

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**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

2009
Open to Public Inspection

For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization Employer identification number use IRS SANSKRUTI FOUNDATION Address change label or 77-0315501 Doing Business As Name change print or type Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 6523 ASHDALE PLACE 704-535-6620 Specific Termination City or town, state or country, and ZIP + 4 Instruc G Gross receipts \$ 194,592 CHARLOTTE Amended return tions. NC 28215 F Name and address of principal officer H(a) Is this a group return for Application pending X affiliates? Yes Nο Are all affiliates included? If "No," attach a list (see instructions) X 501(c) Tax-exempt status ◀ (insert no) 4947(a)(1) or N/A Website. ▶ **H(c)** Group exemption number ▶ Type of organization X Corporation Trust Association Year of formation M State of legal domicile Part I Summarv Briefly describe the organization's mission or most significant activities PURPOSE OF SANSKRUTI FOUNDATION IS TO COLLECT, SEND AND Activities & Governance DISTRIBUTE FINANCIAL AID AS WELL AS FOOD, MEDICAL SUPPLIES. NEW AND USED CLOTHING AND BOOKS, ETC. TO THE NEEDY. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 36,886 178,683 Contributions and grants (Part VIII, line 1h) SCANNED APR 2 9 2010 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 971 1,387 14,522 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,073 44,930 194,592 12 Total revenue – add lines 8 through 11 (must equal Part VIII 13 Grants and similar amounts paid (Part IX, column (A), lines 1-37) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, Topumn (A), Find \$-20) 10 16a Professional fundraising fees (Part IX, column (A), line 11 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,069 8.926 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 8,926 4,069 40,861 19 Revenue less expenses Subtract line 18 from line 12 185,666 e o **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 95,304 280, 970 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 95. 304 280.970 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer PRISIDENT Type or print name and title Preparer's identifying number Date Check if Preparer's Paid signature JERALD 03/24/10 P00295357 employed > Preparer's HUGGINS COMPANY CPA. 56-1529205 ΕIN **Use Only** Firm's name (or yours 6148 BROOKSHIRE BLVD STE D if self-employed), Phone address, and ZIP + 4 CHARLOTTE 28216-2426 704-394-2364 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

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

Form 990 (2009)

	Statement of Program Se	ervice Accomplishments		
PURPOSE DISTRIE	BUTE FINANCIAL A	OUNDATION IS TO COLLECT, ID AS WELL AS FOOD, MEDIC	AL SUPPLIES,	
NEW AND	USED CLOTHING A	AND BOOKS, ETC. TO THE NE	EDY.	
_	anization undertake any significat	nt program services during the year which were not	listed on	Yes X No
•	scribe these new services on Sch	nedule O		
		ake significant changes in how it conducts, any pro	gram	
services?				Yes X No
	scribe these changes on Schedu			
		for each of the organization's three largest program	• •	
	· · · · · · · · · · · · · · · · · · ·	ns and section 4947(a)(1) trusts are required to report d revenue, if any, for each program service reported	=	
<u> </u>	to dilicito, trio totar experiede, and	Troversed, warry, ter each program control reported	•	
4a (Code.) (Expenses \$	including grants of \$) (Revenue \$)
		ISTRIBUTION OF EDUCATIONA	L MATERIALS	
TO PERS	SONS ACROSS THE V	WORLD.		
	. , , , ,	•	•	
	• • •			
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
•	, , ,	•	, ,	·
	•			
	•	•		
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	1
.0 (0000	/ (=pssss - v	g granie c. ţ	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	•			
		•		
41.6"		(H-0)		
4d Other prog (Expenses	ram services (Describe in Sched	dule O) Including grants of \$	(Revenue \$	1
	gram service expenses	moreoning grains or #	Tiveseine A	
		· · · · · · · · · · · · · · · · · · ·		Form 990 (2009)

	·			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		<u> </u>
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
_	Schedule C, Part II		4		<u>x</u> _
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,"				v
7	complete Schedule D, Part I		6		<u> </u>
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		_		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		7		<u> </u>
Ü	complete Schedule D, Part III		8	İ	x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		-		
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11		X
•	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 related 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			1	
•	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			ł	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
404	Schedule D, Parts XI, XII, and XIII		12		X
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes No			
12		12A X	40	1	v
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?		13		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did the organization maintain arrollice, employees, or agents of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		14a		
	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		170		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		x
17	Did the organization report 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		x
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		x
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		X
				aan	(2000)

	n 990 (2009) SANSKRUTI FOUNDATION 77-0315501		Р	age 4
<u>P</u>	art IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- -		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			-
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	•		
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	ļ		-
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	Ī		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	l		
	conservation contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.5
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₹.
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u></u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			.
25	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	05		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35		<u> </u>
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37		36	-	
J,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		
- -	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
	and the state of t			(2009)

Part V

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1			
	U S Information Returns Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table			
_	gaming (gambling) winnings to prize winners?	1 1	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				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	7	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			1	
20	Instructions)			Ī	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	ру			37
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	h	3b		
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	Ciai	40		x
b	If "Yes," enter the name of the foreign country. ▶		4a		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bai	nk			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		02		
	Prohibited Tax Shelter Transaction?	3	5c		
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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ods		}	
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal			
_	benefit contract?		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	S		ŀ	
8	required?		7h		
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			İ	
9	Sponsoring organizations maintaining donor advised funds.		8		
а	Did the organization make any taxable distributions under section 4966?		00	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b	-	
10	Section 501(c)(7) organizations. Enter		30		 -
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Form 990 (2009) SANSKRUTI FOUNDATION 77-0315501 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1a Enter the number of voting members that are independent b 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? X 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA, NC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the 6523 ASHDALE PLACE

NC 28215-4062 704-535-6620

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
NARANJIBHAI V PA PRESIDENT	TEL							0	0	
ARVINDBHAI PATEL	•							0	0	(
SURESHBHAI K PAT TRUSTEE	EL	+		!		-		0	0	
HASUBHAI P SHAH		\dagger								
TRUSTEE	 								0	
		+	-							
		-								
·	 	+	\vdash							
		+	_				-			
		+								
	-	╁-	 		_		<u> </u>			
	 		-		_		-			
			<u> </u>		<u> </u>					
	 	 	_							
		+	_			<u> </u>				
· · · · · · · · · · · · · · · · · · ·		_	_		_					
·			<u> </u>	<u> </u>		<u> </u>				
,										

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization

P	ırt V	III Stater	nent of Reve	nue						
	•	•					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
S 6	10	Federated can	noigns	1a				revenue		512, 513, or 514
ant	la L			\vdash						
ge	^	Membership d		1b						
fts,	^C	Fundraising ev		1c						
يَقِق	d	Related organi		1d						
sir	е	Government grants		1e						
ž ž	f	All other contribution								
Ë	ŀ	and similar amounts	not included above	_1f_		178,683				
on	g		ns included in lines 1a-	1f	₿					
<u>ن</u> د	h	Total. Add line	s 1a–1f			•	178,683	•••••		
ĭe						Busn. Code				
Program Service Revenue Contributions, gifts, grants and other similar amounts	2a									-
8	b									
ξ	c									
Ser	d									
E	е									
g	f	All other progra	am service rever	nue			<u> </u>			
<u>~</u>	g	Total. Add line							***************************************	
	3	Investment inc	ome (including d	ividenc	s, interes	t, and				
		other similar ai				. ▶	1,387	1,387		
	4	Income from in	vestment of tax-	exemp	t bond pro	oceeds ►	,	,	 	
	5	Royalties		•		•	-			
			(ı) Real		(II) F	Personal			·····	
	6a	Gross Rents								
	b	Less rental exps	-							
	C	Rental inc or (loss)								
	d	Net rental inco	me or (loss)				i			
	7a		(i) Securities		(0)	Other				
		sales of assets	(i) Coddinios		(")	Other				
	_	other than inventory								
	b	Less cost or other								
	_	basis & sales exps								
	C	Gain or (loss)			L					
	d	Net gain or (los		[
ne	8a		m fundraising ever	its						
ē		(not including \$								
Şe.			eported on line 1c)							
Other Revenue		See Part IV, line		a					:	
ă		Less direct ex	•	þį						
			(loss) from fundr	٠,	events					
	9a		m gaming activities	5						
		See Part IV, line		a						
		Less direct ex		þ						
			(loss) from gamı	ng actr	/ities					
	10a	Gross sales of	inventory, less							
		returns and alle	owances	a		14,522				
	b	Less cost of g	oods sold	ь						
	င	Net income or	(loss) from sales	of inve	entory		14,522	14,522		
		Misc	ellaneous Revenue			Busn. Code				
	11a									
	b									
	С		•							
	d	All other reven	ue							
	0	Total. Add line	s 11a–11d			•				
	12	Total Revenue	e. See instruction	าร		▶	194,592	15,909	0	0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				-1111/1/17
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	"			11************************************
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
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	Payroli taxes	·			
11	Fees for services (non-employees)				
а	Management				
b	Legal		<u> </u>		
С	Accounting	825		825	
d	Lobbying	-			
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4,805		4,805	
13	Office expenses				· ·
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				
	Interest				
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization				. <u> </u>
23	Insurance				
24	Other eveness lasses and			1	
24	Other expenses Itemize expenses not			1	
	covered above (Expenses grouped together and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)			1	
а	TELEPHONE	1,015	<u></u>	1,015	<u></u>
b	STORAGE SPACE	910		910	
c	POSTAGE	701	· · · ·	701	
d	MISCELLANEOUS	367	<u> </u>	367	
е	SUPPLIES	258		258	
f	All other expenses	45		45	
25	Total functional expenses. Add lines 1 through 24f	8,926	-	8,926	
26	Joint costs. Check here ▶ If following	· · · · ·	· .		
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation			<u> </u>	
DAA					Form 990 (2009)

Part	30 (2009) SANSKRUTT FOUNDATION X Balance Sheet	77-0315501	Page 11
rait	, Balance Sheet	(A) Beginning of year	(B) End of year
1	Cash—non-interest bearing	29,333 1	88,612
2	Savings and temporary cash investments	65,971 2	192,358
3	•	3	
4	Accounts receivable, net	4	
5	Receivables from current and former officers, directors, trustees, key		
	employees, and highest compensated employees. Complete Part II of		
	Schedule L	5	
6	Receivables from other disqualified persons (as defined under section		
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	1 1	
	Part II of Schedule L	6	
Assets	Notes and loans receivable, net	7	
SS		8	
و 🏲	Prepaid expenses and deferred charges	9	
l l	a Land, buildings, and equipment cost or		······································
	other basis Complete Part VI of Schedule D		
i	b Less accumulated depreciation 10b	100	
11		11	
12		12	
13	·	13	· · · · · · · · · · · · · · · · · · ·
14		14	·
15		15	
16	·	95,304 16	280,970
17		17	200,510
18		18	<u> </u>
19	• •	19	
20	•	20	
l i		21	
Liabilities 52	•	21	
=	employees, highest compensated employees, and disqualified		
<u>.</u>	persons Complete Part II of Schedule L	22	
	Secured mortgages and notes payable to unrelated third parties	23	
24		23	
25	, , , , , , , , , , , , , , , , , , ,	25	
26		25	
$\overline{}$	Organizations that follow SFAS 117, check here ▶ and	20	
8	complete lines 27 through 29, and lines 33 and 34.		
E 27	•	27	
E 28		28	
2 29		29	
٠ إ جَ.	Organizations that do not follow SFAS 117, check here ▶ 🗓	29	····
<u> </u>	and complete lines 30 through 34.		
O 30		1 20	
9 31		30	
SS 32		95,304 32	280,970
Net Assets or Fund Balances	, , , , , , , , , , , , , , , , , , , ,	95,304 33	280,970
2 34		95,304 34	280,970
	Total lagritude and not assets/fully balaffes	<u> </u>	

Form **990** (2009)

Financial Statements and Reporting			
		Yes	No
Accounting method used to prepare the Form 990 X Cash Accrual Other			
f the organization changed its method of accounting from a prior year or checked "Other," explain in			
Schedule O		1	
Nere the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
Were the organization's financial statements audited by an independent accountant?	2b		X
f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
f the organization changed either its oversight process or selection process during the tax year, explain in			
Schedule O			
f "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
ssued on a consolidated basis, separate basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
he Single Audit Act and OMB Circular A-133?	3a		
f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	Form	990	(2009)
1 5 / / 1 1 5 1	Accounting method used to prepare the Form 990	Accounting method used to prepare the Form 990 X Cash	Accounting method used to prepare the Form 990 X Cash

SCHEDULE A (Form 990 or 990-EZ)

•

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047 2009

Open to Public

Name of the organization Employer identification number SANSKRUTI FOUNDATION 77-0315501 Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I c Type III-Functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your (I) organized in the above or IRC section. governing document? support? (see Instructions)) Yes No Yes No Yes No

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

Total

Schedule A (Form 990 or 990-EZ) 2009 SANSKRUTI FOUNDATION Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 758,201 295.743 328,839 36,886 178,683 1,598,352 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 758,201 295,743 328,839 36,886 178,683 1,598,352 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) 340,971 Public support. Subtract line 5 from line 4 1,257,381 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (d) 2008 (f) Total Amounts from line 4 758,201 295,743 328,839 36,886 178,683 1,598,352 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 1,376 232 sources 583 971 1.387 4,549 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 1,602,901 12 Gross receipts from related activities, etc. (see instructions) 12 72,013 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 78.44% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 76.22% 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

	and 12)			
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	•	▶ [
Sec	ction C. Computation of Public Support Percentage			
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))			
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%	
Sec	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%	
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%	
19a	33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line	•		

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

SANSKRUTI FOUNDATION 77-0315501
Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. Part IV

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SANSKRUTI FOUNDATION

Employer identification number 77-0315501

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY TREASURER PRIOR TO FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION MADE AVAILABLE UPON REQUEST