

# 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



Department of the Treasury Internal Revenue Service

Short Form 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)

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

**Open to Public** Inspection

Α	For the	e 2009 calend	ar year,	, or tax year beginning	July 1,	, 2009, a	and ending	J	ıne 30,	, 20	10
В	B Check if applicable		Please	C Name of organization				D Empl	oyer ident	ification numbe	er e
Address change			use IRS label or	abel or SKI ANOBILA MUTH, INC.				52 6742638			
H						E Telephone number					
H	Initial reti Terminat	eminated See 3160 MANOR BRIDGE DRIVE						770-664-2251			
Ħ	Amende	d return	Specific Instruc-	City or town, state or country, and	I ZIP + 4			F Grou	roup Exemption		
	Applicati	ion pending	tions.	ALPHARETTA, GA 30004-88	22			Num	ber 🕨		
	• Sec	tion 501(c)(3)	organia	zations and 4947(a)(1) nonexe	mpt charitable trusts	must attach	G Accou	inting Me	thod 🗹	Cash Ac	ccrual
			a coi	mpleted Schedule A (Form 99	0 or <b>990-EZ</b> ).		Other	(specify)	<b>•</b>		
							H Check	⟨▶□	f the orga	anization is not	t
1 '	Websi	ite:▶ www	ahobila.	amutt.org					_	dule B (Form 9	
J ·	Tax-ex	empt status (	check o	only one) — ✓ 501(c) ( 3 ) ◀	(insert no )	(1) or 52	- 1	Z, or 990		•	•
	Check			ization is not a section 509(a)(3)			receipts are r	normally i	not more	than \$25,000.	
	Form 9		_	eturn is not required, but if the c		-		,			
L	Add line	es 5b, 6b, and 7	7b, to line	e 9 to determine gross receipts, if	\$500,000 or more, file Fo	orm 990 instea	d of Form 990	-EZ ▶	\$	250,8	802.18
E	art I	Revenu	ie, Exp	penses, and Changes in	Net Assets or Fur	nd Balance	s (See the	ınstruc	ctions fo	or Part I.)	
	1	Contribution	ons, gif	ts, grants, and similar amou	nts received			[	1	250,8	302.18
	2		_	revenue including governme				. [	2		
	3	Membersh	np dues	s and assessments				[	3		
	4	Investmen	tincom	ne				[	4		
	5a	Gross amo	ount fro	om sale of assets other than	inventory	. 5a		Ī	1		
	b	Less: cost	or othe	er basis and sales expenses		. 5b	-				
	C	Gain or (lo	ss) fron	n sale of assets other than in	ventory (Subtract lin	e 5b from lir	ne 5a)		5c		
ğ	6			tivities (complete applicable parts of					ran.		
Revenue	a	Gross reve	enue (no	ot including \$	of contributi	ons		ļ			
ě	İ			)		.   6a		[			
_	b	•		nses other than fundraising		6b					
	C			ss) from special events and	•	ne 6b from li	ne 6a)		6c		
	7a			ventory, less returns and allo	-	1 1	,	Ī	# p"	· · · ·	
	b	Less: cost				7b			, 1		
	c	Gross prof	fit or (lo	ss) from sales of inventory (	Subtract line 7b from	line 7a) .			7c		
	8	Other reve		- ·		ŕ		, [	8		
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c	, and 8			. ▶	9	25	50,802
	10	Grants and	d sımıla	r amounts paid (attach sche	dule)				10	17	70,930
	11	Benefits pa	aid to o	or for members				[	11		
es	12	Salaries, o	ther co	mpensation, and employee	benefits			[	12		
enses	13	Profession	al fees	and other payments to inde	pendent contractors			. [	13		
EX∯—	<del>-14-</del>	- Occobate	y, ent,					[	14		
Ű	FreE	Printing, p	<u>ublicati</u>	ons, postage, and shipping				[	15		5,465
١	16			describe ► Religious articl	es, supplies, filing fee	s and bank c	harges	)	16	2	25,905
쑀	<u> </u>			Add lines 10 through 16	<u> </u>	<u></u>		. ▶	17	20	2,300
4 to 1	18			yjor the year (Subtract line 1					18	4	18,502
Še	19	Net assets	ortui	balances at beginning of	year (from line 27,	,		with	- 1		
Ä	100			e reported on prior year's ret				. [	19	2	23,385
— <u>5</u>	-20-		-	net assets or fund balances	· · · · · · · · · · · · · · · · · · ·			ļ	20		
_	21			d balances at end of year. C				. ▶	21		1,887
L	art II	Balance	e Shee	ets. If Total assets on line 25		250,000 or n					
				(See the instructions for F	•		(A) Beg	inning of		(B) End of yea	ır
2			-	nvestments				23	,385 22	<del></del>	1,887
2									23		
2	4 0	ther assets (	descnb	ne▶			_)		24	<del></del>	
2	5 To	otal assets .						23	,385 25	<del></del>	1,887
2		otal liabilitie			<u></u>		_)		26		
2	7 N	et assets or	tund t	palances (line 27 of column	(B) <b>must</b> agree with I	ıne 21) .		23	.385 27	1 7	1.887

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

Form 990-EZ (2009)

Cat No 10642I

0	200 == (2000)					raye 🛋	
	III Statement of Program Service Accom			1.)		Expenses	
What is the organization's primary exempt purpose? CHARITABLE RELIGIOUS ORGANIZATION  Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise  (Re							
		)(3) and 501(c)(4) nizations and section					
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		(a)(1) trusts, optional	
each	program title.					hers.)	
28	CONTRIBUTIONS MADE TO A RELIGIOUS EDUCATI	ONAL INSTITUTION IN INDIA	OFFERING COLLE	GE			
	LEVEL COURSES AND FEEDING AND EDUCATING	THE POOR					
				<u></u> .			
		includes foreign grants, ch	eck here	. ▶ ☑	28a	132.000	
29	CONTRIBUTIONS MADE TO A VEDIC EDUCATIONAL	_ INSTITUTION					
		includes foreign grants, ch	eck here	. ▶ ☑	29a	12,301	
30	CONTRIBUTIONS MADE FOR RENOVATION AND UP	PKEEP OF OLD TEMPLES					
	•••••			·			
		includes foreign grants, ch		▶ ✓	30a	26,629	
31	Other program services (attach schedule)						
		includes foreign grants, ch		. ▶ 🗆	31a		
	Total program service expenses (add lines 28a t			<u> </u>	32	170,930	
Par	List of Officers, Directors, Trustees, and Key	· · · · · · · · · · · · · · · · · · ·	, <del></del>	<del></del>			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and	
		devoted to position	enter -0)	deferred compe	nsation	other allowances	
	Krishnamachari, 2912 Rivendell Way, Edison	President, I hr/wk					
NJ 0			. 0		0	0	
	nnakumar Badrinath, 22513 Airmont Woods	Secretary, 1 hr/wk					
	ice, Ashburn, VA 20148	,	0		0	0	
	ıri Raghavan, 39953 Cedar Blvd., Unit #120	Treasurer, 4 hr/wk					
	ark, CA 94560		0		0	0	
	nd Iyengar, 6304 Gun Mount Ct,	Joint Secretary 1 hr/wk					
	reville, VA 20121-2383	,	0		0	0	
	athi Sarangapani, 404 Timberbrooke Drive,	Joint Treasurer 1 hr/wk					
	ninster, NJ 07921		0		0	0	
	nth Raghavan, 587 Pelican Avenue,	Director 1 hr/wk					
	nersburg, MD 20877		0		0	0	
	dachari Sadagopan, PO Varadachari SBox 307, 6B-1	Director 1 hr/wk					
	borough Manor, Scarborough, NY 10510-9207		0		0	0	
	n Bharadwaj, 3135 Laurel Ridge Circle,	Director 1 hr/wk					
RIVIE	ra Beach, FL33404		0		0	0	
						<del></del>	
	<del></del>						
_						<del></del>	
	•						

Part '	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NONE			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	300		<b> </b>
	Section 501(c)(7) organizations. Enter:	1		-
	Initiation fees and capital contributions included on line 9			'
	Gross receipts, included on line 9, for public use of club facilities	1 .		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ NONE ; section 4912 ▶ NONE , section 4955 ▶ NONE			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		٠,	-
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	,	
	List the states with which a copy of this return is filed. ► MARYLAND	100		
	······································	510 97	2 860	 B
		95035	-4330	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<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 and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	If "Yes," enter the name of the foreign country: ▶	740		<u> </u>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here	•	. I	<b>▶</b> ∐ -—
		!	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
			)-F7	(2000

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charitab itable trusts mus	ole trusts only. Ast answer question	II sections 46	on 49b			
46	Did the organization engage in direct or indirect				Y	es No			
	candidates for public office? If "Yes," complete				46				
47	Did the organization engage in lobbying activitie				47				
48	Is the organization a school as described in section. Did the organization make any transfers to an expension of the organization make any transfers to an expension of the organization o				48 49a				
49a b	•	•	ed Organization? .		49b	\ <u>\</u>			
50	If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trust employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Ex	cpense unt and lowances			
NONE									
51	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractor	n. If there is none, enter "N	lone."						
NONE	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	De of service	(c) Comp	ensation			
					······································				
d	Total number of other independent contractors of	each receiving over \$100,0	00 ►	·					
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration								
Sign Here	Signature of officer  ARUN KRISHNAMACHARI, PRESIDENT Type or print name and title			Date 25	010				
Paid Prepar	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See ins	structions)			
Use Or			Elf Ph	one no					
May th	e IRS discuss this return with the preparer show	n above? See instructions			Yes [	No EZ (2009)			

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

## **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 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number SRI AHOBILA MUTH INC. 6742368 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.) 1 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 🗹 An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated e Dy 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 II, Type III, or Type III supporting  $\Box$ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (ii) EIN (iii) Type of organization (i) Name of supported (iv) is the organization (v) Did you notify (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes Yes No No Yes

Pa	Support Schedule for Org (Complete only if you chec					and 17	0(b)(1	)(A)(vi)
Sec	tion A. Public Support					·		
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	)09	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge			:	. ,			
4	Total. Add lines 1 through 3	<del></del>						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		-	_	-		-	
6	Public support. Subtract line 5 from line 4.	,						
Sec	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	)09	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10 .	, "1	<u> </u>	-				
12	Gross receipts from related activities, etc	(see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth				n 501(c)(3) $\blacktriangleright$ $\Box$
	tion C. Computation of Public Su							
14	Public support percentage for 2009 (line		-	1, column (f))		14		<u>%</u>
15	Public support percentage from 2008 Sci	•	•			15		%
16a	33% % support test—2009. If the organi					% or mor	e, chec	
	and stop here. The organization qualifies							▶ □
D	33% % support test—2008. If the organization qua					33% % or	more,	check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	<b>09.</b> If the orgar acts-and-circui	nization did not o mstances" test,	check a box on check this box	line 13, 16a, or and <b>stop here</b> .	Explain i	n Part I	V how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstant"	acts-and-circun inces" test. The	nstances" test, o organization qui	check this box a alifies as a public	and <b>stop here.</b> Bly supported or	Explain ir ganization	Part 1	V how the  ► □
18	Private foundation. If the organization did	not check a bo	ox on line 13, 16	a, 16b, 17a, or 1	7b, check this	box and s	ee inst	ructions ▶ 🔲

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

	(Complete only if you checke	ed the box or	line 9 of Pai	rt I.)			
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	190,004	342,947	144,186	189,150	222,346	1,088,633
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						· · · · · · · · · · · · · · · · · · ·
6	Total. Add lines 1 through 5	190,004	342,947	144,186	189,150	222,346	1,088,633
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	103,669	216,454	60,274	85,740	10,231	476,368
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	103,669	216,454	60,274	85,740	10,231	476,368
8	Public support (Subtract line 7c from line 6.)				- 44.4	-	612,265
	tion B. Total Support		······································				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	190,004	342,947	144,186	189,150	222,346	1,088,633
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,028	753	811	0	0	10,592
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	9,028	753	811	0	0	10,592
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	199,032	343,700	144,997	189,150	222,346	1,099,225
14	First five years. If the Form 990 is for toganization, check this box and stop I		n's first, second	d, third, fourth,		ear as a sectio	
Sec	tion C. Computation of Public Sup			<u> </u>	· · · ·		
15	Public support percentage for 2009 (lin			13. column (f	<i>))</i>	15	55.70 %
16	Public support percentage from 2008 S tion D. Computation of Investmen	Schedule A, Pai	t III, line 15		<i>"</i>	16	43.73 %
			<del>_</del>	harder 40 °		17	0.96 %
17 18	Investment income percentage for 2009			-	iumn (t)) .	17	0.96 % 1.01 %
10 19a	Investment income percentage from 20 33% % support tests—2009. If the organization				l nd line 15 is m		
	17 is not more than 33½ %, check this be 33½ % support tests – 2008. If the organ	ox and <b>stop he</b> i	<b>re.</b> The organiz	ation qualifies a	as a publicly s	supported orga	nizatıon 🕨 🗵
20	line 18 is not more than 33½%, check this  Private foundation. If the organization is	box and stop h	<b>iere.</b> The organi	ızatıon qualıfıes	as a publicly s	supported organ	nization 🕨 🗌

Schedule A (F	orm 990 or 990-EZ) 2009 Page 4
Part IV	<b>Supplemental Information.</b> 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.
	······································
• • • • • • • • • • • • • • • • • • • •	
••••	
****	

# Srr Ahobila Muth, Inc. EIN: 52-6742638 Form 990-EZ (2009) Attachment

Page 1 of 1

Part I, line 10: Grants and allocations									
Donee's Name	Type of Organization	Address	Amount Given						
1. Sri Malolan Educational Trust	Educational Institution	New No. 174, Old No. 93 Habibullah Road, T. Nagar Chennai 600017, Tamilnadu, India	132,000						
2. Vidhyadhanam Annadhanam Trust	Educational Institution	c/o Sri Nrsisimha Priya Trust 30, Venkatesa Agraharam Chennai 600 0004, India	12,301						
3. Sri Gosaka Bhaktha Sabha Trust	Hindu Temple	#18, Vasanth Apartment New 11, Maloney Road T. Nagar, Chennai 600017, India	12,608						
4. Sri Vilakkoli Perumal Thuppul Vedanta Desikar Trust	Hindu Temple	8B Sannidhi Street Kancheepuram Tamil Nadu 631501, India	2,508						
5. Sri Krishnadri Charities	Religious Charitable Organization	c/o V.N.Venkatanathan 34 (Old no. 25) Naachiyappan Street, Mahalingapuram, TN 600 034, India	5,513						
6. P.N. Sametha Sri Varadaraja Perumal Temple	Hindu Temple	c/o V.Desikan Sri Ahobila Mutt Sri Nrsisimha Priya Trust 30, Venkatesa Agraharam Chennai 600 0004, India	5,000						
7. Sri Ranganatha Temple	Hindu Temple	8 Ladentown Road Pomona, NY 10970	1,000						
		TOTAL	170,930						