAN 260 S. PECK DRIVE BEVERLY HILLS, CA 90212	\$ 10,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
23	HOWARD AND CATHERINE ESSEGIAN 116 DOYLE ST. SANTA CRUZ, CA 95062	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
24	JEANETTE BORAS 30772 STEEPLECHASE DR. SAN JUAN CAPISTRANO, CA 92675	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE PAROS FOUNDATION

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Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	LESTER HISCOE 200 E. 74TH APT. 18C NEW YORK, NY 10021	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
26	VAHE DOMBALAJIAN 1520 BUCKINGHAM GLEN CIRCLE GLENVIEW, IL 60026	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
27	ARMEN MARTIROSYAN 3702 GRAND VIEWPOINT COURT LAS VEGAS, NV 89147	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
28	DIANE BARSAM 2618 SAN MIGUEL DR. #363 NEWPORT BEACH, CA 92660	\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
29	EDWARD GODOSHIAN 321 W. PROSPECT AVE DANVILLE, CA 94526	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
30	HAGOP AND ZARIG YOUREDJIAN 7435 WOODROW WILSON DR. LOS ANGELES, CA 90046	\$ 177,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE PAROS FOUNDATION

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Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JACKIE'S WORLDWIDE EXPRESS 408-B W 6TH ST LA CANADA, CA 90014	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
32	JOHN & BETH HAMPARIAN 1114 JONATHAN DRIVE INVERNESS, IL 60010	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
33	JULIA KAHRL 98 FISHER EDDY ROAD ARROWSIC, ME 04530	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
34	LAWRENCE AND ELIZABETH VRANKA 35 WOODLAND AVE BRONXVILLE, NY 10708	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
35	MIHRAN & NANCY BEREJIKIAN 2781 MARTY WAY SACRAMENTO, CA 95818	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
36	NEJDE & LILIT YAGHOUBIAN P.O. BOX 55684 SHERMAN OAKS, CA 91413	\$ 22,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE PAROS FOUNDATION

20-5094630

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<u>RAZMIG & AMI BOLADIAN</u> <u>100 MONTGOMERY ST. STE. 1760</u> <u>SAN FRANCISCO, CA 94104</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
38	<u>ROBERT & ANA SCARBOROUGH</u> <u>6165 MONROE AVE</u> <u>ELDERBURG, MD 21784</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
39	<u>STEPAN & SUSAN PILIGIAN</u> <u>37 VOSE HILL ROAD</u> <u>WESTFORD, MA 01886</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
40	<u>THEODORE DERYAN</u> <u>P.O. BOX 54953</u> <u>LIMASSOL, CYPRUS</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
41	<u>VARTKES & JEAN BARSAM</u> <u>17181 SIMS ST.</u> <u>HUNTINGTON BEACH, CA 92649</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
42	<u>VICKEN & ROSETTE ARSLANIAN</u> <u>179 HIGHWOOD AVE.</u> <u>TENAFLY, NJ 07670</u>	\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE PAROS FOUNDATION

20-5094630

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
43	<u>JIRAIR & ALINE CHRISTIANIAN</u> <u>2085 STONY HILL ROAD</u> <u>BOULDER, CO 80305</u>	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash	(Complete Part II for noncash contributions.)
44	<u>ARAM & SETA SEMERDJIAN</u> <u>175 E. DELAWARE PL APT 7302</u> <u>CHICAGO, IL 60611</u>	\$ 15,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash	(Complete Part II for noncash contributions.)
45	<u>ARMEN HAIRAPETIAN</u> <u>140 S. LAKE AVE. STE 274</u> <u>PASADENA, CA 91101</u>	\$ 7,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash	(Complete Part II for noncash contributions.)
46	<u>DANIEL & LUDMILA</u> <u>P.O. BOX 649</u> <u>STATE COLLEGE, PA 16804</u>	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash	(Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash	(Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash	(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE PAROS FOUNDATION

20-5094630

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

923453 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

THE PAROS FOUNDATION

20-5094630

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF	GAIN OR (LOSS) FROM SALE OF ASSETS	STATEMENT 1
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(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
VANGUARD 500 INDEX		DONATED		
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
5,236.	5,219.	0.	0.	17.
(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
WELLS FARGO		DONATED		
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
5,273.	5,242.	0.	0.	31.
CAPITAL GAINS DIVIDENDS FROM PART IV				0.
TOTAL TO FORM 990-PF, PART I, LINE 6A				48.

FORM 990-PF	INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	STATEMENT 2
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SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST	78.	78.	
TOTAL TO PART I, LINE 3	78.	78.	

FORM 990-PF	OTHER INCOME	STATEMENT	3
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
	-99.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-99.	0.	

FORM 990-PF	LEGAL FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	150.	0.		0.
TO FORM 990-PF, PG 1, LN 16A	150.	0.		0.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	4,350.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	4,350.	0.		0.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONTRACT HELP	3,681.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	3,681.	0.		0.

FORM 990-PF

TAXES

STATEMENT

7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	14,900.	0.		0.
TAXES OTHER	10.	0.		0.
TO FORM 990-PF, PG 1, LN 18	14,910.	0.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT

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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED- NET INCOME	(D) CHARITABLE PURPOSES
POSTAGE	8,964.	0.		0.
SUPPLIES	4,858.	0.		0.
INTERNET	10,133.	0.		0.
TELEPHONE	993.	0.		0.
BANK FEES	13,562.	0.		0.
SERVICE PROJECT EXPENSES	79,995.	0.		0.
ADVERTISING	229.	0.		0.
INSURANCE EXPENSE	549.	0.		0.
AMORTIZATION	1,335.	0.		0.
TO FORM 990-PF, PG 1, LN 23	120,618.	0.		0.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	1,313.	1,313.	0.
DESK	300.	300.	0.
ORGANIZATION COSTS	5,544.	4,964.	580.
ORGANIZATION COSTS	279.	253.	26.
COMPUTER	1,544.	1,544.	0.
ORGANIZATION COSTS	520.	440.	80.
ORGANIZATION COSTS	3,963.	3,300.	663.
ORGANIZATION COSTS	2,642.	2,185.	457.
ORGANIZATION COSTS	648.	530.	118.
ORGANIZATION COSTS	2,951.	2,397.	554.
ORGANIZATION COSTS	2,924.	2,372.	552.
ORGANIZATION COSTS	542.	435.	107.

THE PAROS FOUNDATION

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LAPTOP	773.	772.	1.
MACBOOK	2,200.	2,200.	0.
APPLE COMPUTER	1,470.	1,470.	0.
AXIS CAMERA	1,047.	1,047.	0.
MACBOOK	3,291.	3,291.	0.
IPAD	583.	583.	0.
PROJECTOR	706.	706.	0.
COMPUTER	1,702.	1,702.	0.
IPHONE	1,368.	1,368.	0.
COMPUTER	1,099.	1,099.	0.
TOTAL TO FM 990-PF, PART II, LN 14	37,409.	34,271.	3,138.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 10

NAME OF CONTRIBUTOR	ADDRESS
THE MOSSE FOUNDATION	2217 5TH ST. BERKELEY, CA 94710
ROGER STRAUCH & JULIE KULHANJIAN	2217 5TH ST. BERKELEY, CA 94710
ORGANIZATION OF HUMANITARIAN SERVICES FOR ARMENIA	P.O. BOX 6604849 ARCADIA, CA 91066
UNITED ARMENIAN CHARITIES	41 ELIZABETH ST. NEW YORK, NY 10013
JEAN-MARIE ATAMIAN	1326 MADISON AVE. #71 NEW YORK, NY 10128
ORO GRANDE JEWELRY	608 S. HILL STREET, ROOM 200 LOS ANGELES, CA 90014
HAGOP AND ZARIG YOUREDJIAN	7435 WOODROW WILSON DR. LOS ANGELES, CA 90046

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2019.05000 THE PAROS FOUNDATION

STATEMENT(S) 9, 10
2217_071

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VII-B, LINE 5C

STATEMENT 11

GRANTEE'S NAME

MANANA

GRANTEE'S ADDRESS

BAGHRAMYAN AVE 2 APT 25
YEREVAN, ARMENIA

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
27,000.	06/30/18	

PURPOSE OF GRANT

TO SUPPORT CHARITABLE PURPOSE

THE PAROS FOUNDATION

20-5094630

GRANTEE'S NAME

GHOGHANJ

GRANTEE'S ADDRESS

MOSKOVYAN 38 APT 2
YEREVAN, ARMENIA

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
24,013.	06/30/18	

PURPOSE OF GRANT

TO SUPPORT CHARITABLE PURPOSE

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2019.05000 THE PAROS FOUNDATION

STATEMENT(S) 11
2217_071

THE PAROS FOUNDATION

20-5094630

GRANTEE'S NAME

THE PAROS 100 PROJECT

GRANTEE'S ADDRESS

FIRST BLIND ALLEY, BLDG 24/2 APT 23
YEREVAN, ARMENIA

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
675,788.	06/30/18	

PURPOSE OF GRANT

TO SUPPORT CHARITABLE PURPOSE

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2019.05000 THE PAROS FOUNDATION

STATEMENT(S) 11
2217_071

THE PAROS FOUNDATION

20-5094630

GRANTEE'S NAME

NOR LUYCE

GRANTEE'S ADDRESS

238 GHORGHANYAN STREET
GYUMRI, SHIRAK, ARMENIA

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
8,503.	06/30/18	

PURPOSE OF GRANT

TO SUPPORT CHARITABLE PURPOSE

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STATEMENT(S) 11
2217_071

FORM 990-PF

PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT 12

NAME OF MANAGER

ROGER A. STRAUCH
PARSEH ABAJIAN
NARINE PANOSIAN

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Con v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Sec 179 Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
OTHER															
30 COMPUTER		10/01/14	200DE	5.00		MD17	1,702			851	851	769		82	851
31 IPHONE		01/31/19	200DE	5.00		HY19E	1,368		1,368				1,368	1,368	
32 COMPUTER		05/08/19	200DE	5.00		HY19E	1,099		1,099				1,095	1,099	
* 990-PF PG 1 TOTAL OTHER							4,169		2,467	851	851	769	2,467	2,549	851
MACHINERY & EQUIPMENT															
1 COMPUTER		07/27/06	200DE	5.00		HY17	1,313				1,313	1,313		0	1,313
2 DESK		11/16/06	200DE	7.00		HY17	1,300				1,300	1,300		0	1,300
5 COMPUTER		07/27/07	200DE	5.00		HY17	1,544				1,544	1,544		0	1,544
13 LAPTOP		06/19/08	200DE	5.00		HY17	772			387	386	385	0	385	
14 MACBOOK		05/14/09	200DE	5.00		HY17	2,200			1,100	1,100	1,100		0	1,100
15 APPLE COMPUTER		11/01/10	200DE	5.00		MD17	1,470				1,470	1,470		0	1,470
16 AXIS CAMERA		06/22/11	200DE	5.00		HY17	1,047			1,047				0	
17 MACBOOK		07/01/13	200DE	5.00		HY17	3,291			1,646	1,645	1,645	0	1,645	
18 IPAD		07/01/13	200DE	5.00		HY17	583			292	291	291		0	291
19 PROJECTOR		07/01/13	200DE	5.00		HY17	706			353	353	353	0	353	
* 990-PF PG 1 TOTAL MACHINERY & EQUIPMENT							13,227			4,825	8,402	8,401		0	8,401
* 990-PF PG 1 TOTAL							17,396		2,467	5,676	9,253	9,170	2,467	2,549	9,252

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(D) Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
	OTHER															
3	ORGANIZATION COSTS	08/07/06		180M		HY43	35,544.				35,544.	34,594.		370.	24,964.	
4	ORGANIZATION COSTS	08/29/06		180M		HY43	279.				279.	234.		19.	253.	
6	ORGANIZATION COSTS	06/08/07		180M		HY43	520.				520.	405.		35.	440.	
7	ORGANIZATION COSTS	07/11/07		180M		HY43	3,963.				3,963.	3,036.		264.	3,300.	
8	ORGANIZATION COSTS	08/16/07		180M		HY43	1,020.				1,020.	962.		174.	1,174.	
9	ORGANIZATION COSTS	09/12/07		180M		HY43	648.				648.	487.		43.	530.	
10	ORGANIZATION COSTS	10/23/07		180M		HY43	12,051.				12,051.	951.		200.	197.	
11	ORGANIZATION COSTS	11/14/07		180M		HY43	2,924.				2,924.	2,177.		195.	2,372.	
12	ORGANIZATION COSTS	12/07/07		180M		HY43	42.				42.	542.		339.	435.	
	* 990-PF PG 1 TOTAL OTHER						20,013.				20,013.	15,541.		1,335.	16,876.	
	* 990-PF PG 1 TOTAL											20,013.	15,541.		1,335.	16,876.
	* GRAND TOTAL 990-PF PG 1															
	DEPR & AMORT															
	CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						34,942.				34,942.	29,266.		24,711.	26,128.	
	ACQUISITIONS						2,467.				2,467.	0.		0.		
	DISPOSITIONS/RETIRED						5,676.				5,676.	29,266.		24,711.	26,128.	
	ENDING BALANCE						0.				0.	0.		0.	0.	

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(D) Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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(D) Asset disposed

• ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone