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# 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)

OMB No 1545-1150

2010

Open to Public  
Inspection

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

## A For the 2010 calendar year, or tax year beginning

, and ending

## B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

## C Name of organization

Gujarati Samaj of Arkansas, Inc.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

109 Brighton Ct

City or town

state or country

ZIP + 4

Sherwood

AR

72116

## D Employer identification number

20-2451567

## E Telephone number

501-834-0025

## F Group Exemption

Number ►

G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► [www.gsa1.org](http://www.gsa1.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000  
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets

(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

31,708

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received . . . . .	1
2 Program service revenue including government fees and contracts . . . . .	2
3 Membership dues and assessments . . . . .	3 21,701
4 Investment income . . . . .	4 2,026
5a Gross amount from sale of assets other than inventory . . . . .	5a
b Less: cost or other basis and sales expenses . . . . .	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 0
6 Gaming and fundraising events . . . . .	
a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
b Gross income from fundraising events (not including \$ . . . . . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 7,981
c Less: direct expenses from gaming and fundraising events . . . . .	6c 37,253
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d -29,272
7a Gross sales of inventory, less returns and allowances . . . . .	7a
b Less: cost of goods sold . . . . .	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 0
8 Other revenue (describe in Schedule O) . . . . .	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 -5,545
10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
11 Benefits paid to or for members . . . . .	11
12 Salaries, other compensation, and employee benefits . . . . .	12
13 Professional fees and other payments to independent contractors . . . . .	13
14 Occupancy, rent, utilities, and maintenance . . . . .	14
15 Printing, publications, postage, and shipping . . . . .	15
16 Other expenses (describe in Schedule O) . . . . .	16 10,105
17 Total expenses. Add lines 10 through 16 ►	17 10,105
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -15,650
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 120,316
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 104,666

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2010)

95

10



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)  
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 33  Yes  No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 34  Yes  No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 35a  Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 36  Yes  No

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. 37a  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 37b  Yes  No

b Did the organization file Form 1120-POL for this year? 38a  Yes  No

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39a  Yes  No

39 Section 501(c)(7) organizations Enter: 39b  Yes  No

a Initiation fees and capital contributions included on line 9 40a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities. 40b  Yes  No

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ 40c  Yes  No

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40d  Yes  No

c 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. 40e  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40f  Yes  No

e 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. 40g  Yes  No

41 List the states with which a copy of this return is filed. ► AR

42 a The organization's books are in care of ► MR. Dilip Patel Telephone no ► (501) 568-6800  
 Located at ► 9709 Interstate 30 City Little Rock ST AR ZIP + 4 ► 72209

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 account)?

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ►

and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a  Yes  No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b  Yes  No

c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 44d  Yes  No

	Yes	No
44a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44d	<input type="checkbox"/>	<input checked="" type="checkbox"/>

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		
45a		
46	X	

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49 a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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) Expense account and other allowances
Name N/A Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK 00			

f Total number of other employees paid over \$100,000 ►

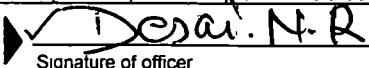
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name N/A Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

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**  **Date** 07/21/2011  
 Signature of officer  
 MR. Narendra Desai  
 Type or print name and title

Paid Preparer's Use Only	Print/Type preparer's name Rohini Shah, CPA	Preparer's signature Rohini Shah, CPA	Date 6/21/2011	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00003213
	Firm's name Rohini S Shah, CPA			Firm's EIN ►	
	Firm's address 109 Brighton Ct, Sherwood, AR 72116			Phone no	(501) 834-0025

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 arba, Picnic, Diwali E (event type)	(b) Event #2 Aarti Collection (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts . . . . .	5,285	2,696	0	7,981
2 Less: Charitable contributions . . . . .	0	0	0	0
3 Gross income (line 1 minus line 2) . . . . .	5,285	2,696	0	7,981
4 Cash prizes . . . . .	0	0	0	0
5 Noncash prizes . . . . .	0	0	0	0
6 Rent/facility costs . . . . .	0	0	0	0
7 Food and beverages . . . . .	0	0	0	0
8 Entertainment . . . . .	0	0	0	0
9 Other direct expenses . . . . .	37,253	0	0	37,253
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				► ( 37,253)
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				► -29,272

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue . . . . .				0
2 Cash prizes . . . . .				0
3 Noncash prizes . . . . .				0
4 Rent/facility costs . . . . .				0
5 Other direct expenses . . . . .				0
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				► ( 0)
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				► 0

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... 0 and the amount of gaming revenue retained by the third party ► \$ ..... 0

c If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

16 Gaming manager information

Name ► .....

Gaming manager compensation ► \$ ..... 0

Description of services provided ► .....

Director/officer  Employee  Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ ..... 0

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	2,026
2	Dividends and interest from securities . . . . .	2	_____
3	Gross rents . . . . .	3	_____
4	Other investment income . . . . .	4	_____
5	Total . . . . .	5	2,026

**Part I, Line 16 (990-EZ) - Other Expenses**

		10,105
1 Travel	1	
2 Meals and entertainment	2	
3 Fundraising	3	
4 Amortization	4	0
5 Conferences, conventions, and meetings	5	
6 Depreciation	6	0
7 Depletion	7	
8 Equipment rental and maintenance	8	
9 Interest	9	
10 Supplies	10	
11 Telephone	11	
12 Unrelated business income taxes	12	0
13	13	
14 General Meeting Expense	14	555
15 Directory Expense	15	2,518
16 Play & Musical Program Expense	16	5,065
17 Office Supplies	17	1,417
18 Misc Expense	18	550
19	19	
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	
26	26	
27	27	
28	28	
29	29	
30	30	
31	31	
32	32	
33	33	
34	34	
35	35	

**Part II, Line 24 (990-EZ) - Other Assets**

	Description	Beginning	End
1	Kitchen Utensils & Music System	6,221	6,221
2	Equipment	2,620	2,620
3	Prepaid Expenses		1,050
4			
5			
6			
7			
8			
9			
10			

**Part II (Sch G (990/990EZ)) - Events**

Event type	Line 1	Line 2 Less (Chantable contributions)	Line 3 Gross income (line 1 minus line 2)	Line 4 Cash prizes	Line 5 Noncash prizes	Line 6 Rent/facility costs	Line 7 Food and beverages	Line 8 Entertainment	Line 9 Other direct expenses
1 Garba, Picnic, Diwali Etc	5,285		5,285						
2 Aarti Collection		2,696	2,696						
3					0				
4					0				
5					0				
6					0				
7					0				
8					0				
9					0				
10					0				
11					0				
12					0				
13					0				
14					0				
15					0				
16					0				
17					0				
18					0				
19					0				
20					0				

7,981

37,253