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Form **990** 

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047 Open to Public Inspection

interna	l Revenue	Service	► The organization may	have to use a copy of this re	eturn to satisfy	state reporting re	quiren	nents Inspection
A For the 2007 calendar year, or tax year beginning , 2007, and ending								<del></del>
B ch	eck if applica		C Name of organization DR . R	.C. SAMANTA ROY	INSTITUT	E FOR	D En	nployer identification number
	Address change	use IRS label or	SCIENCE & TECHNOLOGY	INC.			39-	-1785920
L	Name cha	ange print or type	Number and street (or P O box i	f mail is not delivered to stre	eet address)	Room/suite	E Te	lephone number
	Initial /etu	urn See	PO BOX 11768	<del></del>			(7:	15)526-5400
<u> </u>	Terminali	Specific Instruc-	City or town, state or country, an	d ZIP + 4			F Acc	counting X Cash Accrual
	Amended return	tions	GREEN BAY, WI 54307					Other (specify)
L_	Application pending	• Se	ction 501(c)(3) organizations and	4947(a)(1) nonexempt cha	ritable	H and I are not app	licable	to section 527 organizations
		tru	ists must attach a completed Scho	edule A (Form 990 or 990-l	EZ).	H(a) Is this a group	return	for affiliates? Yes X No
G \	Vebsite	► N/A				H(b) If "Yes," enter	numbe	er of affiliates
<u>J</u>	Organiza	tion type (ch	eck only one) ▶ X 501(c) ( 3 ) ◀	(insert no ) 4947(a)(1) o	r 527	H(c) Are all affiliate		
K (	Check he	re 🕨 📘	if the organization is not a 509(a	(3) supporting organization a	and its gross	(If "No," attach H(d) Is this a separat		See instructions)
•	eceipts a	are normally	not more than \$25,000. A return is n	ot required, but if the organiz	ation chooses	organization cov		
t	o file a re	etum, be sure	to file a complete return			i Group Exemp	tion Nu	ımber 🕨
				<del></del> _		Mr Check ▶	X 1	the organization is not required
Ļ (	Gross rec	ceipts Add lin	es 6b, 8b, 9b, and 10b to line 12	12,01	5,378.	to attach Sch	B (For	m 990, 990-EZ, or 990-PF)
Pal	E F	Revenue, E	xpenses, and Changes in Net	Assets or Fund Balance	s (See the in	structions )		
	1	Contributio	ns, gifts, grants, and similar amount		PATRIE!	MIT	1.4	
	a	Contribution	ns to donor advised funds	<i></i> <u>1</u>	MEGPIN	99,500.	]	
	b	Direct publ	ic support (not included on line 1a)	<u>1</u>	b		] [	
	C	Indirect pu	blic support (not included on line 1a	ı)	FIL 0 1 0	n49	]	
	d	Governme	nt contributions (grants) (not include		Plu ST	//// <i>-</i>	]	
	e	Total (add line	es 1a through 1d) (cash \$	99,500. nongaris	IN IS MANA	(JEMENT)	1 e	99,500.
	2	Program s	ervice revenue including governmen	t fees and contracts (from F	art OGDEN	3)	2	
	3	Membersh	p dues and assessments				3	
	4	Interest on	savings and temporary cash investi	ments			4	
	5		and interest from securities		٠,		5	
	6 a	Gross rents				<u>55,615.</u>	4	
	b	Less renta	l expenses	MAY <b>3.1</b> .2012	b	254,379.	- 1	
o.	1 _		ncome or (loss) Subtract line 6b fro	om line 6a			6 c	
Revenue	7		stment income (describe	SANJOSE	· <sub>1</sub>		7	
eve	8 a		unt from sales of assets other	APPEALS OFF	(B)	Other	4	
DZ,	1.						4 1	
			or other basis and sales expenses.	8	+		- 1	
	4		ss) (attach schedule)				-	
	1	_	(loss) Combine line 8c, columns (A				84	
	9		ents and activities (attach schedule)	If any amount is from gam	ing, check he	re ▶		
	a		nue (not including \$	oi	_1		1 1	
	h		ns reported on line 1b)				┥, ┟	
			t expenses other than fundraising e			<del></del>	100	
	l .		e or (loss) from special events. Subt s of inventory, less returns and allow	1	1		_	
	1		of goods sold	· · · · · · ·		L1,860,263.	-1 1	
			it or (loss) from sales of inventory (a			<u>11,359,675.</u>		E 0 0 E 0 0
	111						10c	500,588.
	12		nue (from Part VII, line 103) enue. Add lines 1e, 2, 3, 4, 5, 6c, 7				<del></del>	401 224
	13		ervices (from line 44, column (B))				13	401,324.
S	14	Manageme	ent and general (from line 44, colum				14	33,901.
Expenses	15		g (from line 44, column (D))				15	1,597,894.
×	16		to affiliates (attach schedule)				16	
ш	17		enses Add lines 16 and 44, colum					1 621 705
	18		(deficit) for the year Subtract line 1					1,631,795.
Net Assets	19		or fund balances at beginning of ye					<u>-1,230,471.</u>
AS	20		iges in net assets or fund balances					-7,957,957.
Net	21						20	_0 100 420
	Privacy	iver assets	or fund balances at end of year Co	110 ine lines 18, 19, and 20	· · · · · · · · ·	<del></del>	1411	<u>-9,188,428.</u>

Par	t II				nn (A) Columns (B), (C), nonexempt charitable trus		
	Do no	t include amounts reported on line b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program	(C) Management	(D) Fundraising
		aid from donor advised funds (attach schedule)	1		services	and general	
		noncash \$					
	If this a	mount includes foreign grants, lere	22a				
		rants and allocations (attach schedule)			, , , , , , , , , , , , , , , , , , , ,		
	(cash \$	noncash \$)					
	If this a	mount includes foreign grants, pere	22b				
		fic assistance to individuals					1. 意为
	(attach	n schedule)	23			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17.5
24	Benef	its paid to or for members					
	(attach	schedule)	24				
		ensation of current officers,				l	
	direct	ors, key employees, etc. listed in				1	
	Part V		25a				
	•	ensation of former officers,					
		ors, key employees, etc. listed in					
		'-B	25b				
	F -	nsation and other distributions, not includ- ve, to disqualified persons (as defined					
	under s	ection 4958(f)(1)) and persons described					
		on 4958(c)(3)(B)es and wages of employees not	25c			! <del></del>	
		ed on lines 25a, b, and c	0.0	162 202	10 505		
	Pensi		26	167,787.	10,787.	157,000.	
		ed on lines 25a, b, and c	27				
		byee benefits not included on	21	<u> </u>			
		25a - 27	28				
		Il taxes	29			<del></del>	<del></del>
30	Profes	ssional fundraising fees	30			<del></del>	
		inting fees	31				<del></del>
		fees	32	17.	17.	NONE	
		es	33	20,381.	2,157.	18,224.	
		hone	34	7,701.	1,807.	5,894.	
		ge and shipping	35	26,213.	159.	26,054.	
		pancy	36	2,620.	2,620.	NONE	
		ment rental and maintenance	37	55,176.	399.	54,777.	
38	Printir	ng and publications	38	1,308.	1,308.	NONE	
39	Travel		39	_1,560.	1,560.	NONE	
		ences, conventions, and meetings .	40				
41	Intere	st	41	918,328.	NONE	918,328.	
42	Depre	ciation, depletion, etc. (attach schedule)	42	410,025.	7,138.	402,887.	
43	Other 6	expenses not covered above (itemize)		1			
а	<u>PROF</u>	ESSIONAL_FEES	43a	14,600.	NONE	14,600.	
b	<u>BANK</u>	C_FEES	43b	146.	16.	130.	
		CLE_EXPENSE	43c	3,276.	3,276.	NONE	
		LIATE/GOYT_CONCURRENC_	43d	1,687.	1,687.	NONE	ļ <u> —                                     </u>
e	<u>EXAN</u>	I_CENTER_FEES	43e	970.	970.	NONE	
f			43f				
g	<b>-</b>		43g				
		functional expenses. Add lines 22a h 43g (Organizations completing					
	column	is (B)-(D), carry these totals to lines	امرا				
		to Chock N I favou are follow	44	1,631,795.	33,901.	1,597,894.	L
		ts. Check  if you are follow	-		and the second s		<b>.</b>
		it costs from a combined educational of er (i) the aggregate amount of these jo		sign and fundraising solid	citation reported in (B) Pro $_{ m E}$ , (ii) the amount alloca	ogram services	•
		er (i) the aggregate amount of these jo ount allocated to Management and gen			$rac{E}{E}$ , (ii) the amount alloca		
<u> </u>		and general and general and general		NON	E, and fir the amount a		NONE Form <b>990</b> (2007)
JSA							. Sam 3 3 4 (2007)

Form 990 (2007)		Page 3
Part III Statement of Program Service Accom		
Form 990 is available for public inspection are particular organization. How the public perceive	nd, for some people, serves as the primary or sole source of es an organization in such cases may be determined by the return is complete and accurate and fully describes, in Part	information presented
What is the organization's primary exempt purpos	se? ▶SEE STATEMENT 2	Program Service
All organizations must describe their exempt purpos of clients served, publications issued, etc. Discuss a	se achievements in a clear and concise manner. State the number achievements that are not measurable. (Section 501(c)(3) and (4) susts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
0 GDD 1000 GUDD		uners y
(Grants and allocations \$	) If this amount includes foreign grants, check here ▶	33,901.
(Grants and allocations \$	) If this amount includes foreign grants, check here ▶	
c		
(Grants and allocations \$	) If this amount includes foreign grants, check here ▶	

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . . .

) If this amount includes foreign grants, check here >

) If this amount includes foreign grants, check here

33,901. Form 990 (2007)

(Grants and allocations \$

e Other program services (attach schedule) (Grants and allocations \$

P	art IV	Balance Sheets (See the instructions )			
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	-140,358.	45	-80,396
	46	Savings and temporary cash investments		46	
		Accounts receivable		[. ]	
	b	Less allowance for doubtful accounts		47c	
		Pledges receivable		] -	
		Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	·
	6	Receivables from other disqualified persons (as defined under section			
	E12	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) Other notes and loans receivable (attach		50Ь	
ţ	314	schedule)		· ,-	
Assets	h	Less allowance for doubtful accounts 51b		51c	
₹		Inventories for sale or use		52	
		Prepaid expenses and deferred charges		53	
	1	Investments - publicly-traded securities ▶ X Cost FMV	2,389,480.	<del></del>	2,493,614
		Investments - other securities (attach schedule)  Cost FMV	2,303,400.	54b	2,400,014
		Investments - land, buildings, and			
	Į	equipment basis		.	
	b	Less accumulated depreciation (attach			
		schedule)	18,027,834.	55c	17,654,549
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment basis 57a 174,553.		} }	
	b	Less accumulated depreciation (attach		l -	
		schedule)	146,678.	57c	139,539
	58	Other assets, including program-related investments			
	59	(describe STMT 3 )	13,587.		13,588
_		Total assets (must equal line 74) Add lines 45 through 58	20,437,221.	59	20,220,894
	60	Accounts payable and accrued expenses	<del></del>	60	
	62	Deferred revenue		61	
ιΛ		Loans from officers, directors, trustees, and key employees (attach		02	···
tie	"	schedule)		63	
abilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
ڐ	b	Mortgages and other notes payable (attach schedule) SEE STMT 5	15,033,742.		14,515,915
		Other liabilities (describe ►STMT_4_)	13,361,436.		14,893,407
		,			
_	66	Total liabilities. Add lines 60 through 65	28,395,178.	66	29,409,322
	Orga	inizations that follow SFAS 117, check here ▶ and complete lines			
		67 through 69 and lines 73 and 74.			
Ses	67	Unrestricted		67	
and	68	Temporarily restricted		68	
Bal	69	Permanently restricted	<del></del>	69	
Net Assets or Fund Balances	Orga	inizations that do not follow SFAS 117, check here X and complete lines 70 through 74			
٥	70	Capital stock, trust principal, or current funds		70	
sts	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
SS	72	Retained earnings, endowment, accumulated income, or other funds	<u>-7,957,957.</u>	72	-9,188,428
at A	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
ž	1	70 through 72 (Column (A) must equal line 19 and column (B) must		1 1	
		equal line 21)	-7,957,957.		-9,188,428
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	20,437,221.	74	20,220,894

\*

Pa	art IV-A	Reconciliation of Revenue per Audited Fin instructions.)	ancial Statemen	ts With R	evenu	e per Retur	n (Se	e the
а	Total rev	venue, gains, and other support per audited financia	al statements				a	
b	Amounts	s included on line a but not on Part I, line 12					1	
1		ealized gains on investments		<u>b1</u>				
2		services and use of facilities						
3	Recover	les of prior year grants		<u>b3</u>			<u>[;</u>	
4		pecify)						
		s b1 through b4					b	
C		line b from line a	• • • • • • • • • • •		• • • •	• • • • • • •	c	
d 1		s included on Part I, line 12, but not on line a: ent expenses not included on Part I, line 6b		41			1.	
2		pecify)				<del></del>	1	
-	Outer (S							
	Add line	s d1 and d2					d	
e	Total re	venue (Part I, line 12) Add lines c and d	<u></u>				e	
Pa	irt IV-B	Reconciliation of Expenses per Audited Fi	nancial Stateme	nts With I	Expens	ses per Reti	urn	
а	Total ex	penses and losses per audited financial statements			<i>.</i>		a	
b	Amount	s included on line a but not on Part I, line 17		1 1				
1	Donated	services and use of facilities					-{,	
2	-	ar adjustments reported on Part I, line 20		1 1		<del></del>		
3	Losses	reported on Part I, line 20		b3			┤	
4		pecify)						
		- b.4 de					<b>b</b>	
С		s b1 through b4					c	· · · · · · · · · · · · · · · · · · ·
ď		s included on Part I, line 17, but not on line a:						
1		ent expenses not included on Part I, line 6b		d1			]	
2		pecify)					1 1	
		·		1 1			1	
	Add line	s d1 and d2					d	
e •	rt V-A	Current Officers, Directors, Trustees, and I	Cov Employees			•••••	e	r disastar trustas
	111 V-A	or key employee at any time during the year even						i, director, trustee,
_	· · · · · · · · · · · · · · · · · · ·		(B)	(C) Compe		(D) Contributions to	employee	
		(A) Name and address	Title and average hours per week devoted to position		i, enter	benefit plans & d		and other allowances
	SEE ATTA	CHED	week parated to position					
				-0-		-0-		-0-
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	90 (2007)	<del></del>	39-178592	0			Page 6
Par	V-A Current Officers, Directors, Trustees, and Ke	ey Employees (con	tinued)		12 PALABE	Yes	No
75a	Enter the total number of officers, directors, and trustees meetings	s permitted to vote	on organization · · · · · · ▶	business at board			
b	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensate employees listed in Schedule A, Part I, or highest compensated professional and other independe contractors listed in Schedule A, Part II-A or II-B, related to each other through family or busines relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)						
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"							
d	Does the organization have a written conflict of interest po	olicy?	<u> </u>	<u> </u>	75d		<u>x</u>
Par	V-B Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key empthe year, list that person below and enter the amount instructions.)	loyee received comp	pensation or other	er benefits (describe	ed belo	ow) d	luring
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenint and lowance	other
		1					
		-0-	-0-	-0-	-0-		
		1					
		-					
	00 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		L	L	L,	V	Ne
Par	tVI Other Information (See the instructions)				1-	Yes	No
76	Did the organization make a change in its activities or detailed statement of each change	methods of condu-	cting activities?	If "Yes," attach a	76		X
77	Were any changes made in the organizing or governing do			7	77		x
	If "Yes," attach a conformed copy of the changes			·		20/2	2.30
78a	Did the organization have unrelated business gross inc	ome of \$1,000 or	more during the	vear covered by		اعتگا	المتنا
	this return?				78a	<u> </u>	<u>X</u>
Đ	If "Yes," has it filed a tax return on Form 990-T for this year?				78b	N/	A
79	Was there a liquidation, dissolution, termination, or sub a statement				79	:3X:	X
80a	Is the organization related (other than by association vicommon membership, governing bodies, trustees, o	fficers, etc. to ar	nv other exemi	ot or nonexempt		,,	
L	organization?				80a		X
a	If "Yes," enter the name of the organization		1 1	pt or nonexempt	3	,	,
81a	Enter direct and indirect political expenditures (See line 8				_		
	Did the organization file Form 1120-POL for this year?	•			81b		X

Form 990 (2007) 39-1785920				. Pa	age 7
Part VI Other Information (continued)				Yes	
82a Did the organization receive donated services or the	use of materials, equipment, or facilities at	no charge	$\exists$		
or at substantially less than fair rental value?		8	2a		Х
b If "Yes," you may indicate the value of these items here. Do not in			~ ;	- [4	34
as revenue in Part I or as an expense in Part II (See instructions in	Part III )	N/A	3.	50	36.00 m
83a Did the organization comply with the public inspection requirement	<del></del>	8	3a		X
b Did the organization comply with the disclosure requirements rela			3b		X
84a Did the organization solicit any contributions or gifts that were no			4a		Х
b If "Yes," did the organization include with every so			·	- 2	
gifts were not tax deductible?		8	4ь	N/F	ł.
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by		1.0	5a	N/F	
b Did the organization make only in-house lobbying expenditures o		1.0	5b	N/F	<i>-</i>
If "Yes" was answered to either 85a or 85b, do not			٠,	3,5	
received a waiver for proxy tax owed for the prior year				, ,;-	*
c Dues, assessments, and similar amounts from members	85c	N/A			
d Section 162(e) lobbying and political expenditures	1 1	N/A	\.	. 1	, ,
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues r		N/A	. ا		135
f Taxable amount of lobbying and political expenditures (line 85d li		N/A	- 1	, <u>(</u> )	, Ý,
g Does the organization elect to pay the section 6033(e) tax on the			5g	N/Z	. , 4
h If section 6033(e)(1)(A) dues notices were sent, does		••••	1	,	
to its reasonable estimate of dues allocable to nondeductible lobi		l	5h	N/7	۹ ``
86 501(c)(7) orgs Enter a Initiation fees and capital contributions in			{ ».		<del></del>
b Gross receipts, included on line 12, for public use of club facilities		N/A	1	,	*
87 501(c)(12) orgs Enter a Gross income from members or sharehold		N/A	ŀ		,
b Gross income from other sources (Do not net amounts due or pa			- 1	- ' (	,
sources against amounts due or received from them )		N/A		٠	
88a At any time during the year did the organization of			٠ `,		
partnership, or an entity disregarded as separate from the organiz	ation under Regulations sections		1	`‹,	,
301 7701-2 and 301 7701-37 If "Yes," complete Part IX	· · · · · · · · · · · · · · · · · · ·	8	8a		х
b At any time during the year, did the organization.	directly or indirectly, own a controlled entity	within the			
meaning of section 512(b)(13)? If "Yes," complete Part XI			86		х
89 a 501(c)(3) organizations Enter Amount of tax imposed on the org					
section 4911 ► N/A , section 4912 ►	N/A , section 4955 ▶	N/A	-		
b $501(c)(3)$ and $501(c)(4)$ orgs Did the organization		transaction		1	,
during the year or did it become aware of an exce					
a statement explaining each transaction		8	9ь	ļ	
c Enter Amount of tax imposed on the organization managers or di					
sections 4912, 4955, and 4958	· · · · · · · · · · · · · · · · · · ·	N/A	- 1	۸.	
d Enter Amount of tax on line 89c, above, reimbursed by the organ	ization	N/A_			
e All organizations At any time during the tax year,		tax shelter		;	
transaction?		1	9e	]	Х
	or indirect interest in any applicable insuran		9f		X
g For supporting organizations and sponsoring orga	inizations maintaining donor advised funds	Did the			•
supporting organization, or a fund maintained by	sponsoring organization, have excess busine	ess holdings		· l	
at any time during the year?			39g		Χ_
90 a List the states with which a copy of this return is filed ▶ NONE	<u> </u>				
b Number of employees employed in the pay period that includes N		9	d0	0	
	Telephone no		-54	00	
Located at ▶ 1206 EAST GREEN BAY STREET SHA					
b At any time during the calendar year, did the organization have a	n interest in or a signature or other authority over		ſ	Yes	No
a financial account in a foreign country (such as a bank account,			91b		Х
If "Yes," enter the name of the foreign country ▶					
See the instructions for exceptions and filing requirements for Fo					ì
and Financial Accounts	· -				ı

7

Form 990 (2007)				<u>39-1785920                                    </u>		Page o
Part VI Other Information (d	continued)					Yes No
c At any time during the calenda	r year, did the orga	inization mainta	in an office outsid	le of the United Sta	ites?	91c X
If "Yes," enter the name of the	-					
92 Section 4947(a)(1) nonexempt	t charitable trusts fi	lıng Form 990 ı	lieu of Form 104	11 - Check here		
and enter the amount of tax-ex						N/A
Part VII Analysis of Income-						
Note: Enter gross amounts unless otherw		lated business in		d by section 512, 513, o	or 514	(E)
ındıcated	(A)	(B)	(C)	(D)		ated or
93 Program service revenue	Business code	Amoun				t function come
a						
b	1			<del></del>		
c	i '					
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government as				<del> </del>		
94 Membership dues and assessmen				<del>                                     </del>		
95 Interest on savings and temporary cash inves				<del></del>		
96 Dividends and interest from securi				<del></del>		
97 Net rental income or (loss) from re		l	1			·/· · · · · ·
a debt-financed property			<del></del>	<del></del>	<del></del>	* * , , , , ,
• • •				+		100 764
b not debt-financed property						-198,764.
98 Net rental income or (loss) from personal pro				<del></del>		
99 Other investment income						
100 Gain or (loss) from sales of assets other than	-	-		<del></del>	<del></del>	
101 Net income or (loss) from special 6			<del></del>			
102 Gross profit or (loss) from sales of inver				<del></del>	<del>-</del>	500,588.
103 Other revenue a	1					
b		-	<del></del>	<del></del>	<del></del>	
c						
d		-	·	<del></del>	<del></del>	
e						
104 Subtotal (add columns (B), (D), and		L		<del></del>		301,824.
105 Total (add line 104, columns (B), (I Note Line 105 plus line 1e, Part I, should						301,824.
Part VIII Relationship of Acti			of Evernt Dur	occe (See the in	etructione )	
		<del></del>	<del></del>	<del></del>		
Line No. Explain how each activity organization's exempt pur	poses (other than by	is reported in co providing funds f	or such purposes)	ii contributed import	antly to the accomp	ishment of the
	<u></u>					
NOT APPLICABLE			<del></del>	<del></del>		
			<del></del>			
Part IX Information Regardi	ing Tavable Subs	idiaries and [	Disrogarded Ent	ition (See the une	tructions )	
(A)	ing Taxable Subs	(B)				(E)
Name, address, and EIN of corpo		Percentage of	(C) Nature of activity	ies (D)	ome En	(E) id-of-year assets
partnership, or disregarded er	nuty	ownership interest				assets
SEE ATTACHED	<del></del>	%				<del></del>
		%	<del></del>			
	<del></del>	%				
Dort V. Information Bosseli	na Transfers Ar	%	Domanal Dan-4	it Controlts (Ca	the instructions	<del></del>
Part X Information Regardi	<del> </del>				<del></del>	·
(a) Did the organization, during the ye		=		,	• • • • • • • • • • • • • • • • • • • •	<del></del>
(b) Did the organization, during		-	•	a personal benefi	t contract? Ye	es X No
Note: If "Yes" to (b), file Form 887	o anu romi 4720 (	see monucions	<u>/</u>		<del></del>	

î

Part X		Transfers To and From as defined in section 512(	Controlled Entities. Complete b) (13).	ete only if the organ	nization	is a
106	Did the reporting organization	make any transfers to a cor	itrolled entity as defined in sec	tion 512(b)(13) of	Yes	
	the Code? If "Yes," complete the  (A)  Name, address, of each  controlled entity	(B) Employer Identification Number	ntrolled entity (C) Description of transfer	(D) Amount of tra	nsfer	<u> </u>
a						
b						
С						
	Totals					
107	Did the reporting organization in 512(b)(13) of the Code? If "Yes			ection	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	nsfer	
a		-				
b						
С		-				
	Totals		,		Yes	No
108	Did the organization have a bir rents, royalties, and annuities of		ct on August 17, 2006, covering ove?	the interest,		x
Pleas Sign Here	and belief it is true correct and	d complete Declaration of preparer	including accompanying schedules and (other than officer) is based on all infor Date			
Paid Prepar	Firm's name (or yours AD	Mey Storage	Oate  4/13/20/2 Check if self-employed ▶  EON P. C. E	Preparer's SSN or PTIN (	See Gen	Inst X
Use Or	address, and ZIP + 4 84	GY, WILTSE & ROBINS 05 GREENSBORO DRIVE	, 7TH FLOOR	hone no ▶ 703-893	3-0600 orm <b>990</b>	
	MC	LEAN, VA	22102		500	,200

#### **SCHEDULE A**

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number Name of the organization DR. R.C. SAMANTA ROY INSTITUTE FOR SCIENCE & TECHNOLOGY, INC 39-1785920 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours per week devoted to position employee benefit plans & account and other (c) Compensation than \$50,000 deferred compensation allowances NONE ""是"水子"等" Total number of other employees paid over \$50,000 . . • NONE Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for NONE Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Total number of other contractors receiving over \$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007

Pa	rt III Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	2	X
	the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		х_
b	Lending of money or other extension of credit?		х.
С	Furnishing of goods, services, or facilities?		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		х_
e	Transfer of any part of its income or assets?		х
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		x
b	Did the organization have a section 403(b) annuity plan for its employees?		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		Х
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		x x
С	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number or donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	<del></del>	

Part IV	Reason for Non-Private Fo	oundation Statu	<b>is</b> (See pages 4 thro	ough 8 of the	e instructions.)	)		
I certify that	at the organization is not a private foundation	on because it is (Plea	ase check only ONE app	licable box)				
5	A church, convention of churches, or asso	ociation of churches	Section 170(b)(1)(A)(i)					
6 X	X A school Section 170(b)(1)(A)(ii) (Also complete Part V)							
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)							
8	A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)							
9	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state							
10	An organization operated for the benef		niversity owned or oper	rated by a go	vernmental unit	Section 170(b)(1)(A)(iv)		
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)							
11b	A community trust Section 170(b)(1)(A)(v	vi) (Also complete th	e Support Schedule ın F	Part IV-A)				
12	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)							
13	An organization that is not controlle requirements of section 509(a)(3) Check		•		managers) and	otherwise meets the		
	Type I Type II	Type III - Fur	actionally Integrated	Type III	- Other			
	Provide the following information	about the supported	organizations. (See pag	e 8 of the instr	uctions)			
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	is the s organizat the su organ governing	(e) Amount of support			
				Yes	No			
Total · ·					▶			
14	An organization organized and operated to	test for public safety	Section 509(a)(4) (See	page 8 of the	instructions)			

Schedule A (Form 990 or 990-EZ) 2007

	rt IV-A Support Schedule (Complete only e: You may use the worksheet in the instruction					ccounting.  LAPPLICABLE
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28)					
16	Membership fees received					
17						<del> </del>
• •	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
40	organization's charitable, etc., purpose			<del>                                     </del>	<del></del>	<del> </del>
10	Gross income from interest, dividends, amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, income					
	from similar sources, and unrelated business					
	taxable income (less section 511 taxes) from					
	businesses acquired by the organization after					
	June 30, 1975			<u> </u>	·	
19	Net income from unrelated business activities					
	not included in line 18					
20	Tax revenues levied for the organization's benefit					
	and either paid to it or expended on its					
	behalf					Ì
21	The value of services or facilities furnished to					
	the organization by a governmental unit				[	
	without charge. Do not include the value of					
	services or facilities generally furnished to the				1	ţ.
					Ì	
22	Other income Attach a schedule Do not	<del> </del>		<del> </del>	······································	<del> </del>
	include gain or (loss) from sale of capital assets					
			<del></del>	<del></del>	ļ	<del></del>
23	Total of lines 15 through 22	<del></del>	<del></del>	<del> </del>	<del>                                     </del>	<del></del>
24	Line 23 minus line 17					<del> </del>
	Enter 1% of line 23	L	L	1	<u> </u>	* * * * * * * * * * * * * * * * * * *
	Organizations described on lines 10 or 11 a				· · · · · · · · <del>· /</del>	<del> </del>
t	Prepare a list for your records to show the i	name of and amo	unt contributed by	each person (oth	er than a	
	governmental unit or publicly supported organi	zation) whose tota	l gifts for 2003	through 2006 exc	eeded the	`
	amount shown in line 26a Do not file this li					
c	Total support for section 509(a)(1) test. Enter line 24	, column (e)			▶ 26c	
d	Add Amounts from column (e) for lines 18	19			1 :	
	22	2	6b		▶ 26d	<u> </u>
€	Public support (line 26c minus line 26d total)				▶ 26e	
	Public support percentage (line 26e (numerator) di					%
	Organizations described on line 12. a For	amounts include	d in lines 15, 1	16, and 17 that	were received f.	rom a "disqualified
	person," prepare a list for your records to she Do not file this list with your return. Enter the sum			received in each	year from, each	disqualified person
	NOT APPLICABLE	0. 000 0000 10.	oud your			
	(2006)(2005)		(2004)		(2003)	
h	For any amount included in line 17 that was in					
-	show the name of, and amount received for each		·	, ,		•
	(Include in the list organizations described in line	s 5 through 11b, a	is well as individual	s) Do not file this	list with your reti	urn. After computing
	the difference between the amount received an	d the larger amou	nt described in (1	) or (2), enter the	sum of these diff	erences (the excess
	amounts) for each year					
	(2006) (2005)		(2004)		<sup>(2003)</sup>	
С	Add Amounts from column (e) for lines 15 20	1	6		1	i.
	17 20	2	1		▶ 27c	
d	Add Line 27a total	and line 27b total,	•		▶ 27d	<u> </u>
е	Public support (line 27c total minus line 27d total).					
f	Total support for section 509(a)(2) test Enter amour	nt from line 23, colum	ın (e)	▶ 271		
g	Public support percentage (line 27e (numerator) di					, l %
h	Investment income percentage (line 18, column (e)	-	• •			
	Unusual Grants: For an organization describe	d in line 10, 11	, or 12 that rec	eived any unusual	grants during 2	003 through 2006
	prepare a list for your records to show, for description of the patitie of the grant. Do not file the					grant, and a brie

Sche	dule A (Form 990 or 990-EZ) 2007 39-1785920			Page 5
Pa	Private School Questionnaire (See page 9 of the instructions )			
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			т
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	X	75
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	表於		A.8. 3
	brochures, catalogues, and other written communications with the public dealing with student admissions,	7.5	7.54°	3.5
	programs, and scholarships?	30	X	25.5
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	* * * * * * * * * * * * * * * * * * *		變
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way		1,347	47.3
	that makes the policy known to all parts of the general community it serves?	31	X	L
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	200	1	
	THE SCHOOL IS IN INDIA AND IS OPEN TO EVERYONE. THE SCHOOL'S POLICIES ARE		13.50	
	STATED IN NEWSPAPER ADVERTISEMENTS.	12 ₹ 4	\$ 4	1.25
		1,0	. 74 . 36	
	B. O. C.	(3.2%) (1.28%)		
32	Does the organization maintain the following	0.0%	1 34	//- ** <u>*</u>
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	├
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			1
_	basis?	32b	X	<del> </del>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		١	1
	with student admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	32c		<del> </del>
U	Copies of all material used by the organization of on its behalf to solicit contributions?	32d	X	1 1
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	1 ± 1	, '7	1234
		. [.]	1 Ex.	11,000
		ر رید	) (T)	~ `. A
33	Does the organization discriminate by race in any way with respect to	'લંગ કે,	* 3	ž v
	The significance decommend by the single many may many may many may	13		13.5
а	Students' rights or privileges?	33a		x
b	Admissions policies?	33b		х
С	Employment of faculty or administrative staff?	33c		x
d	Scholarships or other financial assistance?	33d	ļ	X
			Ì	l
е	Educational policies?	33e	L	X
_			1	
t	Use of facilities?	33f	ļ	X
	Add the angues of O		1	]
g	Athletic programs?	33g	<b> </b> -	<u>X</u>
	Other autreum der gehauten 3		1	
•	Other extracurricular activities?	33h	<del> </del>	<u>X</u>
	If you answered "Vee" to any of the shows places explain (If you need more seen, attack a servert attacks and the			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			1
			٠	1
				1
			[	1
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		x
J-7 4	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>		<u> </u>
h	Has the organization's right to such aid ever been revoked or suspended?	34b	1	x
~	If you answered "Yes" to either 34a or b, please explain using an attached statement		<del>                                     </del>	<u> </u>
	, and the second of the second		1	1

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . . .

Pa	rt VI-A		xpenditures by Electrical pleted ONLY by an o						BLE	
Che	ck ▶a		ation belongs to an affili						ntrol" provisions ap	ply.
			imits on Lobbying	Expenditures			(a) Affiliated gro totals		(b) To be completed for all electing	d d
		<u>`</u>	"expenditures" means	<del></del>					organizations	
36	Total lot	obying expendi	tures to influence publ	lic opinion (grassroots	lobbying)	36				
37	Total lot	obying expendi	tures to influence a leg	gislative body (direct l	obbying)	37				
38			tures (add lines 36 an			38				
39	Other ex	cempt purpose	expenditures			39				
40			expenditures (add line	• • • •		40				
41	Lobbyin	g nontaxable a	mount Enter the amo				· Diffy			:
	If the an	nount on line 4	lo is - The Iol	١,		1 -1		. 3		
			20% of t	· .	./** ,	1		<i>;</i> .		
	Over \$500	0,000 but not over	\$1,000,000 \$100,00	0 plus 15% of the excess	over \$500,000	3.5	] · · · · ·	: .,	· · · · · · · · · · · · · · · · · · ·	ı
			er \$1,500,000 \$175,00			41			····	
			er \$17,000,000 \$225,00			31 4	* ****	1.51	ga " ( - " \\ \frac{7}{2} = \f	'. ', ', ', ',
	Over \$17,	000,000	\$1,000,	000		1: 7		. M. S. J. S.	1 1 1 1 1	37,*
	Grassro	ots nontaxable	amount (enter 25% of	line 41)		42				
43			ne 36. Enter -0- if line			43				
44	Subtract	t line 41 from li	ne 38 Enter -0- if line	41 is more than line	38	44			L	
	<b>.</b> .:	15.41		40 1 44		1		· · ·		;,
	Caution	: II there is an a	amount on either line	Averaging Period			Alder Talker Spring of the Control o		23-4,	
		one organizati	ons that made a section See the instruction	ons for lines 45 throug  Lobbying Expend	h 50 on page 13	of th	e instructions.)		below	
	Colondo		(0)	/h)	1 (2)		7.0		T (2)	
		year (or fiscal	(a) 2007	( <b>b)</b> 2006	(c)		(d)		(e)	
		nontaxable	2007	2006	2005		2004		Total	
45										
7.5		ceiling amount								
46		line 45(e))					: .	, ,		
70	110070 01	III.C 40(C)/ 1 1						<del></del>		
47	Total lobby	ing expenditures								
		ts nontaxable								
48	amount	<u> </u>								
		s ceiling amount								
49	(150% of l	me 48(e))					Í		,	
	Grassroo	ts lobbying				-	}			
50	expenditu	ires								
Pa	rt VI-B		ctivity by Nonelecti				NOT APP			
		(For reporti	ng only by organiza	tions that did not co	mplete Part VI-	<u>-A) (S</u>	ee page 13 o	the in	structions)	
			zation attempt to influenc	•		ing any	/ Ye	s No	Amount	
		•	iion on a legislative matti						Amount	
а	Voluntee	ers								
b	Paid sta	iff or managem	ent (Include compens	ation in expenses rep	orted on lines c tl			↓		
C	Media a	dvertisements							<b>_</b>	
d	Mailings	to members, I	egislators, or the publ	ıc			<i></i> L	4	ļ	
е			ed or broadcast state							
f			ations for lobbying pu		<i></i>			<del> </del>	<b></b>	
g	Direct co	ontact with legi	slators, their staffs, go	overnment officials, or	a legislative boo	iy		4	<b></b>	
			, seminars, conventio		, or any other me	eans			<b>_</b>	
i			tures (Add lines c thro						L	
	it "Yes"	to any of the al	oove, also attach a sta	tement giving a detail	ed description of	the lo	obbying activitie	:S		

Pa	rt VII	Information Regarding Exempt Organizations (	Transfers To and Transactions and See page 14 of the Instructions.)	d Relationships With Noncharitable	е					
51				owing with any other organization described 527, relating to political organizations?		sect	ion			
а			tion to a noncharitable exempt organiz			Yes	No			
		, -		_	51a(i)		Х			
	(ii) Oth	er assets	· · · · · · · · · · · · · · · · · · ·		a(ii)		х			
b	Other trai									
			rith a noncharitable exempt organization	,	b(i)		x			
	(ii) Pur	chases of assets from a non	charitable exempt organization	`	b(ii)		Х			
	(iii) Ren	ital of facilities, equipment, o	r other assets		b(iii)		X			
	(iv) Rev	mbursement arrangements		• • • • • • • • • • • • • • • • • • • •	b(iv)		X			
	(v) Ina	ns or loan quarantees	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	b(v)		X			
	(vi) Peri	formance of services or men	nhership or fundraising solicitations		b(vi)		X			
^	Sharing of	of facilities equipment mails	ng lists, other assets, or paid employee		C		x			
				column (b) should always show the fair m						
u	goods, ot	her assets, or services giver		organization received less than fair ma						
	(a)	(b)	(c)	(d)						
	Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sha	nng arra	ngeme	nts			
	A/R									
	<del></del>									
_										
_	<del></del>			<del></del>						
	describe		tly affiliated with, or related to, one or its ode (other than section 501(c)(3)) or in		Yes	; [ <u>x</u>	No			
<u>`</u>										
		(a) ime of organization	(b) Type of organization	Description of relationship	(c) Description of relationship					
				<del> </del>						
	1/3			<del> </del>						
	N/A	<del></del>		<del> </del>						
				<del></del>						
			<b> </b>	<b></b>		·—.				
				<del> </del>						
		<del></del>	ļ							
				T — ——————————————————————————————————						

#### Form 8275

(Rev August 2008)

#### **Disclosure Statement**

Do not use this form to disclose items or positions that are contrary to Treasury regulations. Instead, use Form 8275-R, Regulation Disclosure Statement.

See separate instructions.

OMB No 1545-0889

Attachment Sequence No 92

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Name(s) shown on return Identifying number shown on return DR R.C. SAMANTA ROY INSTITUTE OF SCIENCE AND TECHNOLOGY, INC 39-1785920 Part I General Information (see instructions) (b) Item or Group of Items (d) Form or (c) Detailed Description (e) Line (a) 'n Rev. Rul., Rev. Proc, etc. Amount of Items Schedule No REVENUE AND EXPENSES 990 2 **BALANCE SHEET AND SCHEDULES** 990 3 5 **Detailed Explanation** (see instructions) Part III Information About Pass-Through Entity. To be completed by partners, shareholders, beneficiaries, or residual interest holders Complete this part only if you are making adequate disclosure for a pass-through item. Note: A pass-through envity is a partnership, S corporation, estate, trust, regulated investment company (RIC), real estate investment trust (REIT), or real estate mortgage investment conduit (REMIC) Name, address, and ZIP code of pass-through entity 2 Identifying number of pass-through entity Tax year of pass-through entity to Internal Revenue Service Center where the pass-through entity filed its return

#### **List of Board Members**

Dr. R.C. Samanta Roy President P.O. Box 11768 Green Bay, WI 54307-1768 Roger Sindt 1711 NW 40<sup>th</sup> Street Rochester, MN 55901

Naomi Isaacson, J.D. Attorney/ CEO 414 7<sup>th</sup> Avenue SE, Suite B104 Minneapolis, MN 55414 Bruce Scott, J.D./ MBA Route 1, Box 179 Kilkenny, MN 56052

Dr. Rivka Rachel, M.D. 1418A Taney Avenue, Apt. A104 Frederick, MD 21702 Darlene Sense Secretary P.O. Box 566 Shawano, WI 54166

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Rebekah Nett, J.D. 4308 Arthur Street NE Columbia Heights, MN 55421

# FORM 990, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- SIST campus is located in a very remote, interior, and undeveloped area in India with no electricity, no running water, and no sewage system. Due to shortages, steel and cement are rationed and not readily available. The government has established a small quota of such products that is available for purchase through the government. SIST staff expended much time and effort to receive the government quota of necessary construction materials. In this remote area, nearly all construction is performed by hand. Bricks and other necessary construction materials are manufactured by hand on the site. Other materials are not available in this remote, undeveloped, impoverished, and underprivileged area.
- 2 Major construction work was done on the SIST main campus building. The 2<sup>nd</sup> half of the building was completed. This includes structural concrete work, brick laying, roof pouring, plastering, concrete flooring, etc. Campus was wired to supply electricity through a generator.
- 3. Main Building courtyard was filled and landscaped with huge amounts of dirt being hauled in to fill and level. The courtyard was connected to a series of drainage systems to drain rain water from inner court yard during the long monsoon season
- 4. Rain gutters were installed around the main building
- 5 Main entrance steel gate was built and installed for the main building entrance
- 6. Tube wells were dug to supply potable water for the Institute, lavatories, hostel, kitchen, etc.
- Another smaller multistoried building was constructed adjacent to the main building. This building houses a ground tube well, submersible pump systems, water storage tank, back-up power generator, electrical main switches, general storage, etc. This allowed the campus and hostel to have running water. The building was completed from beginning to end.
- 8 Underground sewer tanks were constructed to meet the sanitation needs of the bathrooms and urinals.
- 9 A third large building was constructed adjacent and opposite the generator house. This was a large, spacious, multi-roomed, well fitted lavatory building to meet the needs of the Institute and hostel. This building was started and completed. The bathrooms were fully furnished with plumbing, electricity, etc.
- 10 Underground electric cabling and water pipelines were run long distances to connect the water supply from the generator house/pump house to the lavatories, Institute, hostel, etc. Thus all buildings on campus are supplied with water and electricity.
- 11 Eventually, electricity became available a great distance away. Government would not pay to bring a line to the Institute. At great cost and extensive effort, SIST ran a line all the way to the nearest location of public supply. All wiring and electrical poles were paid for by the Institute. The public electric supply, however, is extremely unreliable with multiple daily outages. Additionally, it also is rationed by the government. Thus, the generator remains an important component of the infrastructure which allows the Institute to supply power to its faculty and students most of the day.
- 12 Extensive efforts were undertaken to strengthen and weatherize the campus buildings to withstand winds and rains of the monsoon season. Due to weather extremities, the majority of buildings and other structures in the area are washed away or destroyed during the monsoon season. Ground levels were raised extensively around all buildings to protect and buttress the foundations. For this purpose, countless loads of dirt were trucked in. Subsequently four foot granite sidewalks were then laid around the buildings. Black granite was transported and placed side by side around the buildings. This granite is rough ground, cut from a local mine not the polished decorative type to which we are accustomed.

- 13 The Institute is located on a mountainside over former terraced over-farmed rice plots. Massive landscaping was required in front and around the buildings to level ground level.
- 14 Permanent/temporary roads were constructed up the mountainside from the main road up to the main building. Approach roads were also constructed to the main building, hostel, etc.
- 15 To comply with local rules and regulations and for security purposes, fencing of important areas on campus was undertaken. All current campus buildings were fenced off
- 16 Complete remodeling of hostel for students, employees, and principal This building was completely fitted with windows, doors, running water, plumbing, electricity, etc
- 17 Expensive, well equipped, individual laboratories for botany, chemistry, electronics, geology, physics, and zoology were set up
- 18. The entire library was revamped and a modern one established. This enhancement included the regular addition of thousands of new books which included books imported directly from abroad.
- 19 Regular renovation and repair of current buildings was undertaken according to needs
- 20 Certain rooms required special renovation, furnishing, and painting. These rooms included the administrative offices of the secretary, principal, general office, SAMS Center, etc.
- 21 The campus green project initiative was commenced. The same has literally taken years to complete. With this initiative, the Institute campus property has literally been transformed from a desert into an oasis. Prior to the establishment of the Institute, the property was completely lacking of any trees or vegetation. This project included the planting of thousands of trees, hedges, bushes, flowers, grass (numerous kinds), etc. The project also included a massive plantation of cashew and mango trees up the mountainside. Brick circles were constructed around all trees for protection and decoration. This campus green project has assisted in stopping erosion and protecting the campus from monsoon destruction.
- 22 Advanced irrigation systems were set up to provide water for the new initiative. This includes the drilling of two tube wells and another two open wells.
- 23 The Institute Main Office has also seen major construction and improvements over the last number of years. Additional rooms were constructed for storage purposes. The boundary wall around the Office has been heightened and extended for security reasons. Additional landscaping and beautification has been done.
- 24 The Institute originally started, offering only +2 and +3 science (PCM & CBZ pass only) courses The Institute obtained permanent state concurrence/recognition for +2 and +3
- The Institute subsequently obtained permanent affiliation from CHSE for +2 and permanent affiliation from Utkal University for +3 sciences (PCM & CBZ pass only)
- 26 The Institute subsequently applied and obtained permanent recognition/concurrence for opening +3 Chemistry Science Honours
- 27 Thereafter the Institute obtained permanent affiliation from the University for Chemistry Honours
- 28 Because of the increased demand from the public, the Institute applied and increased the number of sanctioned seats in Chemistry
- 29 Soon after, the Institute applied and opened up +3 Science Honours courses in all other subjects, i.e., Botany, Physics, Math, Zoology This Institute is now currently only the 2<sup>nd</sup> college in the district to offer science honours courses
- 30 The Institute applied and has opened up another stream of study, i.e., Commerce at the +2 level
- 31 Application has been made to add Commerce Stream at the +3 level

- 32 Application has been made to add subjects of Geology and officially add Computer Science at the +3 level and Information Technology at the +2 level These applications are still pending approval
- 33 The Institute has held a very critical inspection and applied to open up courses in Pharmacy (Diploma) The required NOC from the State Government has already been obtained
- 34 Taking a more practical approach and seeing the needs of the local community, the Institute has applied to open up vocational training courses (ITC/ITI) There are masses of under educated students which are not suitable for higher education. Therefore the Institute has deemed it wise to open up practical occupation training for this class of students.
- 35 Seeking to get a head start on opening up professional courses the Institute has applied to open up courses of study offering BBA and BCA degrees
- 36 The Institute has seen a massive student influx over the years. The Institute has changed course a bit and started to admit students from other parts of the state. This is a new strategy implemented by the Institute to develop more student diversity and competition on campus.
- 37 The Institute started offering fundamental computer training courses to students. Most students admitted, have never touched a computer before. We provide a unique opportunity to these underprivileged students.
- 38 The Institute has applied and has been designated as a regional computer SAMS Resource Center
- 39 Classrooms and lecture halls have been equipped with audio visual equipment. Audio visual material is often used during instruction. Audio visual seminars are conducted regularly on various topics.
- 40 Prominent guest professors are invited regularly to conduct seminars/talks on various subjects and topics Such guests are usually outstanding, eminent personalities such as the Ex-Vice Chancellor of Utkal University.
- 41 Parent/guardian meetings are held regularly to discuss the progress of the students
- 42 The Institute is usually the chosen destination to host the annual High School science exhibitions competition
- 43 The Institute likewise conducts its own internal science project competitions among students
- 44 The Institute continued its tradition of conducting regular annual functions and festivities such as annual function, picnics, sports competitions, etc
- 45 Regular faculty/staff council meetings are held for the regular running of the Institute
- 46 Following guidelines issued by the State authorities, the Institute has implemented a professional dress code for all its students
- 47 The Institute conducts annual reviews of its existing employees Interviews are held regularly if and when employee positions are vacant
- 48 The Institute formed a Governing Body for +2 and +3, as well as a Development Committee (Board of Trustees) The current members of these boards are prominent, eminent academicians from prestigious Institutions around the State and even nationally They consist of ex-vice chancellors of Utkal University, ex-secretaries of UGC, ex-secretaries of CHSE, retired principals of Ravenshaw University and BJB College, Members of Parliament, Members of Legislative Assembly, U.S. Nationals, etc. Some of those noted are well known in their own light as notable mathematicians, writers, chemists, etc.
- 49 American management overseeing the Institute is deeply involved in its progress and development. A part of this process is being in constant contact and meeting frequently people in positions of power. This includes being in continuous contact with the Governor, Chief Minister, Vice Chancellor of the State University, Members of Parliament, MLA's, Principals and/or Chairmen of various prestigious Institutions in

the State This also includes meeting regularly with the Higher Education Commissioner-cum-Secretary, Director of Higher Education, Regional Director, Chairmen/Secretaries/Exam Controllers of Utkal University/CHSE, as well as a plethora of other lower level ranking individuals

FORM	990,	PART	Ι	-	GROSS	SALES	AND	COST	OF	GOODS	SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES INVENTORY AT BEGINNING OF YEAR PURCHASES SALARIES AND WAGES OTHER COSTS	9,722,336.
SUBTOTAL MINUS ENDING INVENTORY	11,359,675.
COST OF GOODS SOLD	11,359,675.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE 

PROVIDE THE AMERICAN SYSTEM OF EDUCATION IN INDIA.

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39-1785920

FORM	990,	PART	IV -	OTHER	ASSETS
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DESCRIPTION	ENDING BOOK VALUE
SECURITY DEPOSITS CLOSING COSTS	11,500. 2,088.
TOTALS	13,588.

DR. R.C. SAMANTA ROY INSTITUTE FOR

39-1785920

FORM 990, PART IV - OTHER LIABILITIES 

DESCRIPTION

**ENDING** BOOK VALUE

SECURITY DEPOSITS UNSECURED LOANS

4,000. 14,889,407.

TOTALS

14,893,407.

FORM 990, PART I, LINE 64B, COLUMN B - MORTGAGES

A. U. Y.

DESCRIPTION	AMOUNT
M&I BANK OF SHAWANO	105,768
M&I BANK OF SHAWANO	175,262
M&I BANK OF SHAWANO	183,893
M&I BANK OF SHAWANO	214,036
M&I BANK OF SHAWANO	145,375
M&I BANK OF SHAWANO	8,081
M&I BANK OF SHAWANO	162,232
ERICKSON LC	242,955
BAYLAKE BANK	84,564
NICOLET NATIONAL BANK	16,084
VERMILLION BANK 802	1,309,111
JULIE KRUEGER	209,422
FIRESIDE CONSTRUCTION	260,199
ROBERT & SHANNON BRODER	362,963
CHASE HOME FINANCE (STEVE SCHULTZ)	176,601
AKJ DEVELOPMENT	1,166,777
PHIL ANELLO	26,388
PHIL ANELLO	66,589
AMERICAN SECURITIES	2,944,480
NORTH COUNTRY HOMES	437,766
DUNNIGAN	351,536
EGAN	2,006,709
TIGER PEG CAPITAL	1,149,359
DRAEGER	75,129
AMERICAN BANK	662,858
BAYLAKE BANK	464,764
INTEGRITY	281,408
INTEGRITY	939,672
COMMERCE	249,000
WELLS FARGO (LOC)	45,390
	14,524,372

FORM 990, PART IX, INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES

NAME	PERCENTAGE	NATURE OF ACTIVITIES	INCOME	EOY ASSETS
MIDWEST OIL OF SHAWANO, LLC	100%	OPERATING	NONE	NONE
MIDWEST AMUSEMENT PARK, LLC	100%	OPERATING	NONE	NONE
MIDWEST OIL OF MINNESOTA	100%	REAL ESTATE HOLDING	NONE	NONE
MIDWEST OIL OF ANOKA	100%	OPERATING	NONE	NONE
MIDWEST PROPERTIES OF SHAWANO, LLC	100%	REAL ESTATE HOLDING	NONE	NONE
MIDWEST HOTELS & MOTELS OF SHAWANO, LLC	100%	REAL ESTATE HOLDING	NONE	NONE
MIDWEST OIL OF WISCONSIN, LLC	100%	REAL ESTATE HOLDING	NONE	NONE
U.S. ACQUISITIONS & OIL, INC.	100%	REAL ESTATE HOLDING	NONE	NONE
USA INTERNATIONAL RACEWAY, INC.	100%	REAL ESTATE HOLDING	NONE	NONE