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Form 990

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)

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organiz

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

A F	or th	e 2009 cal	endar year, or tax year beginning and ending	<u>g</u>	
B	Check of upplicab	Please use IRS	C Name of organization	D Employer identifi	cation number
	Addre	ess label or ge print or	Anoopam Mission		
	Name chang	ge type	Doing Business As		563113
<u> </u>	return	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/		
<u> </u>	Termi ated Amen	Instruc-	2120 Clearview Road		502-1100
<u> </u>	_return	۱ ا	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,134,631.
L	tion pendi		Coplay, PA 18037	H(a) Is this a group re	eturn Yes X No
		F Nan	ne and address of principal officer:Vishnu Patel O Clearview Rd, Coplay, PA 18037	for affiliates?	
				H(b) Are all affiliates inc	
			s: X 501(c)(3) ◀ (insert no)	H(c) Group exemptio	list. (see instructions)
		f organizatio		Year of formation: 1989	
	irt I	Summa		Teal Of Ionnation. 4303[N	Julie of legal dofficile, 141
			scribe the organization's mission or most significant activities: Spiritua	al Enlightenme	nt.
Governance	'	Differry des	or the organization similarion of most significant activities.		
na	2	Check this	s box if the organization discontinued its operations or disposed of	more than 25% of its net as	sets.
ove.	1		f voting members of the governing body (Part VI, line 1a)	[3]	3
Ğ			f independent voting members of the governing body (Part VI, line 1b)	4	3
Activities &			ber of employees (Part V, line 2a)	5	4
Ϋ́	6	Total num	ber of volunteers (estimate if necessary)	6	0
₹cti	7a	Total gros	s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrela	ited business taxable income from Form 990-T, line 34	7b	0.
	l			Prior Year	Current Year
ā	8	Contributi	ons and grants (Part VIII, line 1h)	823,889.	1,132,648.
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)	45,613.	1 002
Rev	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	16,941.	1,983.
_	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	006 443	1 124 621
	12	Total reve	nue - add lines 8 through 11 (m.), equal Nart VIII, column (A), line 12)	886,443.	1,134,631.
	13	Grants an	d similar amount (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	14	Benefits p	aid to defor members (Part IX, column Profile 4)	33,374.	37,794.
Expenses	15	Salanes, c	other conpensation, employee penefits (PGP) X, column (A), lines 5-10)	33,374.	37,734.
Den	16a	Total fund	nal fundralsipp feet (Fart IX, Column (A), life 1ve) raising expenses (Part IX, column (P), The 25)		
EX				807,769.	799,480.
	18	Total exp	enses (PartilX, dolumn (A), inc. 1a. 1d, 11f.24f) enses. Add lines 13.4 incest equal Part IX, column (A), line 25)	841,143.	837,274.
			ess expenses. Subtract line 18 from line 12	45,300.	297,357.
or ses				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total asse	ts (Part X, line 16)	6,572,400.	6,674,378.
AS B	21		ities (Part X, line 26)	2,761,287.	2,565,906.
髫	22	Net assets	s or fund balances. Subtract line 21 from line 20	3,811,113.	4,108,472.
Pa	irt II		ture Block		
		Under penal and complet	ties of perjury, I declare that I have examined this return, including accompanying schedules and statem ie Declaration of preparer (other than officer) is based on all information of which preparer has any know	ents, and to the best of my knowledg ledge	ge and belief, it is true, correct,
			$\sim 1 \text{ A}$, 6/15	2010
Sigr	1		say) J. Dell	1010	12010
Here		Sign	ature of officer	Date •	
			yesh Shah Aksecretary or print name and title		
			10.6	Check if Prepare	r's identifying number
Paid		Preparer's signature	Scott A Miller, CPA, CFE, CV08/09/10	celf_ (see ins	tructions)
Prep	arer's	Firm's name		EIN >	
Use	Only	yours if self-employe	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
		address, and ZIP + 4	STROUDSBURG, PA 18360		570)424-0667
Mass	the II	L	this return with the preparer shown above? (see instructions)	Thome no.	X Yes No
iviay	111011	uiacuas	and reterit man are propuler anomit above: (366 illatractions)		100110

Form **990** (2009)

Form 990 (2009) Anoopam Mission 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)?		_{7,7}	
	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			7,7
	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	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	Ī		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	1 .		
	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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		1	
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	. *		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	- 273	*****	* .
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			** *
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		. »	***
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		,	2 × ×
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	×		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	×		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	*		·
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	, , , , , , , , , , , , , , , , , , ,	Y NA	,8
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	2	33* 4	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			77
	and program service activities outside the United States? 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	:		77
	located outside the United States? If "Yes," complete Schedule F, Part III	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3.5
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7 -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2	2009)

Form 990 (2009) Anoopam Mission Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 of grants and other assistance to individuals in the United States on Part IX,	i		l
	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, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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 lines 24b through 24d and complete	'		
	Schedule K If "No", go to line 25	24a		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Н	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ا ۔ ا		
	any tax-exempt bonds?	24c	-	
	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	ا		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	<u> </u>
D	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-20		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1 1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? 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	_		w
	Schedule N, Part II	32	\vdash	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 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		$ \mathbf{x} $	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	$\vdash $	
33	If "Yes," complete Schedule R, Part V, line 2	35	i i	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	33		
~	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	<u>~~</u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form	990 (2	2009)
				,

	990 (2009) Anoopam Mission 13-356	3113	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		,	
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ړ		l
	C.O. Information records. Effect of the applicable	의		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	븨		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			- <u></u> .
	(gambling) winnings to prize winners?	1c		X
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	<u>4</u>]	 - <u></u> -	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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	ļ	Х
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	
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, secunties account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country: ▶	ļ		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	1		
	Tax Shelter Transaction?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible?	6a	<u> </u>	X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			l
	provided to the payor?	7a	<u> </u>	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	ļ	X
	If "Yes," indicate the number of Forms 8282 filed during the year	4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			.
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u>├</u>	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	 	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the		h 5,	
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		Sham a	
_	at any time during the year?	8	 -	X
9	Sponsoring organizations maintaining donor advised funds.		~ ub	- v
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	├	<u> </u>
10	Section 501(c)(7) organizations. Enter:			^
a	Initiation fees and capital contributions included on Part VIII, line 12	4	~	?
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	\dashv	~	
11	Section 501(c)(12) organizations. Enter:		*	
a	Gross income from members or shareholders Cases income from attended to the second to attend to the second to the	\dashv	ľ	,
D	Gross income from other sources (Do not net amounts due or paid to other sources against		``	
40-	amounts due or received from them.) Continue 4047(aV4) were experiented from the approximation films from 200 in law of form 10413.	┨╦╌	ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	├-	-
<u>D</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Form	990	(2009)
		1 (111)	750	(5003)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management		,	
	1 1	\	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	3		1
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			7,
	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
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			•
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	l i		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	X	
Ь	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?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			÷.
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			e
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u></u> -		~
	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			
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed None			
17 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		
10	public inspection. Indicate how you make these available. Check all that apply.	3 101		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
13	statements available to the public.	aiu III id	iciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	•	
	Jayesh Shah - 610-502-1100	ation.		
	2120 Clearview Road, Coplay, PA 18037			
	A TOTAL OF THE POST OF THE POS	Form	990 (2009)
				,

932006 02-04-10

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

(A) Name and Title	(B) Average	any current officer, directo (C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours	(c	(check all that apply)				ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Vishnu Patel										
President	1.00		L	X		$oxed{oxed}$		0.	0.	0 .
Jitendra C. Patel	1									
Vice President	1.00	\vdash	<u> </u>	X		<u> </u>		0.	0.	0
Jayanti V. Patel Secretary	1.00			х				0.	0.	0
	1	ļ			<u></u>					
	1									
	1									

	are organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those lister \$100,000 in compensation from the organization.	ed above) who received more than	

Form **990** (2009)

Form 990 (2009) Anoopam Mission
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 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			. /	
2	Grants and other assistance to individuals in			,	t
	the U.S. See Part IV, line 22			<u> </u>	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16		7.00-		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	ľ			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20,000.	20,000.		
7	Other salaries and wages	20,000.	20,000.		
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	16,180.	16,180.		
9	Other employee benefits	1,614.	1,614.		
10	Payroll taxes	1,014.	1,014.		
11	Fees for services (non-employees):				
a	Management	5,798.		5,798.	
þ	Legal	3,790.		3,730.	· · · · · · · · · · · · · · · · · · ·
C	Accounting		-		
d	Lobbying Professional fundraigues convers. See Part IV. June 17		* *		
e	Professional fundraising services. See Part IV, line 17		, * *		
f	Investment management fees				
g	Other				•
12	Advertising and promotion		· · · ·	· ···	
13	Office expenses Information technology		•		
14 15	Royalties				
15 16	Occupancy	131,053.	131,053.		
10 17	Travel	41,500.	41,500.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	<u>-</u>			- 12
20	Interest	94,111.	94,111.		
21	Payments to affiliates	198,338.	198,338.		<u> </u>
22	Depreciation, depletion, and amortization	183,092.	183,027.	65.	
23	Insurance		• • • • • • • • • • • • • • • • • • • •		
24	Other expenses. Itemize expenses not covered	, <u>s</u> , ,	, , , , ,	, 4.	
•	above. (Expenses grouped together and labeled	* *	3 , "		
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	** **		* , *	
а	Youth Camp expenses	50,402.	50,402.		
b	Supplies	49,344.	49,344.		
c	Insurance	17,828.	17,828.		- <u>-</u>
d	Telephone	14,527.	14,527.		
e	Printing and publicatio	7,078.	7,078.		
f	All other expenses	6,409.	4,053.	2,356.	
25	Total functional expenses. Add lines 1 through 24f	837,274.	829,055.	8,219.	0
26	Joint costs. Check here I if following				
	SOP 98-2. Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		1		

Pa	rt X	Balance Sheet				JJUJIIJ Tage II		
				(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing		13,810.	1	31,636.		
	2	Savings and temporary cash investments		329,599.	2	560,615.		
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4				
	5	Receivables from current and former officers, de	٠					
		employees, and highest compensated employe	hest compensated employees. 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 49	58(c)(3)(B). Complete	,				
		Part II of Schedule L		Management 2 10 10 10 10 10 10 10 10 10 10 10 10 10	6	and not consisted anything blanch require in individually		
ω	7	Notes and loans receivable, net		29,781.	7	26,993.		
Assets	8	Inventones for sale or use			8			
ĕ	9	Prepaid expenses and deferred charges			9			
	10a	Land, buildings, and equipment: cost or other	1 1		-			
		basis. Complete Part VI of Schedule D	10a 7,163,347.	*				
	Ь	Less: accumulated depreciation	10a 7,163,347. 10b 1,108,213.	6,199,210.	10c	6,055,134.		
	11	Investments - publicly traded securities		· · · · · · · · · · · · · · · · · · ·	11			
	12	Investments - other securties. See Part IV, line	11		12			
	13	Investments - program-related. See Part IV, line			13			
	14	intangible assets		14				
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	6,572,400.	16	6.674.378.		
	17	Accounts payable and accrued expenses	4, 11, 10, 0, 17	153.	17	6,674,378. 5,240.		
	18	Grants payable		18				
	19	Deferred revenue	-		19			
	20	Tax-exempt bond liabilities	•		20			
w	21	Escrow or custodial account liability. Complete	 Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, director		٧				
Ē		highest compensated employees, and disqualif			,	*		
Ë		of Schedule L	od porcono. Completo i art ii		22			
	23	Secured mortgages and notes payable to unrela	ated third parties	1,677,944.	23	1,632,476.		
	24	Unsecured notes and loans payable to unrelate			24			
	25	Other liabilities. Complete Part X of Schedule D		1,083,190.	25	928,190.		
	26	Total liabilities. Add lines 17 through 25	•	2,761,287.	26	2,565,906.		
		Organizations that follow SFAS 117, check he	ere X and complete	, , , , , , , , , , , , , , , , , , , ,	,	` `		
ø,		lines 27 through 29, and lines 33 and 34.		, , , , ,	. ~			
ည	27	Unrestricted net assets		3,811,113.	27	4,108,472.		
ᇛ	28	Temporanly restricted net assets			28	, ,		
Net Assets or Fund Balances	29	Permanently restricted net assets			29			
Ě		Organizations that do not follow SFAS 117, c	heck here			1		
ř		complete lines 30 through 34.		5° 2° 3		- ****		
ţ	30	Capital stock or trust principal, or current funds		Samuel State and the second of	30	. · · · · · · · · · · · · · · · · · · ·		
SSe	31	Paid-in or capital surplus, or land, building, or ed	unment fund	-	31	<u> </u>		
Ä	32	Retained earnings, endowment, accumulated in			32	 		
Š	33	Total net assets or fund balances	como, or outer failed	3,811,113.	33	4,108,472.		
	34	Total liabilities and net assets/fund balances		6,572,400.	34	6,674,378.		
	, , ,	Total nabilities and her assets/fully baldifices	·	0,0.2,100.		Form 990 (2009)		

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization 13-3563113 Anoopam Mission Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). \mathbf{X} 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). 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. **b** Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes No Yes No LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 Anoopam Mission 13-3563113 Page 2

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.)

Sec	ction A. Public Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not		1							
	include any "unusual grants.")	1,186,291.	1,291,323.	1,108,278.	829,502.	1,132,648.	5,548,042.			
2	Tax revenues levied for the organ-									
	ızatıon's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities					j				
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1,186,291.	1,291,323.	1,108,278.	829,502.	1,132,648.	5,548,042.			
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,				-	`.	500 000			
	column (f)						520,080.			
	Public support. Subtract line 5 from line 4				Ž.	*	5,027,962.			
_	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006 1,291,323.	(c) 2007	(d) 2008 829,502.	(e) 2009	(f) Total			
_	Amounts from line 4	1,186,291.	1,291,323.	1,108,278.	029,302.	1,132,648.	5,548,042.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	4,136.	18,482.	24,866.	6,133.	1,983.	55,600.			
_	and income from similar sources	4,150.	10,402.	24,000.	0,133.	1,303.	33,000.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part IV)	444.	140.	400.			984.			
11	Total support. Add lines 7 through 10						5,604,626.			
12	Gross receipts from related activities,	etc (see instruction	nns)		I	12				
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ax vear as a sectio					
	organization, check this box and stor	-	,	_,	, ou. uo u ooo	00 . (0)(0)				
Se	ction C. Computation of Publ		rcentage	* * * * * * * * * * * * * * * * * * * *						
14	Public support percentage for 2009 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	89.71 %			
15	Public support percentage from 2008	_		.,,		15	84.08 %			
16a	33 1/3% support test - 2009.If the o	rganization did not	t check the box on	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons			
ŧ	33 1/3% support test - 2008.If the o	rganization did not	t check a box on in	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons			
17a	10% -facts-and-circumstances tes	t - 2009. If the orga	anızatıon did not cl	neck a box on line	13, 16a, or 16b, a	ind line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Pai	rt IV how the organ	nization			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization					
b	10% -facts-and-circumstances tes	t - 2008.If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or			
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part IV how the	,			
	organization meets the "facts-and-cire	cumstances" test.	The organization of	ualifies as a publi	cly supported orga	anızation	▶∐			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	<u>s</u> ▶			
	Schedule A (Form 990 or 990-EZ) 2009									

Schedule A (Form 990 or 990-EZ) 2009

b 33 1/3% support tests - 2008. 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

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Anoopam Mission

Employer identification number 13-3563113

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(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 f	funds
_	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
•	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or deriver advisor, or for any earlier purpose earl	Yes No
Pai		panization answered "Yes" to Form 990 Part	
1	Purpose(s) of conservation easements held by the organizat		17, 1110 1.
•	Preservation of land for public use (e.g., recreation or p		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	Treservation of a certified	Thistoric structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation agreement on the last
_	day of the tax year.	ned conservation contribution in the form of a	Conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	* *	2d
3	Number of conservation easements modified, transferred, re	•	
Ŭ	year >	reased, extinguished, or terminated by the org	ganization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	-	
•	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 176(h)(4	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense sta	
•	include, if applicable, the text of the footnote to the organizar		
	conservation easements.	non o manoral otatomonto triat doscribos trio	organization a accounting to
Pai		f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	•	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and balance	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	,
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		heet works of art, historical treasures
	or other similar assets held for public exhibition, education, o		
	these items:	, p	or the state of th
	(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 tre-	asures, or other similar assets for financial gain	n provide
_	the following amounts required to be reported under SFAS 1	_	in provide
а	Revenues included in Form 990, Part VIII, line 1	to rolling to mood torrio.	• \$
	Assets included in Form 990, Part X		. > \$
	7 000to aloqueu al 1 citti 000, 1 dit A		Ψ

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Anoopam Mission

Schedule D (Form 990) 2009

13-3563113 Page 3

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	dule D (Form 990) 2009 Anoopam Mission						3563113	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audi	ted Fin	ancial :	Statem	nen	ts	
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 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	ınd 9		10				
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ents V	/ith Rev	venue p	oer Re	turr	n	
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:							
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b					ĺ	
С	Recoveries of prior year grants	2c					ĺ	
d	Other (Describe in Part XIV.)	2d	<u> </u>			_	ł	
е	Add lines 2a through 2d				Li	2e		
3	Subtract line 2e from line 1				L	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	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 must equal Form 990, Part I, line 12.)					5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Staten	nents \	With Ex	penses	s per R	etu	ırn	
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:				1	- 1		
а	Donated services and use of facilities	2a	ļ			İ		
b	Prior year adjustments	2b			_			
С	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						
е	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:	1.	1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-			ĺ		
	Other (Describe in Part XIV.)	4b				-		
_	Add lines 4a and 4b				_	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information		 			5		
								
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part		•	•				4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	ipiete th	s part to	provide a	ny additi	onal	I information.	
				-		—		
					-	—		
			-			_		
	· · · · · · · · · · · · · · · · · · ·							
						—		
						—		
		·			90	hed	lule D (Form 99	2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization 13-3563113 Anoopam Mission Form 990, Part VI, Section A, line 8b: Committees do not have authority to act on behalf of the governing body. Form 990, Part VI, Section B, line 11: The Organization's Form 990 is reviewed by the officers and accounting staff before it is filed. Form 990, Part VI, Section B, line 11: Governing documents and financial statements available to the public upon written request Form 990, Part VI, Section C, Line 19: The Organization makes its governing documents and financial statements available to the public upon written request. Form 990, Part VII Contact Addresses for Officers, Directors, Etc: Vishnu Patel - 300 Cambel Circle, Downing Town, PA 19335 Jitendra C. Patel - 2120 Clearview Road, Coplay, PA 18037 Jayanti V. Patel - 10 Brown Court, Livingston, NJ 07039

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions.

► Attach to Form 990.

Anoopam Mission

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 13-3563113

Schedule R (Form 990) 2009 Anoopam Mission India Direct controlling Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section Public charity 501(c)(3)) Charitable e e Trust Total income Exempt Code section Ŧ ਉ 80G(5) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ত India LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Spiritual enlightenment Primary activity Primary activity ê Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Anoopam Mission - 04-2040035 Mogri, INDIA Brahmajyoti Part Part II

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13-3563113

Page 2

Schedule R (Form 990) 2009 Anoopam Mission

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Code V-UBI General or managing amount in box partner?
20 of Schedule K-1 (Form 1065) Yes No Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Share of end-of-year assets <u>6</u> Disproportionate allocations? Yes No Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) ਉ Share of total income (d)
(d)
(i Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **©** Legal domicile (state or foreign country) છ (d)
(Direct controlling entity Primary activity <u>a</u> Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 02-04-10 Part IV

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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 or (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)		Td X
e I cans or loan distantage by other organization(s)		×
f Sale of assets to other organization(s)		# X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		т Х
i Lease of facilities, equipment, or other assets to other organization(s)		× F
j Lease of facilities, equipment, or other assets from other organization(s)		i-
k Performance of services or membership or fundraising solicitations for other organization(s)		×
l Performance of services or membership or fundraising solicitations by other organization(s)		11 X
m Sharing of facilities, equipment, mailing lists, or other assets		T X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		ot X
p Reimbursement paid by other organization for expenses		
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s) 1 If the answer to any of the above is "Ness" see the instructions for information on who must complete the line and relationships and transcastion theorem.	objectional actions and the	
1	no transaction unestions	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) Anoopam Mission, Brahmajyoti, India	В	0.
(2)		
(S)		
(4)		
(5)		
(9)		
932163 02-04-10	Sch	Schedule R (Form 990) 2009

13-3563113

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Schedule R (Form 990) 2009 Anoopam Mission

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(e)	(q)	(9)	Ð	(6)	9	(6)	æ
			() i			(a)	
Name, address, and EiN of entity	Primary activity	Legal domicile (state or foreign	section 501(c)(3) organizations?	Share of end-of- year assets	tionate allocations?	amount in box 20	managing partner?
			Yes No			(Form 1065)	1 '
					·		
					-		
					-		
							_
							_
						•	
					-		
					-		

Schedule R (Form 990) 2009

4562

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

990

2009

Attachment Sequence No. 67

Business or activity to which this form relates Anoopam Mission Form 990 Page 10 13-3563113 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 800,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (c) Elected cost (b) Cost (business use only) 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 15 7,237. 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 174,263. 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property 7-year property C 10-year property d 15-year property f 20-year property S/L 25-year property 25 yrs. g 27.5 yrs. ММ S/L h Residential rental property ММ S/L 27.5 yrs. S/L 39 yrs. MM Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 38,462. 20a Class life MQ 1,587. S/L b 12-year 12 yrs. S/L 40-year 40 yrs. ММ S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. 183,087. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 910251 11-04-09 LHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2009)

	opam Mi											113	
Part V Listed Property (Include at recreation, or amusement.) Note: For any vehicle for withrough (c) of Section A, all	hich you are us	ing the	standard	mileag	e rate oi					•	-		
Section A - Depreciati						instruc	tions for l	mits for	passeno	er auto	mobiles)		
24a Do you have evidence to support the bu				Y			24b If "Y					Yes	No
(b)	(c)	1	(d)		(e)		(f)		g)		(h)		<u> </u>
Type of property (list vehicles first) (list vehicles first)	Business/ investment use percentag	e of	Cost or ther basis		is for depre siness/inve use only	stment			hod/ ention	Depr	eciation uction	Elec sectio	ted n 179 st
25 Special depreciation allowance for quesed more than 50% in a qualified b	•	property	/ placed ii	n servic	e dunno	g the ta	ax year an	d	25				
26 Property used more than 50% in a q		ss use:							1	<u> </u>		L	
	%											1	
	%	;			-								_
	%	,						Ì					
27 Property used 50% or less in a quali	fied business u	ıse:								-		<u> </u>	
	%	5		\Box	_			S/L -	_	1			•
	%	5						S/L·				,	
	%	5					S/L·					1	
28 Add amounts in column (h), lines 25 through 27. E									28			1	
29 Add amounts in column (i), line 26. E	on line	7, page 1								29			
			B - Inforn	nation	on Use	of Vel	nicles					•	
Complete this section for vehicles used If you provided vehicles to your employe those vehicles.											ing this s	section fo	or
	(a)	(t	o)		(c)	(4	d)	((e)	(f)		
30 Total business/investment miles driven during the year (do not include commuting miles)			nicle	Veh	iicle	v	ehicle	Veh	ıcle	Ve	hicle	Vehicle	
31 Total commuting miles driven during	the year		Î										
32 Total other personal (noncommuting) miles				-								
driven						1							
33 Total miles driven during the year. Add lines 30 through 32													
34 Was the vehicle available for person	aluse	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	<u> </u>	100	"	103	140	103	110	103	140	163	140	163	140
35 Was the vehicle used primarily by a	more I		1 1				+			<u> </u>	1		
than 5% owner or related person?						[
36 Is another vehicle available for person	nal T		 							<u> </u>	 		
use?													
	- Questions for	-	•					•			re not m	ore than	5%
owners or related persons.													
37 Do you maintain a written policy stat employees?	ement that pro	hibits a	all persona	al use o	of vehicle	es, inc	luding cor	nmuting,	by you	r		Yes	No
38 Do you maintain a written policy stat	ohibits personal use of vehicles, except commuting, by						ıng, by y	your					
employees? See the instructions for	vehicles used	by corp	orate offi	icers, d	rectors,	or 1%	or more	owners					
39 Do you treat all use of vehicles by en													
40 Do you provide more than five vehicle	ies to your emp	oloyees	, obtaın ır	nformati	ion from	your e	employees	s about					
the use of the vehicles, and retain th	e information r	eceived	1?										<u> </u>
41 Do you meet the requirements conce	•												Ļ
Note: If your answer to 37, 38, 39, 46	0, or 41 is "Yes	," do no	ot comple	te Sect	ion B fo	r the c	overed ve	hicles.					
Part VI Amortization	γ												
(a) Description of costs	Date a	(b) amortization begins		(C) mortizable amount			(d) Code section		(e) Amortization period or percentage		(f) Amortization for this year		
42 Amortization of costs that begins du	nng your 2009	tax yea	ar:										
								\Box					
43 Amortization of costs that began bef	fore your 2009	tax yea	ır					_		43			
44 Total. Add amounts in column (f). Se	e the instruction	ons for	where to	report						44			
												orm 4ECC	12000