

#### 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



**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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

	For th	ne 2009 calend	ar year,	or tax year b	eginning		2009, an	d ending	1		•	•		
В		f applicable	<u> </u>	C Name of o				•	,	D Employ	yer ider	tification I	lumber	
	Ad	Idress change	Please use IRS label	SRI VIS	WAYOGI VISW	AMJEE FOUNI	DATION			22-	3491	L493		
	1	ame change	or print or type.		nd street (or P O box if i			Room/su	ıte	E Telepho				
		tial return	See specific	1513 ST	NGER ROAD					(61	0) (	578-76	553	
		rmination	Instruc- tions.	City, town			State ZIF	code + 4		(01	<u> </u>	370 7	,,,,	
	1	nended return	40113.	WYOMISS				9610		C 0		. 52	4,525	
	$\vdash$	plication pending	F Name :	and address of p			FA I		H(a) Is this	G Gross r a group retur				
	Ш ~р				13 SINGER RE	WYOMTCCTNO	. D. 7. 1	1.		affiliates inc		inates.	Yes Yes	X No
	Tax	exempt status-						3010		attach a list		structions)	L ies	
+				(c) (3	)◀ (insert no.)	4947(a)(1)	or	527						
<u>, , , , , , , , , , , , , , , , , , , </u>		osite: N/A			<del></del>	1 .	1.			exemption ni				
K			X Corpora	ation Trust	Association	Other ►	L Year	of Formation	on 1996	5   M s	State of	legal domi	cite PA	
_=	art I	Summa						220110						
	1	Briefly describ	e the org	janization's r	nission or most sig	initicant activities.	_TO_F	SKOWOJ	E ONT	VERSAL	_PE	ACE_	<b></b>	
Çe.						<del>_</del>							<del>-</del>	
عَوْد						- <b>-</b>	<b></b>		- <b>-</b>			. – – –	<del>-</del>	<del>-</del>
Ž.	2				zation discontinued									
<b>⊱</b> &					overning body (Pa		aisposea	or more	tnan 25%	% of its as		5		
₹₩					bers of the govern		line 1b)				4	2		
ĕ	1	Total number of		_	_	g coay (, a.c. c.,					5			
ું ફે					e if necessary)						6	4		
≱خ					nue from Part VIII,		12				7a			0.
Revenue 20 Activities & Governance	b	Net unrelated I	business	taxable inco	me from Form 990	)-T, line 34					7b			
20									P	rior Year		Сп	rrent Ye	ar
ا خود (داد)	8	Contributions a	and grant	ts (Part VIII,	line 1h)					496,2	92.			509.
֓֞֟֞֟֓֓֓֟֓֓֟֟ <u>֟</u>	9	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
ě	10	Investment inc	ome (Pa	rt VIII, colung	In(A), lines 3, 4, a	ind 7d)					58.			
Œ	11	Other revenue	(Part VII	I, column (A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Oc, 10c, and 11e)					-		-	16.
	12	Total revenue	<ul><li>add lin</li></ul>	es & Nong	11 (must equal P	art VIII, column (A	A), line 12	2)		496,3	350.		534,	525.
	13	Grants and sim	nılar ame	wikis paid (P	art (A) column (A)	lines 1-3)				485,0	00.			616.
	14	Benefits paid to	oor for i	nembers (Ra	IX. column (A).	Ine 4)								
_	15	Salaries, other	compen	sation bempi	oyee beneturs Par	t IX, column (A), I	ines 5-10	))						
Expenses	16a I	15 Salaries, other compensation temployee benefits (Part IX, column (A), lines 5-10)  16a Professional fundrals (Part IX, column (A), line 11e)												
ě					edumn (D), line 2			0				*		
Ä								0.	<u> </u>	•				
					), lines 11a-11d, 1		_		<u> </u>		12.			007.
					ust equal Part IX,	column (A), line 2	5)			488,3				623.
	19	Revenue less e	expenses	Subtract lin	ne 18 from line 12					8,0	_		7,	098.
Net Assets or Fund Balancos									Begin	ning of Y	ear	En	d of Yea	ar
Bala	l	Total assets (P	-	•						10,9	92.		2,	694.
at P	21 -	Total liabilities	(Part X,	line 26)				•		1,2	00.			
					ct line 21 from line	20				9,7	92.		2,	694.
Pa	rt II	Signatu	<u>re Bloc</u>	k										-
		Under penalties	of perjury, I	declare that I ha	ave examined this return reparer (other than offic	i, including accompany	ng schedule	s and state	ments, and	to the pest of	of my kr	nowledge a	nd belief, i	t is
		I'de, correct, and		Declaration to p	neparer (other than onc	er) is based on all infol	mation of wi	nich prepar	er nas any i	knowledge	1	1		
Sig	ın			No wa	ROO,					3	, \ `	8	6	
He	re	Signature of	officer		,				Date	е	•			
		KAMESI	HWARI	RAO										
		Type or prin	t name and	title										
						1	Date			eck ıf	Pi	reparer's id ee instructi	entifying n	umber
Pai		Preparer's	_	- id	$\Omega_{1}$	11 m	5	1.1	sel em	f- ployed ►	$\prod$		,	
Pre		signature	_ /	Ø KI	( Blee)	el Wy	<u>ک</u>	16/1	10	-				
	rer's	Firm's name (or	AYE.	ASSOCI	AZES			<del>-                                    </del>						
Us On		yours if self- employed),	<b>&gt;</b> 918	LOWELL	AVENUE				EIN	ı <b>-</b>				
<b>J</b> 11	י.	address, and ZIP + 4	HAMI	LTON		NJ C	8619			one no			· · ·	
Mav	the IR				rer shown above?		<u> </u>		1 - 10	J.10 110		X Y	95	No
					ion Act Notice, see		tructions	<u> </u>		TEEA0101	07/20		orm <b>990</b>	
											3,,20	1 '		(-000)

	m <b>990</b> (2009)' SRI VISWAYOGI '			<del>_</del>	22	-34914	93		Page 2
	rt III Statement of Program		plishments						
1	, Briefly describe the organization's mis								
	TO PROMOTE UNIVERSAL PE	ACE							- <b>-</b> -
		. – – – – – – -					<del>-</del>		
							<b>-</b>		- <b>-</b> -
	Did the organization undertake any sig	anificant program c	onugos durina the ve	or which we	are not listed on the prin				
2	Form 990 or 990-EZ?	Jillicant program S	ervices during the ye	ar which we	ere not listed on the prio		Yes	X	N.
	If 'Yes,' describe these new services of	n Schedule O			• •	Ш	162	Ċ	No
3	Did the organization cease conducting		nt changes in how it	conducts a	ny nrogram services?		Yes	x	No
•	If 'Yes,' describe these changes on So		it changes in now it	conducts, a	rly program services	ш	163	<u> </u>	110
4	Describe the exempt purpose achiever	ments for each of the	ne organization's thre	e largest p	rogram services by expe	nses. Sec	tion 50	11(c)(3	0
	and 501(c)(4) organizations and section expenses, and revenue, if any, for each	on 4947(a)(1) trusts	are required to repo	rt the amou	nt of grants and allocati	ons to oth	ers, the	e total	•
		, 3							
Α.	a (Code ) (Expenses \$	E41 622		ć	F2C C1C \ (D)	- ^			
40	a (Code) (Expenses \$ TO DISSEMINATE THE DIVI					e >		4,5	<u> </u>
	THE MESSAGE OF UNIVERSA		<del></del> -	OGT AT2	MANDEE'		<del>-</del>		
	1111 111101101 01 01111101	T TRIBOUNITY	NA THE LEVOR						
					<b></b>				
					<del></del>				
					- <b></b>				
					<del></del>				
41	<b>b</b> (Code) (Expenses \$		uncluding grants of	Ġ	) (Payanu	. ¢			
7.	Code) (Expenses \$\frac{1}{2}_{}	<del></del>	including grants of	٧	) (Revenu	₹ ₹			—,
			·						
				<b></b>	<b></b>				
				- <b></b>					
				<b>-</b>					
			· <b></b>						
						- <del>-</del>			
40	(Code) (Expenses \$		including grants of	¢	) (Payanu				
	(Codd) (Expenses V		including grants of	٧	) (Revenue	, y			
		<b>-</b>							
			<del>-</del>						
					- <b></b>				
				<b>-</b>					
				- <del></del>					
						- <b></b>			
				<b></b>					
4d	Other program services (Describe in S								
	(Expenses \$		of \$		) (Revenue \$			)	
4e	Total program service expenses ►	541,	623.						

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		Х
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 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 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X 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	×		,
•	• 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 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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

**37** 

38

Х

Form 990 (2009) SRI VISWAYOGI VISWAMJEE FOUNDATION 22-3491493 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 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 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х 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, and 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III Х 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c 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 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI37

BAA Form 990 (2009)

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

Form 990 (2009) SRI VISWAYOGI VISWAMJEE FOUNDATION	22-3491493	F	Page			
Part V Statements Regarding Other IRS Filings and Tax Compliance						
		Yes	No			
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	o					
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reporta (gambling) winnings to prize winners?	able gaming 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						
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see inst	ructions)					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			Х			
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<u>3b</u>					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other auth financial account in a foreign country (such as a bank account, securities account, or other financial account.)	nority over, a unt)? 4a		Х			
<b>b</b> If 'Yes,' enter the name of the foreign country						
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank Financial Accounts	c and					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n? . <b>5b</b>		X			
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?						
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?						
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	s and services	٠,				
provided to the payor?	. <b>7a</b>		Х			
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re Form 8282?	quired to file		Х			
d If 'Yes,' indicate the number of Forms 8282 filed during the year						
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a perso benefit contract?	onai . 7e		Х			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	required? . 7h					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess b holdings at any time during the year?	usiness		х			
9 Sponsoring organizations maintaining donor advised funds.	• • • • • • • • • • • • • • • • • • • •					
a Did the organization make any taxable distributions under section 4966?	9a		Х			
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X			
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12						
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11 Section 501(c)(12) organizations. Enter						
a Gross income from other members or shareholders						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b						

Form 990 (2009)

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	ection A. Governing Body and Management							
			Yes	No				
1 a	1 a Enter the number of voting members of the governing body							
I	<b>b</b> Enter the number of voting members that are independent							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee or key employee?	other 2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person?	ervision 3		х				
4	Did the organization make any significant changes to its organizational documents	4		X				
	since the prior Form 990 was filed?							
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		х				
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?								
ı	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
i	a The governing body?	8a	Х					
ı	<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at to organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	he 9		х				
Sec	ection B. Policies (This Section B requests information about policies not required by the							
	venue Code )							
			Yes	No				
10 a	a Does the organization have local chapters, branches, or affiliates?	10a		X				
ı	<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with those of the organization?	liates,						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	17 11		X				
11/	A Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12 <i>a</i>	2a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
ŀ	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х					
•	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' described Schedule O how this is done.	be ın 12c	x					
13	B Does the organization have a written whistleblower policy?	13		X				
14	Does the organization have a written document retention and destruction policy?	14		Χ				
15	5 Did the process for determining compensation of the following persons include a review and approval by indeper persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	dent						
a	a The organization's CEO, Executive Director, or top management official	15a	Х					
Ŀ	<b>b</b> Other officers of key employees of the organization	15b	Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)							
16 a	5a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a entity during the year?	taxable 16a		X				
t	<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its partial in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's estatus with respect to such arrangements?	cipation exempt 16b						
Sec	ction C. Disclosures							
	List the states with which a copy of this Form 990 is required to be filed New Jersey							
18				blic				
	Own website Another's website X Upon request							
19	statements available to the public			ıal				
20		=						
•	*KAMESHWARI RAO 1513 SINGER RD, WYOMISSING, PA _ 19160-1910	(484)	76-7	7 <u>504</u>				

Form 990 (2009)

### 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	t compens	ate ar	ny ci	urre	nt of	fficer,	direc	ctor, or trustee.		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		_		_	that app		Reportable compensation from		Estimated amount of other
	per week	adividial trakee or director	unstitutional trustee	Offir 2	key employee	High est compensated employee	Fusine	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
PLEASE SEE LIST ATTACHED								_		
VARIOUS	8.00	X						0.	0.	0

TEEA0107 11/10/09

Part VII   Section A. Officers, Directors, Trus					уе	es,	an	d Highest Con	npensated Em	oloyees (cont.)
(A)	(B)	B) (c)						(D)	(E)	(F)
Name and Title	Average hours per week	Posi	tion (					compensation from	Reportable compensation from	Estimated amount of other compensation
	hours per week	dividual trustee	stitutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
	!				-					
	_	-			_		_			
	-									
	-									
	-									
										<u> </u>
	-	-								
						1				
	<u> </u>	_								
					i					
1 b Total	1		l .		<u> </u>		<u> </u>	0.	0.	. 0
Total number of individuals (including but not limited from the organization	to those	e list	ed a	abov	e) v	vho	rece	<u> </u>		
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc.</li> <li>4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual.</li> <li>5 Did any person listed on line 1a receive or accrue compared to the second seco</li></ul>	dividual ortable an \$150 ompensa	com 0,000	pen: )? <i>If</i>	satio <i>'Ye</i> : n ar	on a s' <i>c</i> o	nd o	other lete	r compensation fro Schedule J for su	om ch	3 X 4 X
rendered to the organization? If 'Yes,' complete Sche Section B. Independent Contractors	edule J 1	for s	uch	pers	son				· ·	.   5   X
Complete this table for your five highest compensate compensation from the organization	d indep	ende	ent c	ontr	acto	ors t	hat	received more tha	n \$100,000 of	
(A) Name and business address						·		(B) Description (	) of Services	(C) Compensation
	_		_					2.233.150071		
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►	out not li	mıte	d to	tho	se I	ısted	i ab	ove) who received	more than	

<u>ra</u>	TO VIII   Statement of Revenue	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
		i	exempt function	business revenue	excluded from tax under sections
· S	1a Federated campaigns 1a		revenue		512, 513, or 514
ANT	b Membership dues 1b				
MOL	c Fundraising events				
AR A	d Related organizations 1 d				
IS, G	e Government grants (contributions)				
PROGRAM SERVICE REVENUE OONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 534,509.				
NO	g Noncash contribns included in Ins 1a-1f \$				
8 ₹	h Total, Add lines 1a-1f	534,509.			
NUE	Business Code				
ËVE	2a				<del></del>
CER	b				
ER.	d	<del></del>		ļ	
W St	d			<del></del>	
GRA	f All other program service revenue		·		
280	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and		··· · · · ·		
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Sequestres (ii) Other				
	7a Gross amount from sales of assets other than inventory			*	i i
	<b>b</b> Less cost or other basis				,
	and sales expenses  c Gain or (loss)				
	d Net gain or (loss)				
10E	8a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c)				
OTHER REVE	See Part IV, line 18				
풀	b Less direct expenses b				·
0	c Net income or (loss) from fundraising events	_			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b		the sense the state of the sense the		
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				* ,
	<b>b</b> Less cost of goods sold <b>b</b>				
}	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				
ŀ	11a				
	b				
ļ	c				
	d All other revenue	16.	0.	0.	0.
	e Total. Add lines 11a-11d	16.			
	12 Total revenue. See instructions	534,525.	0.	0.	0.

Pai	t IX Statement of Functional Expens				
		) and 501(c)(4) organiza	<del>-</del>		
	All other organizations must comp	olete column (A) but are			<del>``</del>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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 the U.S. See Part IV, line 22				•
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	536,616.	536,616.		
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
á	Management				
ŧ	Legal				
(	: Accounting	800.	0.	800.	0.
(	Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
(	Other				
	Advertising and promotion				
13	Office expenses	850.	0.	850.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				

19 C 20 Interest

21 Payments to affiliates

22 Depreciation, depletion, and amortization

23 Insurance

Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)

50.0.1		L	i	I
a BANK CHARGES	2,632.	0.	2,632.	0
b STATE FEES	725.	0.	725.	0
c				
d				
ei			· <del></del> ··	
f All other expenses				

536,616.

541,623.

26	Joint costs. Check here ►		if following
	SOP 98-2. Complete this line	e c	nly if the
	organization reported in colu	ımı	n (B) joint
	costs from a combined educ		
	campaign and fundraising so	alıc	eitation

25 Total functional expenses. Add lines 1 through 24f

Form **990** (2009)

0.

5,007.

Part X **Balance Sheet** (B) End of year (A) Beginning of year Cash - non-interest-bearing 10,992 1 2,694. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 10 c 11 Investments - publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 Investments - program-related, See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 10,992 16 16 Total assets Add lines 1 through 15 (must equal line 34) 2,694 1,200 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities, Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0. 26 1,200. 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 9,792. 32 2,694. 33 9,792. 33 Total net assets or fund balances 2,694. 34 Total liabilities and net assets/fund balances 10,992. 2,694. BAA Form 990 (2009)

TEEA0111 01/30/10

Form 99	0 (2009) SRI VISWAYOGI VISWAMJEE FOUNDATION	22-3491493	P	age <b>1</b> 2
Part X	I Financial Statements and Reporting	<del></del>		
•			Yes	No
<b>1</b> Ac	counting method used to prepare the Form 990. X Cash Accrual Other			
	the organization changed its method of accounting from a prior year or checked 'Other,' explain Schedule O			
2a We	ere the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	X	
<b>b</b> We	ere the organization's financial statements audited by an independent accountant?	2t	X	
c If '	Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight view, or compilation of its financial statements and selection of an independent accountant?	of the audit,	: X	
If t	the organization changed either its oversight process or selection process during the tax year, explain Schedule O.			
d If "	Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were insolidated basis, separate basis, or both	ssued on a		
X	Separate basis Consolidated basis Both consolidated and separate basis			
<b>3a</b> As Au	a result of a federal award, was the organization required to undergo an audit or audits as set forth in dit Act and OMB Circular A-133?	the Single		Х
<b>b</b> If "	Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the i audits, explain why in Schedule O and describe any steps taken to undergo such audits.	required audit		

Form **990** (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of	the c	organiza	tion							Employe	r identifica	tion number		
SRI				WAMJEE FOUNDA							49149			
Part	<u> </u>	Reas	on for Pu	blic Charity Statu	is (All organizations	must o	comple	ete this	part.	<u>See ı</u>	<u>nstruct</u>	tions		
The or	ganı	ızatıon	is not a priv	vate foundation because	se it is (For lines 1 throu	gh 11, c	heck on	y one b	ox)					
1	⊨ <del>=</del> i		•		ociation of churches descri		section	1 <b>70(b)(</b> 1	χΑχi).					
2	<b>∐</b> ′	A scho	ol described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)								
3	==		•	•	e organization described i		٠.		•					
4	/	4 med	ical research	organization operate	d in conjunction with a ho	ospital de	escribed	ın secti	ion 17 <b>0</b> (	<b>ЪХ1ХА</b> )	(iii). Ente	er the hosp	ital's	
_			city, and sta										<b>-</b>	
5	니 -	170(b)	( <b>1)(A)(iv).</b> (C	Complete Part II)	of a college or university		-	-	-	nentai u	nit desci	ribed in <b>sec</b>	non	
6 7	7	An org	anization tha		governmental unit describ substantial part of its sup art II)					or from t	he gene	ral public d	escrib <sup>,</sup>	ed
8		A comi	munity trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II	.)							
9	f	from a	ctivities relat nent income	ted to its exempt funct	1) more than 33-1/3 % of tions — subject to certain ss taxable income (less s omplete Part III)	exception	ons, and	(2) no r	nore tha	an 33-1/3	3 % of⊪t	s support fi	rom gr	ross
10		An org	anization org	ganized and operated	exclusively to test for put	olic safet	y See s	section !	509(a)(4	).				
11		An org nore p describ	anization orgoinalization orgoinalization organization or	ganized and operated orted organizations do of supporting organiz	exclusively for the benefices cribed in section 509(a ation and complete lines	t of, to p )(1) or s 11e thro	erform t ection 5	he funct 09(a)(2)	ions of, . See <b>s</b>	or carry ection 5	out the <b>09(a)(3).</b>	purposes of Check the	of one box t	or hat
			ype I	<b>b</b> Type II		I Fund					d $\square$	Type III-		
<b>e</b>	t	By che than fo	undation ma	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	ed directi pported	y or indi organiza	rectly by	y one or escribed	more d in secti	isqualifie on 509(a	ed persons a)(1) or sec	other tion	
f	ľ	f the o	rganization i this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Гуре II с	r Type	II suppo	rting org	janization,		
g	5	Since A	August 17, 20	006, has the organizat	tion accepted any gift or	contribu	ition fror	n any of	the foll	owing p	ersons?			
													Yes	No
	(	(i) a	person who	directly or indirectly of	controls, either alone or to apported organization?	ogether	with pers	sons des	scribed	ın (II) an	d (III)	11 - (3)		
	,			ber of a person desc	•						•	11 g (i) 11 g (ii)		
	•		-		described in (i) or (ii) ab	ove2						11 g (iii)	<b>-</b>	$\vdash$
h	•			• '	ne supported organization							119 (11)		
			Supported	(II) EIN	(iii) Type of organization		ls the	GA Did.	ou notify	6.5.1	s the	(vii) Amour	at of Sur	
	.,	Organ	ization	(.,, =	(described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	tion in col d in your erning ment?	the organ	ization in (i) of upport?	organizat	ion in col zed in the	(VII) Allious	н от опр	port
						Yes	No	Yes	No	Yes	No			
	_											<del></del>		
												<del></del>		
												<del> </del>		
						-			-			<del></del>		
Total														

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

Schedule A (Form 990 or 990-EZ) 2009

, a	(Complete only if you check					170(D)(	יאאאי	vi <i>j</i>	
Sec	ction A. Public Support	ed the box on the	3, 7, 01 8 01 Fait						_
	ndar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	-							_
2									
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			The state of the s					
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support				\ <u>*****</u>	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	_
7	Amounts from line 4							•	_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources					a			
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10	٠	`						
12	Gross receipts from related activi	ties, etc (see ins	tructions)				12		_
	First five years. If the Form 990 i organization, check this box and	stop here_		d, third, fourth, or	fifth tax year as a	section 50	(c)(3)	▶ [	_ _
	tion C. Computation of Pul								_
	Public support percentage for 200			11, column (f)			14	%	<u>.                                    </u>
15	Public support percentage from 2	008 Schedule A,	Part II, line 14			[	15		
16 a	<b>33-1/3 support test</b> — <b>2009.</b> If the and <b>stop here.</b> The organization of	organization did qualifies as a pub	not check the box licly supported org	on line 13, and tl janization	ne line 14 is 33-1/	3 % or more	e, checl	this box	٦
b	<b>33-1/3 support test</b> — <b>2008.</b> If the and <b>stop here.</b> The organization of	organization did qualifies as a pub	not check a box or licly supported org	n line 13, or 16a, a anization	and line 15 is 33-	1/3% or mor	e, chec	k this box	
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization in the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this bo	ox and stop here.	Explain in F	art IV I	% how ► [	
	10%-facts-and-circumstances teror more, and if the organization morganization meets the 'facts-and	neets the 'facts-ar -circumstances'	nd-circumstances' lest The organiza	test, check this bo ition qualifies as a	ox and <b>stop here.</b> publicly supporte	Explain in F d organizat	Part IV I on.	how the ►	7
18 BAA	Private foundation. If the organiz	auon did not chec	k a box on line, 1.	o, iba, ibb, i/a, (				ctions <b>P</b> ( 0 or 990-EZ) 20	⊥ 09

Schedule A (Form 990 or 990 EZ) 2009 SRI VISWAYOGI VISWAMJEE FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lir	ne 9 of Part I)		<del>-</del>			<del></del>
	tion A. Public Support	<del> </del>	<del>                                     </del>	<del>,</del>	<del></del>	г	<del></del>	
Cale 1	ndar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 200	9	(f) Total
2	not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11 c	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and s	s for the organiza	tion's first, second	l, third, fourth, or	fifth tax year as a	section 501	(c)(3)	▶ □
	tion C. Computation of Pub							
	Public support percentage for 200			13. column (f)			15	%
	Public support percentage from 20			15, 60(4)(1)		}	16	99.99%
	tion D. Computation of Inve			<del></del>	·· <del></del>			JJ.JJ 16
	Investment income percentage for				un (fl)		17	%
	Investment income percentage from			-	(1))		18	0.01%
	<b>33-1/3 support tests</b> – <b>2009.</b> If the more than 33-1/3%, check this bo	e organization did	not check the box	x on line 14, and	line 15 is more th	ي an 33-1/3%, anization		
	33-1/3 support tests $-$ 2008. If the is not more than 33-1/3%, check t	e organization did this box and <b>stop</b>	not check a box of here. The organiz	on line 14 or 19a, ation qualifies as	and line 16 is mo a publicly support	re than 33-1 ed organiza	tion	d line 18 ► X
20	Private foundation. If the organiza	ation did not chec	k a box on line 14	, 19a, or 19b, che	eck this box and se	e instruction	ns	▶ []

Schedule /	<b>A</b> (Form 990 or 9	990-EZ) 20	009 SR	. VISWA	YOGI	VISWA	MJEE	FOUN	DATION	22-3491493	Page 4
Part IV	Supplemen	tal Infor	mation.	Complet	e this	part to	provide	e the	explanation	s required by Part II, line information. See instruct	10:
	Part II, line	17a or	17b; and	Part III,	line 1	2. Prov	ide any	othe	r additional	information. See instruct	lions.
									-		
		. <b>–</b> – – .					<del>_</del>	<b>_</b> _		<b></b>	
		- <b></b>									<del>-</del>
									<del>-</del>		
		. – – – .				<del>-</del>	<b></b>				
						. – – – –					
			- <b></b>		<b>-</b> -				<b>-</b>		
		· <b>-</b>			<b>-</b>	. – – –					
	<del></del>					<b>-</b> -				·	
		. – – – -	- <b></b>								
	<del></del>			- <del></del>	<del>-</del>				<del>-</del>		
							<b>-</b>			<b></b>	
<b></b>	<del></del>			- <del></del> -					<b></b>		
			- <del></del>	- <b></b>							
										- <b></b>	
						<del>_</del>		_ <b>_</b>			
				<b>-</b>		<del>-</del> -					
										<b></b>	
				- <b></b>							
					<del>-</del>						
		<b>-</b>				<del>-</del>		·			
											<del>-</del>
	<del>-</del>		- <b></b>			<b>-</b>	<b>-</b>				
<b>-</b> -	<b>-</b>					<del>-</del>	<b>-</b>				

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

SRI	I VISWAYOGI VISWAMJEE FOUNDAT	ION		22-3491493
Pai			er Similar Funds or	
	the organization answered 'Yes' t	to Form 990, Part IV, line	e 6.	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the a to the organization's exclusive	assets held in donor advi legal control?	sed Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or dono		
Pai	rt II   Conservation Easements Comple	ete if the organization ar	swered 'Yes' to For	rm 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by			556, 1 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
•	Preservation of land for public use (e.g., re	•		storically important land area
	Protection of natural habitat	,	Preservation of certif	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	n contribution in the form	of a conservation easement on the
				Held at the End of the Year
ź	a Total number of conservation easements		_ 2	2a
ŧ	Total acreage restricted by conservation easer	nents	<del></del>	2b
6	Number of conservation easements on a certification	ied historic structure included i	n (a)	2c
•	Number of conservation easements included in	n (c) acquired after 8/17/06	<u> </u>	2d
3	Number of conservation easements modified, t	transferred, released, extinguis	hed, or terminated by the	e organization during the tax
	year >			
4	Number of states where property subject to con	nservation easement is located	<b>-</b>	
5	Does the organization have a written policy regard enforcement of the conservation easement	t it holds?		violations, Yes No
	Staff and volunteer hours devoted to monitoring during the year			
	Amount of expenses incurred in monitoring, induring the year ▶			\$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of section	. Yes No
9	In Part XIV, describe how the organization repr include, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial st	i its revenue and expens atements that describes	e statement, and balance sheet, and the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Othe , Part IV, line 8.	r Similar Assets
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	ic exhibition, education, or rese		
t	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	ic exhibition, education, or rese	enue statement and balar earch in furtherance of pr	ublic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		►\$ . ►\$
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of ar amounts required to be reported under SFAS 1	16 relating to these items:	similar assets for finance	al gain, provide the following
	Revenues included in Form 990, Part VIII, line	1		. ►\$
t	Assets included in Form 990, Part X	•		<b>&gt;</b> \$

·							00 010			
Schedule D (Form 990) 2009 SRI V Part III Organizations Mainta						Other S	22-349 imilar Ass		ontinu	Page 2 led)
3 Using the organization's acquisition items (check all that apply):	on accession	and oth	er records, chec	k any	of the following th	at are a sıç	nificant use	of its co	llection	
a Public exhibition			<b>d</b> Loan	or exc	hange programs					
<b>b</b> Scholarly research			e Other		3 1 3					
c Preservation for future genera	ations									
4 Provide a description of the organ Part XIV		ections a	and explain how	they t	further the organiz	ation's exe	mpt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to I	be maın	tained as part o	f the c	rganization's colle	ction?		Yes		No
Part IV   Escrow and Custodia 9, or reported an amo	I Arrangen unt on For	n <b>ents</b> m 990	Complete if o , Part X, line	organ 21.	ization answei	ed 'Yes'	to Form 9	90, Pa	ırt IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	n, or oth	er intermediary	for co	ntributions or other	assets no	t	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	nd comp	lete the followin	g tabl	e·			_	_	
· -				_				Amoun	t	
c Beginning balance						1 c				
d Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance						1f				
2a Did the organization include an ai	mount on For	m 990, f	Part X, line 21?			<del></del>		Yes		No
<b>b</b> If 'Yes,' explain the arrangement		-	•						_	_
Part V Endowment Funds Co		rganiz	ation answer	ed 'Y	es' to Form 99	0, Part I	V, line 10.			
	(a) Current	year	(b) Prior yea	r	(c) Two years back	(d) Th	ree years back	(e)	Four year	s back
1 a Beginning of year balance										
<b>b</b> Contributions							*	1		
c Net Investment earnings, gains, and losses										
d Grants or scholarships								<del> </del>		
Other expenditures for facilities and programs									<u> </u>	;
f Administrative expenses		_			······································					
<b>q</b> End of year balance					<del></del>			†		
2 Provide the estimated percentage	of the year e	end bala	nce held as:		···				. ` `	
a Board designated or quasi-endow	•	oria baia	8							
<b>b</b> Permanent endowment		-	•							
c Term endowment ►	°									
3a Are there endowment funds not in organization by:	the possessi	ion of th	e organization ti	hat are	e held and adminis	stered for th	ne	ſ	Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related or	rganizations I	isted as	required on Sch	redule	R?	•	•	3b		
4 Describe in Part XIV the intended	•		•			•	•	100		
Part VI Investments-Land, B						line 10				
Description of investment		(a) Cos	t or other basis	(b)	Cost or other pasis (other)	(c) Accu	mulated ciation	(d) l	Book Va	lue
1 a Land		<u> </u>	7			F- V				
<b>b</b> Buildings										
c Leasehold improvements		_						· ·		
d Equipment		-								
e Other		<del></del>	-				_			
Total. Add lines 1a through 1e (Column	(d) must ear	ıal Form	990 Part X co	lumo	(R) line 10(c) )					
BAA					(=// /0(0//		Sched	lule <b>D</b> (f	orm 99	0) 2009

Part VII   Investments—Other Securities See F	Form 990, Part X, line	12.	_
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	e
Financial derivatives			
Closely-held equity interests			
Other			
	-		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	-		
Part VIII Investments—Program Related (See	Form 990 Part Y June	a 13)	
(a) Description of investment type			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	e
	<del></del>		
	<del></del>		
	<del></del>		
			<del></del>
	+		
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)	<u> </u>		~
Part IX Other Assets (See Form 990, Part X			
(a) D	escription	(b)	Book value
Total, (Column (b) must equal Form 990, Part X, col (B), I	ine 15)	<b>&gt;</b>	
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) / integrit	-	
Tederal moonie Taxes		<u>-</u>	
	<del></del>	-	
		-	
		-	
		_	
		-	
		_	
		7	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		-[	
	note to the organization's fin	nancial statements that reports the organization	on's liability
2. FIN 48 Footnote In Part XIV, provide the text of the footi	to the organizations in	and the organization	22as.ing

Schedule **D** (Form 990) 2009 SRI VISWAYOGI VISWAMJEE FOUNDATION

22-3491493

Page 3

Schedule D (Form 990) 2009 SRI VISWAYOGI VISWAMJEE FOUNDATION	22-3491493	Page
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8 .		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
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	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	_
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	
Part XIV Supplemental Information	1 9 1	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this information.	IV, lines 1b and 2b; Pa s part to provide any add	rt V, litional

Schedule D (Form 990) 2009 SRI VISWAYOGI VISWAMJEE FOUNDATION	22-3491493	Page 5
Schedule D (Form 990) 2009 SRI VISWAYOGI VISWAMJEE FOUNDATION  Part XIV   Supplemental Information (continued)		
	<b></b>	
		<del>-</del>
		<del>-</del>
		_ <b></b> .
<del></del>		
		- <del></del> -
<del></del>		<b></b>
		- <b></b> -

## Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

OMB No 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service	> A		0. ► See separate instructions			Open to Public Inspection
Name of the organization			-		Employer ide	ntification number
SRI VISWAYOGI VI					22-349	
Part I General Info to Form 990,	rmation on Activiti Part IV, line 14b.	es Outside th	e United States. Complet	te if the	organiza	tion answered 'Yes'
			ubstantiate the amount of the gi ion criteria used to award the gi			_
<ul><li>2 For grantmakers. Des</li><li>3 Activities per Region</li></ul>			dures for monitoring the use of	grant fund	ls outside th	ne United States
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is service speci	tivity listed a program e, describe fic type of (s) in region	expenditures in region
		!				
			,			
		-117				
Totals	•					

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2009)

SRI VISWAYOGI VISWAMJEE FOUNDATION Schedule F (Form 990) 2009

Part II Grants and Oth

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. 22-3491493

Page 2

(i) Method of valuation (book, FMV, appraisal, other										
(h) Description of non-cash assistance										
(g) Amount of non-cash assistance										
(f) Manner of cash disbursement										
(e) Amount of cash grant										
(d) Purpose of grant	Promote	International	Peace							
(c) Region	South Asia	South Asia	South Asia							
(b) IRS code section and EIN (if applicable)										
(a) Name of organization										
-										

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities BAA

Schedule F (Form 990) 2009

Page 3

Schedule F (Form 990) 2009 SRI VISWAYOGI VISWAMJEE FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

מונוא, ווופ וס. ספר ספום	Cocc IIIIO I) I - I anna Ino	יי מטטונוטוים אף	(1 of 111 230) II additional space is needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
BAA .						Schedule F	Schedule F (Form 990) 2009

Schedule	F (Form 990) 2009 SRI VISWAYOGI VISWAMJEE FOUNDATION	22-3491493	Page <b>4</b>
Part IV	Supplemental Information		
	Complete this part to provide the information required in Part I, line 2, and any additional information	ation	
	<b></b>		
		<b>-</b>	
		<del></del>	

## SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

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

> Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service		FOrm 990	► Attach to	Form 990.	rmation.		Inspection
Name of the organization						Employer identificat	lon number
SRI VISWAYOGI	VISWAMJEE	FOUNDATION				22-3491493	<u> </u>
Pt_VI-B, Line	11A In the	Board Meet	ing	·			
Pt_VI-C,_Line	19 Upon re	equest a co	py is prov	rided	<b></b> _	<del>-</del>	
Pt VI-B, Line	12c In the	Board Meet	ing				
Pt_VI-B, Line	<u>15 in the</u>	Bylaws and	l <u>in its bo</u>	ard_meetir	ngs		
~~	<del>_</del>			· - <del></del>			
	~						
<b></b>				. <b></b>		<b>-</b>	
			<del>_</del>		- <i>-</i>		
		<b>-</b>	<del>_</del>		- <i></i>		
					- <i>-</i>		<b>--</b>
					- <i></i>		
				<b></b>	<del>-</del>		
						<b></b> -	
							<del></del>
		<b>-</b> -		<del></del>			
			<b>_</b> _				
		<b></b>			<u>-</u>		

# SRI VISWAYOGI VISWAMJEE FOUNDATION BOARD OF TRUSTEES

NAME	TITLE	ADDRESS
MURTHY KOTA	PRESIDENT	7776 MT.RANIER DR JACKSONVILLE, FL 32256
KAMESWARI BHAMIDAPATY RAO*	SECRETARY/ TREASURER	1513 SINGER RD WYOMISSING, PA 19610
PRASAD DURVASULA	TRUSTEE	34388 PINACLES CT UNION CITY, CA 94687
VENU MUSUNURI	TRUSTEE	43165 GALLAGHER AVE UNIT B FREEMONT, XA 94539
ASHOK TEJPAL	TRUSTEE	47-39, 187TH STREET FLUSHING, NY, 11358
BALAKRISHNA PANUGANTI	TRUSTEE	3411 TACCARASS DR NAPERVILLE, IL 60564
KUMAR CHUNDUR	TRUSTEE	1090 SAFA ST HERNDON, VA 21070
VADALI BHADRA RAO*	TRUSTEE	13603, ROYAL UNIT CONTROLLER LAUREL, MD 20708

Relationship: Mr. Vadali Bhadra Rao is Ms. Kameswari Bhamidipaty's brother.