

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF** 

### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For o	alenda	r year 2009, or tax year beginning, a	and ending		·		
G C	heck all	that apply Initial return Initial ret	turn of a former public o	harity		Final return	
		Amended return Add	ress change	Name	change		
	the IRS	Name of foundation				loyer identification numb -8791238	per
	erwise,	The Georgina Joshi Foundat	ion Inc		B Telep	hone number (see page 10	) of the instructions)
	orint	Number and street (or P O box number if mail is not delivered		Room/suite	57	4-288-3459	
	type.	215 S Hawthorne Drive	·		C If exe	mption application is pendi	ng, check here
See	Specific	City or town, state, and ZIP code	-	<u>-i</u>	D 1 Fc	oreign organizations, check	here 🕨
Instr	uctions		46617		2 Fc	oreign organizations meetir	g the
H C	heck typ	pe of organization X Section 501(c)(3) exempt private	foundation		1	5% test, check here and att	
	Section 4	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation		4	ate foundation status was	· 1
l Fa	ıır marke	et value of all assets at end J Accounting method	X Cash Acci	rual	section	on 507(b)(1)(A), check here	• ▶ ∟
of	year (fro	om Part II, col. (c), Other (specify)			F If the	foundation is in a 60-mont	h termination
lın	e 16) ▶	\$ 1,908 (Part I, column (d) must be	oe on cash basis )		unde	r section 507(b)(1)(B), chec	k here
₽ŧ	irt I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions) )					(cash basis only)
	1 (	Contributions, gifts, grants, etc , received (attach schedule)	1,089,200				
	2 (	Check ► if the foundation is <b>not</b> required to attach Sch_B					
	3 1	Interest on savings and temporary cash investments	39		39	39	
	4	Dividends and interest from securities					
	5a (	Gross rents					
<u>=</u>	b	Net rental income or (loss)				, , , , , , , , , , , , , , , , , , ,	
),   	6a 1	Net gain or (loss) from sale of assets not on line 10			.,,		
evenue		Gross sales pnce for all assets on line 6a					•
<b>⊉</b> ₩		Capital gain net income (from Part IV, line 2)			0		***************************************
		Net short-term-capital:gain				0	
ć		Income modifications					
j		Gross sales less returns & allowances					· · · · · · · · · · · · · · · · · · ·
:		Less Gostof ရှိဝတ်၍ရှိ၍d 🔾 Gross profit or (loss) (attach Schedule)					
:	11	Other income (attach schedule)			***************************************		
		Total Add lines 1 through 11	1,089,239		39	39	
		Compensation of officers, directors, trustees, etc					<u> </u>
es	i	Other employee salaries and wages					
benses	į.	Pension plans, employee benefits					
g		Legal fees (attach schedule) See Stmt 1	31,950				
ω		Accounting fees (attach schedule)					
Ve		Other professional fees (attach schedule)					
rati		Interest					
isti	18	Taxes (attach schedule) (see page 14 of the instructions)		١.			
Ē	19 1	Depreciation (attach schedule) and depletion					
ם	20	Occupancy					
Ϋ́	21	Travel, conferences, and meetings	54				
Operating and Administrative Ex	22	Printing and publications					
ğ	23 (	Other expenses (att sch) Stmt 2	4,565				
ıtin	24	Total operating and administrative expenses.					_
era	'	Add lines 13 through 23	36,569		0		0
g		Contributions, gifts, grants paid	1,057,356				1,057,356
_	1	Total expenses and disbursements.Add lines 24 and 25	1,093,925		0	0	1,057,356
		Subtract line 26 from line 12					
	(	Excess of revenue over expenses and disbursements	-4,686				
	1	Net investment income (if negative, enter -0-)		i	39		
	l c	Adjusted net income (if negative, enter -0-)	F	1		39	

Form 990-PF (2009)

4

5

6

1,908

1,908

4 Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Part IV Capi	tal Gains ar	nd Losses for Tax on Investmen	nt Incor	ne				
(6	a) List and describ 2-story brick ware	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)	•		(b) How acquired P—Purchase D—Donation		ite acquired , day, yr )	(d) Date sold (mo , day, yr )
1a N/A			_					
b								
<u>c</u>	<del></del>					<u> </u>		
		(6) Description allowed	<u> </u>	(a) Cost or	other basis		(b) Gair	or (loss)
(e) Gross sales	price	(f) Depreciation allowed (or allowable)		107	nse of sale		• •	) minus (g)
a	-		<u> </u>					
_с								·
d			<b></b>		<del></del>			
Complete only for		and the second by the form		12/21/60			<del></del>	<del></del>
Complete only for a	assets snowing	gain in column (h) and owned by the four	idation or					(h) gain minus less than -0-) <b>or</b>
(i) F M ∨ as of 1	2/31/69	(j) Adjusted basis as of 12/31/69		, ,	s of col (ı) (ı), ıf any	, ,		om col (h))
a					-			
b								
С								
d								
						<del></del>		
2 Capital gain net inc	ome or (net cap	pital loss)		•				
3 Net short-term can	ital dain or (loss	If (loss), enter -0- in f s) as defined in sections 1222(5) and (6)	ant I, line	′		2		
•	• ,	column (c) (see pages 13 and 17 of the in	structions	a 7				
If (loss), enter -0- if		solution (b) (see pages to and the or the in	01,001,0110	'' <u> </u>		3		
		der Section 4940(e) for Reduce	d Tax c	n Net In	vestment Incom			
(For optional use by do	mestic private f	oundations subject to the section 4940(a)	) tax on ne	et investmer	nt income )			
If section 4940(d)(2) ap	plies, leave this	s part blank						
Maa tha farmdahaa kah	la fan tha anatia	on 4942 tax on the distributable amount of	f any	un tha haar		es X	Na	
		y under section 4940(e) Do not complete		iii tiie base	period.	75 115	NO	
	<u></u>	ach column for each year, see page 18 of		ictions befo	re making any entries			<del></del>
(a	1)	(b)	4.0	1040110 2010	(c)	<u> </u>		(d)
Base peri Calendar year (or ta		Advisted avaleurs distribution	s	Net value	of noncharitable-use ass	ets		ibution ratio ivided by col (c))
20	08	50	,914		11,	838		4.300895
20	07	42	,235		20,	976		2.013492
20	06							
20								
	04							
2. Total of two 1. solu							,	6.314387
<ul><li>2 Total of line 1, colu</li><li>3 Average distribution</li></ul>	• •	year base period—divide the total on line	2 by 5 o	r hy the		<u> </u>	2	0.314367
		is been in existence if less than 5 years	. 2 by 5, 0	i by the			3	3.157194
, , , , , , , , , , , , , , , , , , , ,		,						
4 Enter the net value	of noncharitabl	e-use assets for 2009 from Part X, line 5				L	4	20,833
5 Multiply line 4 by lin	ie 3						5	65,774
6 Enter 1% of net inv	estment income	e (1% of Part I, line 27b)					6	
<b>7</b> Add :							_	6E 774
7 Add lines 5 and 6						F.	7	65,774
8 Enter qualifying dis	tributions from <sup>(</sup>	Part XII, line 4					8	1,057,356
		line 7, check the box in Part VI, line 1b, ai	nd comple	ete that part	using a 1% tax rate		<del>-</del> 1	,0
Part VI instructions				F- 4-1.				

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form **990-PF** (2009)

X

Form **990-PF** (2009)

Part VIII Information About Officers, Directors, Trustees, Foundation	Managers Highly Paid Empl	Page
and Contractors (continued)		- <u>-</u>
3 Five highest-paid independent contractors for professional services (see page 23 of the	e instructions). If none, enter "NONI	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ntion such as the number of	Expenses
1 N/A		<del> </del>
2		
3	<del></del>	
4		,
Part IX-B Summary of Program-Related Investments (see page 24 or	f the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 N/A		
		<del></del>
2		
All other program-related investments See page 24 of the instructions		
3		
otal. Add lines 1 through 3		
evan riva mice i Ullough e	<b>▼</b> 1	

P٤	Minimum Investment Return (All domestic foundations must complete this part. Foreig	ın foi	undations,
	see page 24 of the instructions.)	<del></del>	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		^
а	Average monthly fair market value of securities	1a	21,150
þ	Average of monthly cash balances	1b	21,150
C	Fair market value of all other assets (see page 24 of the instructions)	1c	01 150
d	Total (add lines 1a, b, and c)	1d	21,150
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		•
2	Acquisition indebtedness applicable to line 1 assets	2	01 150
3	Subtract line 2 from line 1d	3	21,150
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	317 20,833
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5	6	1,042
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private oper	ratıng	
	foundations and certain foreign organizations check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	1,042
2a	Tax on investment income for 2009 from Part VI, line 5		
þ	Income tax for 2009 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,042
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,042
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	1,042
D.	art XII Qualifying Distributions (see page 25 of the instructions)		
F*	tri Air Qualifying distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,057,356
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	1	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,057,356
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		<del></del>
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,057,356
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	qualifies for the section 4940(e) reduction of tax in those years		-

Form **990-PF** (2009)

41,439

50,322

1,056,314

Excess from 2007

Excess from 2008

Excess from 2009

DAA

Pa	rt XIV Private Operating Fou	indations (see pa	age 27 of the instr	uctions and Part \	/II-A, question 9)	
1a	If the foundation has received a ruling or o					
	foundation, and the ruling is effective for 2			🗂 .	740440	
b	Check box to indicate whether the founda		ing foundation describe		942(j)(3) or   4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	<del> </del>
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly			-		
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
•	alternative test relied upon					
а	"Assets" alternative test—enter					
u	(1) Value of all assets					
	(2) Value of assets qualifying under					
	• • • •					
_	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3				-	
b	of minimum investment return shown in					
	Part X, line 6 for each year listed		<del>                                     </del>	<del></del>		<u> </u>
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt				1	
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization				<b></b>	
	(4) Gross investment income	<u> </u>	<u> </u>			
Pa	art XV Supplementary Inform				1 \$5,000 or more ir	i assets at
	any time during the ye		of the instruction	<u>s.)</u>		
1	Information Regarding Foundation Mai					
а	List any managers of the foundation who				the foundation	
	before the close of any tax year (but only	if they have contribute	d more than \$5,000) (S	ee section 507(d)(2).)		
	Yatish J. Joshi					,088,000
b	List any managers of the foundation who	own 10% or more of th	e stock of a corporation	(or an equally large po	ortion of the	
	ownership of a partnership or other entity)	) of which the foundation	on has a 10% or greater	ınterest		
	N/A					
2	Information Regarding Contribution, G					
			o preselected charitable			
	unsolicited requests for funds. If the found	lation makes gifts, grai	nts, etc (see page 28 o	the instructions) to inc	lividuals or	
	organizations under other conditions, com	iplete items 2a, b, c, ar	nd d			
а	The name, address, and telephone number	er of the person to who	om applications should t	e addressed		
	Yatish J. Joshi					
	215 S. Hawthorne Dri	.ve South Be	end IN 46617			
b	The form in which applications should be			should include		
	No specific format i	s required	·		<u> </u>	
С	Any submission deadlines					
	N/A	<del></del>		<del> </del>		<u>.</u>
d	Any restrictions or limitations on awards, s	such as by geographic	al areas, charitable field	s, kinds of institutions,	or other factors	
	N/A		<del></del>	<del></del>		5 000 PE (0055)
						Form <b>990-PF</b> (2009)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Saint Mary's College n/a 509(a)(1) Music Department Operations 1,000 Notre Dame IN 46552 Indiana University Founda n/a 509(a)(1) Scholarships Endowment 1,000,000 Showalter House Bloomington IN 47402 4945 (g) (3) Suzanne Shakespeare none Scholarship Prince Consort Road 40,856 London Fischoff Natl Chamber n/a 501 (c) (3) 303 Browson Hall Underwriting 5,000 Notre Dame IN 46556 South Bend Youth Symphony n/a 501 (c) (3) Indiana University Operations 500 South Bend IN 46634 Early Music Associates, I n/a 501(c)(3) P O Box 734 Underwriting 10,000 Bloomington IN 47402 1,057,356 Total ▶ 3a b Approved for future payment N/A

Total

▶ 3b

Page 12

Part XVI-A	Analysis of Income-Producing A	ctivities				
Enter gross amo	ounts unless otherwise indicated	Unrelated (a)	(b)	Excluded by  (c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program ser	rvice revenue	Business code	Amount	code	Amount	(See page 28 of the instructions)
a						
b						
c		_		+ +-		
d		_				· · · · · ·
e		_				
f						
<b>g</b> Fees ar	nd contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on s	savings and temporary cash investments			14	39	
4 Dividends a	nd interest from securities					
5 Net rental in	come or (loss) from real estate					
a Debt-fin	anced property					- <u>-</u> -
<b>b</b> Not deb	t-financed property					
<ol><li>Net rental in</li></ol>	come or (loss) from personal property					
7 Other invest	tment income					
8 Gain or (loss	s) from sales of assets other than inventory					
9 Net income	or (loss) from special events					
0 Gross profit	or (loss) from sales of inventory					
1 Other reven	ue <b>a</b>					
е			_			
2 Subtotal Ad	d columns (b), (d), and (e)			0	39	0
3 Total. Add li	ine 12, columns (b), (d), and (e)				13	39
See worksheet	in line 13 instructions on page 28 to verify calculation	ons )				
Part XVI-B	Relationship of Activities to the A	<u>Accomplishmen</u>	t of Exempt Pu	rposes	_ <del></del>	
Line No.	Explain below how each activity for which incom-	•			•	
▼	accomplishment of the foundation's exempt purp instructions)	ooses (other than by	providing funds for s	such purpose:	s) (See page 29 of th	ne
N/A						
					·	
				-		
					· <del>-</del>	<del></del>
		<del></del>				
		·········				
			·· <del>···</del>			
		· · · · · · · · · · · · · · · · · · ·				
						<del> </del>
			·			
						<del></del>
		<del></del>	<del></del>			
<del></del>					<del></del>	
		<del></del> -				·
				<del></del>		
				· · · ·		

•	ai f V A II	Exempt Organi	•	ilsiers To allu	Transaction.	s and i	veiationships with No	monaritable		
1	Did the or	ganization directly or in		ın any of the follow	ring with any other	er organı	zation described		Yes	No
		501(c) of the Code (ot								
	organizati			(4)(4)	,		•	ľ		
а	•	from the reporting four	ndation to a non	charitable exempt o	organization of					
_	(1) Cash			·				1a(1)		X
	(2) Other	assets						1a(2)		X
b	Other tran									1
	(1) Sales	of assets to a nonchar	ritable exempt o	rganization				1b(1)		X
	(2) Purch	ases of assets from a	noncharitable e	xempt organization				1b(2)		X
	(3) Renta	I of facilities, equipmer	nt, or other asse	ts				1b(3)		X
	(4) Reiml	oursement arrangemer	nts					1b(4)	ļ	X
	(5) Loans	or loan guarantees						1b(5)		X
	(6) Perfor	mance of services or r	membership or	fundraising solicitati	ons			1b(6)		X
	•	facilities, equipment, r	_					1c		<u> </u>
d	If the answ	ver to any of the above	s is "Yes," comp	lete the following so	chedule Column	(b) shou	ıld always show the faır mark	et		
			_				tion received less than fair ma			
							other assets, or services rec			
	(a) Line no	(b) Amount involved	(c) Name	of noncharitable exem	pt organization	(0	d) Description of transfers, transac	ctions, and sharing arrange	ements	
<u> </u>	A							<del></del>		
								<del></del>	_	
					,					
				· · · · · · · · · · · · · · · · · · ·				<del></del>		
							· · · · · · · · · · · · · · · · · ·			
								<u>-                                    </u>		
	·	·				_				
			-							
		<del>-</del>	<del></del>							
			+							
				<del></del>				<u> </u>		
		<del>-   -</del>					<del>-</del>			
			• +	<del></del>						
		<u> </u>	<del></del>	<u></u>						
			<del></del>	<del>.</del>						
22	le the four	dation directly or indire	actly affiliated w	ith or related to on	e or more tax-ex	empt or	ranizations			
<b>L</b> a		in section 501(c) of the	-				janizations	П 🗸	es X	No
h		omplete the following s		1411 30001011 00 1(0)(0	,,, 0, ,,, 0000,011 0			ш.		,
		(a) Name of organization	01100010	(b) Type of or	ganization		(c) Description	of relationship		
	N/A	(-,	<del></del> -	, , ,,	5		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	•									
							nd statements, and to the best of			
	belief, it is to	ue, correct, and complete	Declaration of pr	eparer (other than taxp	payer or fiduciary) is	s based or	n all information of which preparer	has any knowledge		
ļ	X		U Vm.	<del></del>	<u> </u>	טוןי	Chairm	nan		
စု	Signati	re of officer or trustee	e * (	-	Date	<del>-</del>	Title			
Sign Here							Date	Preparer's identi number (see Sig		nn.
드	.s >	Preparer's					Check if self-employed	- I		
్ల ∖	Pare     On Pare	signature					08/11/10	P00008	3722	<u>:</u>
	Paid Preparer's Use Only	Firm's name (or yours if	k .	G. Lamon	t, CPA					
		self-employed), address,		Hill St				EIN ▶		
ļ		and ZIP code	South	Bend, IN	46617			Phone no 574-28		
								Form <b>99</b>	0-PF	(2009)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

20-8791238 The Georgina Joshi Foundation Inc Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

or 990-PF)

Page 1 of 1 of Part I

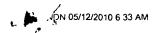
Name of organization The Georgina Joshi Foundation Inc Employer identification number

20-8791238

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Yatish J. Joshi 215 S. Hawthorne Drive South Bend IN 46617	\$ 1,088,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

POSHIFNDN The Georgina Joshi Foundation Inc 20-8791238 Federal Statemer FYE: 12/31/2009	8/11/2010 6:40 AM
TL. 12/31/2009	
Form 990-PF, Part XV, Line 1a - Managers Who Co	ontributed Over 2% or \$5,000
Name of Manager	Amount
Yatish J. Joshi	\$ 1,088,000
Total	\$ 1,088,000
Form 990-PF, Part XV, Line 1b - Managers Who	o Own 10% or More Stock
Name of Manager	Amount
N/A	\$
Total	\$0
Form 990-PF, Part XV, Line 2b - Application For	mat and Required Contents
Description	
No specific format is required.	

JOSHIFNDN The Georg 20-8791238 FYE: 12/31/2009	JOSHIFNDN The Georgina Joshi Foundation Inc 20-8791238 FYE: 12/31/2009	Federal Statements	8/11/2010 6:40 AM
	Statement 3 - Form 990-PF, Part V	Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	
Name	Address	City. State. Zip	
Yatish J. Joshi	215 S. Hawthorne Drive	South Bend IN 46617	
			c



Department of the Treasury

## Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868' electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits Type or Name of Exempt Organization Employer identification number print The Georgina Joshi Foundation Inc 20-8791238 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your 215 S Hawthorne Drive return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions IN 46617 South Bend Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of 

Yatish J. Joshi Telephone No ▶ FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2009 tax year beginning and ending Final return Initial return Change in accounting period If this tax year is for less than 12 months, check reason If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, 0 less any nonrefundable credits. See instructions За b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax 0 payments made. Include any prior year overpayment allowed as a credit 3b Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment 0 System) See instructions Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions Form 8868 (Rev 4-2009) For Privacy Act and Paperwork Reduction Act Notice, see Instructions