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STATUTE CLEARED

Form **990**

Department of the Treasury
Internal Revenue Service

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending	
C Name of organization	DR. R.C. SAMANTA ROY INSTITUTE OF
Doing Business As	SCIENCE & TECHNOLOGY, INC.
Number and street (or P.O. box if mail is not delivered to street address) / Room/suite	PO BOX 11768
City or town, state or country, and ZIP + 4	GREEN BAY, WI 54307
D Employer identification number	39-1785920
E Telephone number	(715)526-5400
G Gross receipts $	5,523,683.
F Name and address of principal officer	NAOMI ISAACSON, ESQ., CEO PO BOX 11768 GREEN BAY, WI 54307
H(a) Is this a group return for affiliates?	Yes [ ] No [X]
H(b) Are all affiliates included?	Yes [ ] No [ ] — If "No," attach a list (see instructions)
I Tax-exempt status	[X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527
J Website ▶	N/A
H(c) Group exemption number ▶	
K Type of organization	[X] Corporation [ ] Trust [ ] Association [ ] Other ▶
L Year of formation	1996
M State of legal domicile	WI

Part I Summary

STATUTE UNIT RECEIVED JUN 21 2012 ACCOUNTS MANAGEMENT OGDEN

RECEIVED MAY 31 2012 SAN JOSE APPEALS OFFICE

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDE THE AMERICAN SYSTEM OF EDUCATION IN INDIA.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	NONE
6	Total number of volunteers (estimate if necessary)	6	NONE
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
Revenue			
8	Contribution and grants (Part VIII, line 1h)	99,500.	115,470.
9	Program service revenue (Part VIII, line 2g)	NONE	NONE
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	301,824.	-810,662.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	401,324.	-695,192.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	167,787.	169,165.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,463,998.	1,828,825.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,631,785.	1,997,990.
19	Revenue less expenses Subtract line 18 from line 12	-1,230,461.	-2,693,182.

	Net Assets or Fund Balances	Beginning of Year	End of Year
20	Total assets (Part X, line 16)	20,220,894.	19,625,934.
21	Total liabilities (Part X, line 26)	29,409,322.	31,507,544.
22	Net assets or fund balances Subtract line 21 from line 20	-9,188,428.	-11,881,610.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer — Date 4/13/12

▶ Naomi Isaacson, CEO — Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ Jerry Strauss	Date 4/13/2012 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ARGY, WILTSE & ROBINSON, P.C. 8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102	EIN ▶ — Phone no ▶ 703-893-0600

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

JSA
8E1010 2 000

SCANNED JUL 11 2012

14

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission

PROVIDE THE AMERICAN SYSTEM OF EDUCATION IN INDIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ______) (Expenses $ 34,169. including grants of $ ______) (Revenue $ ______)

SEE SCHEDULE O

4b (Code ______) (Expenses $ ______ including grants of $ ______) (Revenue $ ______)

4c (Code ______) (Expenses $ ______ including grants of $ ______) (Revenue $ ______)

4d Other program services (Describe in Schedule O)

(Expenses $ ______ including grants of $ ______) (Revenue $ ______)

4e Total program service expenses ▶ $ 34,169. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3 more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable	1a	NONE		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	NONE		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body — 1a: 10			
b	Enter the number of voting members that are independent — 1b: 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ NAOMI ISAACSON 1206 EAST GREEN BAY STREET SHAWANO, WI 54166 715-526-5400

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
NAOMI ISAACSON, JD BOARD MEMBER	80.	X						NONE	NONE	NONE
DR. JILL YUNGERBERG, MD BOARD MEMBER	20.	X						NONE	NONE	NONE
DR. LAUREEN BALLINGER, DDS BOARD MEMBER	20.	X						NONE	NONE	NONE
REBEKAH BROWN, JD BOARD MEMBER	10.	X						NONE	NONE	NONE
ROGER SINDT BOARD MEMBER	25.	X						NONE	NONE	NONE
BRUCE SCOTT BOARD MEMBER	25.	X						NONE	NONE	NONE
DARLENE SENSE, RN BOARD MEMBER	70.	X						NONE	NONE	NONE
THELMA BROWN, RN BOARD MEMBER	10.	X						NONE	NONE	NONE
MICHAL GOLDSTEIN, MSW BOARD MEMBER	10.	X						NONE	NONE	NONE
DR. R.C. SAMANTA ROY PRESIDENT	92.			X				NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								NONE	NONE	NONE

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ NONE

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue

39-1785920

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 115,470.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		115,470.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		NONE			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		NONE			
	4 Income from investment of tax-exempt bond proceeds ▶		NONE			
	5 Royalties ▶		NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents	88,596. /				
	b Less rental expenses	236,952. /				
	c Rental income or (loss)	-148,356. /				
	d Net rental income or (loss) ▶		-148,356.			-148,356.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		NONE			
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events ▶		NONE			
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities ▶		NONE			
	10a Gross sales of inventory, less returns and allowances	a 5,319,617.				
	b Less cost of goods sold	b 5,981,923.				
	c Net income or (loss) from sales of inventory. STMT 1 ▶		-662,306.			-662,306.
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		NONE			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		-695,192.			-810,662.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	169,165.	12,165.	157,000.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	27,653.	46.	27,607.	
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	31,990.	NONE	31,990.	
12 Advertising and promotion	898.	898.	NONE	
13 Office expenses	107,987.	5,153.	102,834.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	4,152.	4,152.	NONE	
17 Travel	672.	672.	NONE	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	886,293.	NONE	886,293.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	417,165.	6,949.	410,216.	
23 Insurance	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a VEHICLE EXPENSES	4,134.	4,134.	NONE	
b GAIN ON PROPERTY DISPOSITION	347,881.	NONE	347,881.	
c				
d				
e				
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	1,997,990.	34,169.	1,963,821.	
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	-80,396.	1	-88,358.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis — 10a 18,952,196.			
	b	Less accumulated depreciation Complete Part VI of Schedule D. — 10b 1,815,433.	17,794,088.	10c	17,136,763.
	11	Investments - publicly traded securities	2,493,614.	11	2,563,942.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	13,588.	15	13,587.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	20,220,894.	16	19,625,934.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	14,515,915.	23	14,106,624.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	14,893,407.	25	17,400,920.
	26	**Total liabilities.** Add lines 17 through 25	29,409,322.	26	31,507,544.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	-9,188,428.	32	-11,881,610.
	33	Total net assets or fund balances	-9,188,428.	33	-11,881,610.
	34	Total liabilities and net assets/fund balances	20,220,894.	34	19,625,934.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
DR. R.C. SAMANTA ROY INSTITUTE OF	39-1785920

Part I **Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [X] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ______

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] 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 exempt 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).** (Complete Part III)

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally Integrated **d** [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		X
(ii) A family member of a person described in (i) above?	**11g(ii)**		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		X

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (See instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3% check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: DR. R.C. SAMANTA ROY INSTITUTE OF

Employer identification number: 39-1785920

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically importantly land area
- ☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ________

4 Number of states where property subject to conservation easement is located ▶ ________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Term endowment ▶ ______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings	18,777,643.		1,773,470.	17,004,174.
c Leasehold improvements				
d Equipment	174,553.		41,963.	132,590.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				17,136,764.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
SECURITY DEPOSITS	4,000.
UNSECURED LOANS	17,396,920.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	17,400,920.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XIV Supplemental Information (continued)

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to From 990 or Form 990-EZ.

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2008

Open to Public Inspection

Name of the organization: DR. R.C. SAMANTA ROY INSTITUTE OF

Employer identification number: 39-1785920

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	X	

THE SCHOOL IS IN INDIA AND IS OPEN TO EVERYONE. THE SCHOOL'S POLICIES STATED IN NEWSPAPER ADVERTISEMENTS.

			YES	NO
4	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

			YES	NO
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

			YES	NO
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement			
7	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 C B 587 covering racial nondiscrimination? If "No," attach an explanation	7	X	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
DR. R.C. SAMANTA ROY INSTITUTE OF	39-1785920

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A-4D

1. 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 2ND 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.

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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.

7. 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

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Supplemental Information to Form 990

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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

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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.

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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.

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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.

25. 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 2ND 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.

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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.

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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

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Supplemental Information to Form 990

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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.

SCHEDULE O (Form 990)

Department of the Treasury
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Supplemental Information to Form 990

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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.

Name of the organization: DR. R.C. SAMANTA ROY INSTITUTE OF

Employer identification number: 39-1785920

FORM 990-T FILING

FORM 990, PART V, LINE 3B

THE IFNORMATION WAS NOT AVAILABLE AT THE TIME OF FILING FORM 990.

Name of the organization: DR. R.C. SAMANTA ROY INSTITUTE OF

Employer identification number: 39-1785920

BOARD MEMBER RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

SOME OF THE BOARD MEMBERS ARE RELATED.

Name of the organization	Employer identification number
DR. R.C. SAMANTA ROY INSTITUTE OF	39-1785920

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11

A DRAFT OF THE 990 WAS PROVIDED TO THE ORGANIZATION TO REVIEW PRIOR TO FILING THE RETURN.

Name of the organization: DR. R.C. SAMANTA ROY INSTITUTE OF

Employer identification number: 39-1785920

AVAILABILITY OF OTHER DOCUMENTS

FORM 990, PART VI, LINE 19

THE CLIENT MAKES ITS GOVERNERING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMETNS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
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Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

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Name of the organization: DR. R.C. SAMANTA ROY INSTITUTE OF

Employer identification number: 39-1785920

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
SEE SCHEDULE R-1					

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
U.S. ACQUISTIONS & OIL, INC 20-4126763 PO BOX 11768 GREEN BAY, WI 54307	REAL ESTATE	DE	SIST	C CORP			100.0000
USA INTERNATIONAL RACEWAY, INC. PO BOX 11768 GREEN BAY, WI 54307	INACTIVE SHELL	NV	SIST	C CORP			100.0000

JSA
8E1308 1 000

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

			Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d	X	
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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SCHEDULE R-1
(Form 990)

Department of the Treasury
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Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R, Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

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2008

Open to Public Inspection

Name of filing organization: DR. R.C. SAMANTA ROY INSTITUTE OF

Employer identification number: 39-1785920

Part I Continuation of Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
MIDWEST OIL OF ANOKA PO BOX 11768 GREEN BAY, WI 54307	OPERATING E	DE	NONE	NONE	SIST
MIDWEST AMUSEMENT PARK PO BOX 11768 GREEN BAY, WI 54307	OPERATING A	DE	NONE	NONE	SIST
MIDWEST PROPERTIES OF SHAWANO PO BOX 11768 GREEN BAY, WI 54307	REAL ESTATE	DE	NONE	NONE	SIST
MIDWEST OIL OF SHAWANO, LLC PO BOX 11768 GREEN BAY, WI 54307	OPERATING	DE	NONE	NONE	SIST
MIDWEST OIL OF WISCONSIN, LLC PO BOX 11768 GREEN BAY, WI 54307	REAL ESTATE	DE	NONE	NONE	SIST
MIDWEST OIL OF MINNESOTA PO BOX 11768 GREEN BAY, WI 54307	REAL ESTATE	DE	NONE	NONE	SIST
MIDWEST HOTELS & MOTELS OF SHAWANO, LLC PO BOX 11768 GREEN BAY, WI 54307	REAL ESTATE	DE	NONE	NONE	SIST
MIDWEST PROPERTIES OF SHAWANO, LLC PO BOX 11768 GREEN BAY, WI 54307	INACTIVE	WI	NONE	NONE	SIST

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

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
	5,319,617.		4,315,704.		1,666,219.		5,981,923.
TOTALS	5,319,617.		4,315,704.		1,666,219.		5,981,923.

Form **8275**

(Rev August 2008)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to your tax return.**

OMB No 1545-0889

Attachment Sequence No **92**

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)

	(a) Rev. Rul., Rev Proc., etc.	(b) Item or Group of Items	(c) Detailed Description of Items	(d) Form or Schedule	(e) Line No	(f) Amount
1			REVENUE AND EXPENSES	990		
2			BALANCE SHEET AND SCHEDULES	990		
3						
4						
5						
6						

Part II **Detailed Explanation** (see instructions)

1

2

3

4

5

6

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 entity is a partnership, S corporation, estate, trust, regulated investment company (RIC), real estate investment trust (REIT), or real estate mortgage investment conduit (REMIC)*

1 Name, address, and ZIP code of pass-through entity	2 Identifying number of pass-through entity
	3 Tax year of pass-through entity to
	4 Internal Revenue Service Center where the pass-through entity filed its return