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Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pand 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For th	e 2010 calendar year, or tax year beginning and ending			
B	Check if applicat	C Name of organization	D Emp	loyer i	dentification number
Ļ	Addr	ass change	_	^ ^	105005
Ļ	Nam	change MAHINDRA FOUNDATION Number and street (or P.O. box of making not delivered to street address) Poom/surte			105205
Ļ	Initia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		•	
<u> </u>	Term	nated 488 ELLIS STREET			386-4001
<u> </u>	Amer	City or town, state or country, and ZIP + 4			mption
		ation pending MOUNTAIN VIEW, CA 94043		nber 🕨	
		iting Method: X Cash Accrual Other (specify) ▶			X if the organization is not
		e: N/A			attach Schedule B
_		empt status (check only one) — X 501(c)(3)			, 990-EZ, or 990-PF).
		If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not			
		90 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization (noose	s to me	a return, be sure to me a
		te return.	н		
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	11,		55993.
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	ictions	for Par	
٢	art I	<u> </u>	ictions	ioi i ai	X.,
	Т.	Check if the organization used Schedule O to respond to any question in this Part I		1	55983.
	1	Contributions, gifts, grants, and similar amounts received		2	33303.
	2	Program service revenue including government fees and contracts		3	-
	3	Membership dues and assessments		4	
	4	Investment income Gross amount from sale of assets other than inventory 5a		~	<u></u>
	5a	,			
	b	Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	C			30	
	6	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than			
ne	a	\$15,000)			
Revenue	,	Gross income from fundraising events (not including-\$ of contributions			
æ	"	from fundraising events reported on hine the Cattach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000)			
	C	Less: direct expenses from gaming and fundinaling@vents	-		
	ا ا	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	72	Gross sales of inventory, less returns and allowances 7			
ZOW	'L	Less: cost of goods sold GDEN, UT 7b			
		Gross profit or (lbss)-from-sales of inventory (Subtract line 7b from line 7a)		7c	
C)	8	Other revenue (describe in Schedule O) See Schedule O		8	10.
GR)	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	55993.
_; -	10	Grants and similar amounts paid (list in Schedule 0) See Schedule 0		10	40000.
NOW.	11	Benefits paid to or for members		11	
		Salaries, other compensation, and employee benefits		12_	
的 Senses	13	Professional fees and other payments to independent contractors		13	
Se de	14	Occupancy, rent, utilities, and maintenance		14	
a a	15	Printing, publications, postage, and shipping		15	
SCANNEE Expenses	16	Other expenses (describe in Schedule O) See Schedule O		16	2120.
12	17	Total expenses. Add lines 10 through 16	>	17	42120.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13873.
šets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
As		(must agree with end-of-year figure reported on prior year's return)		19	29748.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> </u>	21	43621.
					Faure 000 E7 (0010)

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2010)

1.00 DIRECTOR

1.00 DIRECTOR

1.00

G.M. BHOSALE MARG, W, MUMBAI INDIA

G.M. BHOSALE MARG, W, MUMBAI INDIA

BHARAT DOSHI, MAHINDRA TOWERS, G.M.

KESHUB MAHINDRA, MAHINDRA TOWERS,

BHOSALE MARG, W, MUMBAI INDIA

22

24

25

26

Total assets

(Grants \$

(Grants \$

(Grants \$

30

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33 Old the organization engage in any activity not previously reported to the IRS? If Yes,* provide a detailed description of each activity in Schedule 0 Were any spiritional changes made to the organization of south of the IRS? If Yes,* statich a conformed copy of the amended documents of they reflect a change to the organization is name. Otherwise, explain the change on Schedule 0 (see instructions) 33	-	Check if the organization used Schedule 0 to respond to any question in this Part V			$\overline{\mathbf{x}}$
33 Out the erganization engage in any activity not previously reported to the IRS? If Yes,* provide a detailed description of each activity in Schedule 0 34 Were any significant changes made to the organization of same. Offerense, explain the change on Schedule 0 (see instructions) 35 If the organization had accome from bourses activities, such as those reported on lines 2, 6a, and 72 (seen instructions) 36 If the organization had accome from bourses activities, such as those reported on lines 2, 6a, and 72 (seen instructions) 36 If the organization had accome from bourses activities, such as those reported on lines 2, 6a, and 72 (seen instructions) 37 If the organization had accome from bourses activities, such as those reported on lines 2, 6a, and 72 (seen instructions) 38 If Yes, sharp that the act section of prom 90-17 39 If the organization had accome from 90-17 39 Did the organization was undersome of \$1,000 or more or was at a section \$01(04), 50 (ct)(5), or 501(ct)(6) organizations subject to section \$603(e) notice, reporting, and proxy fax requirements? 39 Did the organization between the organizations or more \$1,000 or more or was at a section \$01(04), 50 (ct)(5), or 501(ct)(6) organizations included on ince 9 (see instructions) 30 Did the organization between the organizations to, any officer, director, trusted, or key employee or were any such loans made in a proxy year and still outstanding at the end of the tax year covered by this return? 30 Section 501(ct)(3) and 501(ct)(4) organizations. Enter amount of tax mispeed on the organization during the year under section \$401, \$10 (ct) (3) and 501(ct)(4) organizations. Enter amount of tax mispeed on the organization managers or designalized persons during the year under sections \$402, \$405, \$30, \$400(ct)(3) and 501(ct)(4) organizations. Enter amount of tax mispeed on organization managers or designalized persons during the year under sections \$402, \$400 (tt) (st) (st) (st) (st) (st) (st) (st)		Check if the organization used Schedule of to respond to any question in this hart v		Yes	
Schedule O A Were any significant changes made to the organization's name. Otherwise, explain the trange on Schedule O (see instructions) If the organization had income from business schillers, such as those reported on fines 2, 6a, and 7a (among others), but not reported in form 990-T. replain in Schedule O with the organization of not report the income on Form 990-T. Did the organization had income from business schillers, such as those reported on lines 2, 6a, and 7a (among others), but not reported in form 990-T. To m 990-T for this year? B (bit the organization subject to section 60304) ontoice, reporting, and proxy ta requirements? If Yes, has it flied a tax cellum on Form 990-T for the year? B (bit the organization underpo a leukidothon, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N The among of optical expenditudes, direct or interest, or expending and proxy are and still outstanding at the end of the tax year covered by this return? Did the organization file Form 1120-POL for this year? B (organization Schedule) in Length at the did the tax year covered by this return? If Yes,* complete Schedule L, Part It and enter the total amount involved Section 5010(7) organizations. Enter: Initiation fees and capital contributions included on line 9 (D. section 5010(7)) organizations. Enter: Initiation fees and capital contributions included on line 9 (D. section 5010(7)) organizations. Enter: In Initiation fees and capital contributions included on line 9 (D. section 5010(7)) organizations. Enter amount of tax miposed on the organization managers or designating because the schedule L, Part It and enter the total amount involved Section 5010(7) organizations. Find a mount of tax with lines of the formination	33	Did the organization engage in any activity not previously reported to the IRS2 If "Yes." provide a detailed description of each activity in			
34 Were any significant changes made to the organizands or governing documents? If Yes, statish a conformed copy of the amended documents of they reflect a change to the organizands in same. Otherwise, equals the change on Sochedule (Ose instructions) 35 If the organization had income from business activities, such as those reported on firm 90-17, equilian in Schedule (Ose instructions) 36 If the organization had income from business gross momen of \$1,000 or more own sit a section \$0.00(4), 501(c)(6), or 501(c)(6), or 501(c)(6) organization subject to section 603(6)(6) indice, reporting, and proxy tax requirements? 37 If yes, the first deal tax return or firm 90-17 or might 90-12 organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule Ix. Part I and either the total amount molved 38 Det the organization in the form 1120-PD. Cor this year? 39 Det the organization in the form 120-PD. Cor this year? 30 Det the organization in the form 120-PD. Cor this year? 31 Det the organization in the form 120-PD. Cor this year? 32 Details of year organization in the form 120-PD. Cor this year? 33 Details of year organization in the form 120-PD. Cor this year organization in a prior year and still outstanding at the end of the tax year covered by this return? 34 Details of year organization in the part of year organization managers or disqualited persons disring the year under sections 4912 ≥ 0. section 4905 ≥ 0. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax or into 400 rembursed by the organization are organization are organization are nativest to oral supplications. Enter amount of tax or mine 400 rembursed by the organization is book are in care of ≥ kCULA, SHEKAR RAGHAVAN 21 Telephone no.	00		33		x
documents if they retired a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 34	34				
35 If the organization had income from business activities, such as those reported on lines 2, 6st, and 7st (among others), but not reported on Form 990-1. a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 50 t(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(6) or granization subject to section 603(e) notice, reporting, and proxy tax requirements? b Did the organization undergo a liquidation, dissolution, terrimation, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule IN 8. 37. Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization business from 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organizations. Enter amount of tax imposed on the organization during the year under: b Section 501(c)(3) organizations. Enter amount of tax imposed on organization during the year under: b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under: b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year und	• •		34		x
reported on Form 990-T, explain m Schedule O why the organization and not report the income on Form 990-T. Dot the organization have unrelated bissness gross is considered for the income or was at a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? 381 If Yes, has it flied a tax return on Form 990-T for this year? 382 Did the organization undergo a laudiation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 383 Did the organization of political expenditures, direct or indirect, as described in the instructions. Dot the organization tile Form 1120-PoL for this year? 384 Did the organization for political expenditures, direct or indirect, as described in the instructions. Dot the organization form 1120-PoL for this year? 385 Did the organization form 1120-PoL for this year? 386 Did the organization form 1120-PoL for this year? 386 Did the organization form 1120-PoL for this year? 387 Did the organization form 1120-PoL for this year? 388 Did yield the organization form 1120-PoL for this year? 389 Did yield the organization form 1120-PoL for this year? 380 Did the organization form 1120-PoL for this year? 380 Did the organization form 1120-PoL for this year? 380 Did the organization form 1120-PoL for this year? 380 Did the organization form 1120-PoL for this year? 380 Did the organization form 1120-PoL for this year? 380 Did the organization form 1120-PoL for this year? 380 Did the organization form 1120-PoL for this year? 380 Did yield form 1120-PoL form 1120-Po	35				
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x 2 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	b		35b	N/	A
x 2 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1120-POL for this year? 38a 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? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38a N/A 38			36		X
b Did the organization in fe form 1120-P0L for this year? 37a	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 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-E2? If "Yes," complete Schedule I., Part I C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied 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 At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ▶ CA The organization's blooks are in care of ▶ KULASHEKAR RAGHAVAN Located at ▶ 488 ELLIS STREET, MOUNTAIN VIEW, CA Located at ▶ 488 ELLIS STREET, MOUNTAIN VIEW, CA Located at ▶ 488 ELLIS STREET, MOUNTAIN VIEW, CA Located at ▶ 488 ELLIS STREET, MOUNTAIN VIEW, CA Located at ▶ 488 ELLIS STREET, MOUNTAIN VIEW, CA Located at ▶ 488 ELLIS STREET, MOUNTAIN VIEW, CA Located at ▶ 488 ELLIS stream 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 calendary year, did the organization maintain an office outside of the U.S.? 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 calendary year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. Section 4947(a) (1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and	a		1		
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					Yes	
Is any related organization a controlled entity of the organization within	_		- 10 // L 10 / 0	45	ļ <u>-</u> _	X
a Did the organization receive any payment from or engage in any transaction	_	e meaning of section	512(b)(13)?			
If "Yes," Form 990 and Schedule R may need to be completed instead of F		1.1.1		45a	├	X
Did the organization engage, directly or indirectly, in political campaign ac	tivities on behalf of or in opposition	n to candidates for pi	iplic ottices	40		
If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations and section	1047/a\/1\ nonevemnt	charitable true	oto only M	46	n F01/s	X X
organizations and section 4947(a)(1) nonexempt charitable trus			-		•	
Check if the organization used Schedule O to respond to any que		and 52, and complete	CHE LADIES TOF	11162 30	allu 5	<u>'</u>
Once in the organization used Schedule of to respond to any que	SSUOTE III UIIS F AFE VI	"			Yes	No
7 Did the organization engage in lobbying activities? If "Yes," complete S	Schedule C. Part II			47	1.00	X
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "\				48		X
9a Did the organization make any transfers to an exempt non-charitable relat				49a		X
b If "Yes," was the related organization a section 527 organization?				49b		
Complete this table for the organization's five highest compensated emplo	oyees (other than officers, directors	s, trustees and key en	nployees) who	each re	ceived	more
than \$100,000 of compensation from the organization. If there is none, er	• •		, , ,			
	(b) Title and average hours	(c) Compensation	(d) Contribution	ns (e) Expe	nse
(a) Name and address of each employee paid more	per week devoted to	` `	to employee benefit plans 8	, a	ccount	and
than \$100,000 NONE	position		deferred compensation		er allow	ances
					_	
	i			- 1		
				ļ		
						
f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indep	endent contractors who each recei	ved more than \$100,	000 of compen	sation f	from the	
		ved more than \$100,			rom the	
Complete this table for the organization's five highest compensated indep organization. If there is none, enter "None." NONE		1				
Complete this table for the organization's five highest compensated indep organization. If there is none, enter "None." NONE	ore than \$100,000	1				
Complete this table for the organization's five highest compensated indep organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid mo	ore than \$100,000	(b) Type of ser				
Complete this table for the organization's five highest compensated indep organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more and addr	000 ganizations and 4947(a)(1) nonexe	(b) Type of ser	vice	(c) Con	npensat	tion
Complete this table for the organization's five highest compensated indep organization. If there is none, enter "None." (a) Name and address of each independent contractor paid models and address of each independent contractor paid models. d Total number of other independent contractors each receiving over \$100,	ore than \$100,000 000 ganizations and 4947(a)(1) nonexe	(b) Type of ser	vice	(c) Con	es	
d Total number of other independent contractors each receiving over \$100, Did the organization complete Schedule A? Note: All section 501(c)(3) or charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on	ore than \$100,000 000 ganizations and 4947(a)(1) nonexe	(b) Type of ser	vice knowledge and to the control of the control o	(c) Con	npensat	tion
d Total number of other independent contractors each receiving over \$100, 2 Did the organization complete Schedule A? Note: All section 501(c)(3) or charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on lere	000 ganizations and 4947(a)(1) nonexe	(b) Type of ser	vice	(c) Con	es	tion
d Total number of other independent contractors each receiving over \$100, 2 Did the organization complete Schedule A? Note: All section 501(c)(3) or charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer KULASHEKAR RAGHAVAN, TREASIC	000 ganizations and 4947(a)(1) nonexe	(b) Type of ser	vice knowledge and to the control of the control o	(c) Con	es	tion
d Total number of other independent contractors each receiving over \$100, 2 Did the organization complete Schedule A? Note: All section 501(c)(3) or charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on signature of officer KULASHEKAR RAGHAVAN, TREASUTIVE TOTAL TYPE or print name and title	000 ganizations and 4947(a)(1) nonexe g accompanying schedules and statemer all information of which preparer has any	(b) Type of ser	vice vice	(c) Con	es	tion
d Total number of other independent contractors each receiving over \$100, 2 Did the organization complete Schedule A? Note: All section 501(c)(3) or charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer KULASHEKAR RAGHAVAN	000 ganizations and 4947(a)(1) nonexe	(b) Type of ser	knowledge and to Date	(c) Con	es	tion
d Total number of other independent contractors each receiving over \$100, 20 Did the organization complete Schedule A? Note: All section 501(c)(3) or charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of prepare (other than officer) is based on Signature of officer KULASHEKAR RAGHAVAN, TREASURING TYPE or print name and title Print/Type preparer's name Prepare (signature) Print/Type preparer's name Prepare (signature) Print/Type preparer's name Prepare (signature) Prepare (signature) Print/Type preparer's name Prepare (signature) Print/Type preparer's name Prepare (signature) Print/Type preparer's name Prepare (signature) Prepare (signa	000 ganizations and 4947(a)(1) nonexe g accompanying schedules and statemer all information of which preparer has any	(b) Type of ser	vice knowledge and E Date PTIN yed	(c) Con	es	tion
d Total number of other independent contractors each receiving over \$100, 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organization to complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer KULASHEKAR RAGHAVAN, TREASURING Signature of officer Print/Type preparer's name Type or print name and title Print/Type preparer's name Jeffrey D Shapiro Firm's name CRYSTAL, SHAPIRD & I	000 ganizations and 4947(a)(1) nonexe g accompanying schedules and statemer all information of which preparer has any	(b) Type of ser	vice knowledge and E Date PTIN yed	(c) Con	es	tion
d Total number of other independent contractors each receiving over \$100, 2 Did the organization complete Schedule A? Note: All section 501(c)(3) or charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer KULASHEKAR RAGHAVAN, TREASITIVE or print/Type preparer's name Preparer	000 ganizations and 4947(a)(1) nonexe g accompanying schedules and statemer all information of which preparer has any	(b) Type of ser	vice knowledge and E Date PTIN yed	(c) Con	es	tion
d Total number of other independent contractors each receiving over \$100, 2 Did the organization complete Schedule A? Note: All section 501(c)(3) or charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer KULASHEKAR RAGHAVAN, TREASUTYPE or print name and title	000 ganizations and 4947(a)(1) nonexe g accompanying schedules and statemer all information of which preparer has any	(b) Type of ser	whowledge and to Date If PTIN yed	X Y Pelief, it is	es strue,	No
d Total number of other independent contractors each receiving over \$100, 2 Did the organization complete Schedule A? Note: All section 501(c)(3) or charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer KULASHEKAR RAGHAVAN, TREASITIVE or print/Type preparer's name Preparer	ore than \$100,000 000 ganizations and 4947(a)(1) nonexe g accompanying schedules and statemer all information of which preparer has any JRER Date Date Har	(b) Type of ser	vice knowledge and E Date PTIN yed	X Y eller, it is 9 / 2	es strue,	No

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.

2010

Open to Public Inspection

Name of the organization

Employer identification number

			A FOUNDATION							<u>-8102</u>	<u> 405</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this part	t.) See ins	tructions				
he orga	nization is not a	a private foundation	because it is (For lines 1	1 through 1	l1, check	only one b	ox)					
1 🗀	A church, co	nvention of churche	s, or association of churc	ches descr	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described i	n ection	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desc	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(ii	ii). Enter th	e hospital	's name) ,
	city, and stat	e							_			
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or o	perated by	a govern	mental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6	A federal, sta	ite, or local governm	ent or governmental uni	t described	ın sectio	n 170(b)(1)(A)(v).					
7		_	eives a substantial part					or from the	general p	ublic desc	rıbed in	
	_	(b)(1)(A)(vi). (Comple										
8	•		section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X			eives (1) more than 33			rom contri	butions, n	nembershi	p fees, and	d gross red	ceipts fr	om
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete										
10 🗀			perated exclusively to te	st for publi	c safety \$	See sectio	n 509(a)(4	1).				
11 🗀			perated exclusively for the						y out the p	ourposes c	of one or	r
			ations described in section									
			organization and comple									
	a Type		7			tionally inf	tegrated		d 🔲	Type III - 0	Other	
e 🗀	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	ner than	ı
			than one or more publicly									
f		-	tten determination from									
		rganization, check t										
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	n from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and ((แi) below,		Yes	No
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a perso	n described in (i) above?	ı						11g(ii)		
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (ii) above	?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon((s)							
		<u>-</u>										
. ,	ne of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	sted in your		ion in col.	(vi) la organizati (i) organiz	on in col. l		nount of	
			above or IRC section	governing	document?	(i) of you	r support?	U.S	5.2			
			(see instructions))	Yes	No	Yes	No	Yes	No			
	-											
						ļ <u> </u>			ļ			
	·-			<u> </u>					 			
						1						
												
		_						_		. -		
	_			-								
otal												

Schedule /	A (Form	990 or	990-F71	2010

Page 2

Pa	Support Schedule for (Complete only if you checken	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			•
	fails to qualify under the tests	listed below, plea	ase complete Part	III)			
	ction A. Public Support		T	T () 2000	4 11 0000	1	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		[[1	
	membership fees received (Do not						
_	Include any "unusual grants ")				 		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				ľ		
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included						İ
	on line 1 that exceeds 2% of the	j	}] :			
	amount shown on line 11,						
	Column (f)					<u> </u>	
6	Public support. Subtract line 5 from line 4						L
<u>Se</u>	ction B. Total Support		<u></u>	·	, -	<u> </u>	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		1				
	securities loans, rents, royalties				ļ		
	and income from similar sources	ļ <u>-</u>					
9	Net income from unrelated business						
	activities, whether or not the			ļ			
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						<u>.</u>
	assets (Explain in Part IV)			ļ			
11	Total support. Add lines 7 through 10	L			<u> </u>		
12	Gross receipts from related activities,	, etc (see instructi	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
_	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2010 (ine 6, column (f) d	livided by line 11,	column (f))		14	
	Public support percentage from 2009					15	
16	a 33 1/3% support test - 2010.If the o				14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies						▶∟
ı	o 33 1/3% support test - 2009. If the o				line 15 is 33 1/39	6 or more, check th	ııs box
	and stop here. The organization qual						▶∟
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop l	here. Explain in P	art IV how the organ	nization
	meets the "facts-and-circumstances"	_					▶∟⅃
ı	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not o	check a box on line	e 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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support	is listed below, please con	piete i at ii j				
Calendar year (or fiscal year beginning	ng in) 🕨 (a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, a	ınd		-			
membership fees received. (E	Do not	1				
ınclude any "unusual grants.	")	10620.	29284.	48870.	55983.	144757.
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to organization's tax-exempt pu	per- in the					
3 Gross receipts from activities are not an unrelated trade or iness under section 513						
4 Tax revenues levied for the or ization's benefit and either pa or expended on its behalf	1					
5 The value of services or facility furnished by a governmental the organization without char	unit to					
6 Total. Add lines 1 through 5		10620.	29284.	48870.	55983.	144757.
7a Amounts included on lines 1,	2, and					
3 received from disqualified p	persons					0.
b Amounts included on lines 2 and 3 rect from other than disqualified persons the exceed the greater of \$5,000 or 1% of t amount on line 13 for the year	at				_	0.
c Add lines 7a and 7b	-					0.
8 Public support (Subtract line 7c from	line 6)					<u> 144757.</u>
Section B. Total Support						
Calendar year (or fiscal year beginnir	ng in) 🕨 <u>(a)</u> 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6		10620.	29284.	48870.	<u>55</u> 983.	<u>144757.</u>
10a Gross income from interest, dividends, payments received securities loans, rents, royalti and income from similar source	es					
b Unrelated business taxable incom	ne					
(less section 511 taxes) from bus acquired after June 30, 1975	sinesses					
c Add lines 10a and 10b 11 Net income from unrelated by activities not included in line whether or not the business i	10b,					
regularly carried on 12 Other income Do not include or loss from the sale of capita						<u>.</u>
assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, 2	and 12 \	10620.	29284.	48870.	55983.	144757.
14 First five years. If the Form 9	· 					
check this box and stop here	-	5 m 5t, 5555ma, tim a	,,	· your as a sooner.		, ▶□
Section C. Computation of		ercentage				
15 Public support percentage fo			lumn (f))		15 1	100.00 %
16 Public support percentage fro			***		16	%
Section D. Computation o						
17 Investment income percentage			13, column (fl)		17	.00 %
18 Investment income percentage			, , , , , , , , , , , , , , , , , , , ,) -	18	%
19a 33 1/3% support tests - 201	-		n line 14, and line	_		
more than 33 1/3%, check th						▶ X
b 33 1/3% support tests - 200 line 18 is not more than 33 1/	99. If the organization did	not check a box on I	ine 14 or line 19a,	and line 16 is mor	e than 33 1/3%, a	
20 Private foundation. If the org		-	•			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

MAHINDRA FOUNDATION

Employer identification number 20-8105205

Description of Other Revenue:	Amount:
Sundry	10.
Form 990-EZ, Part I, Line 10, Grants and Allocations:	
Activity Classification: INTERNATIONAL DEVELOPMENT- EDUCATION	
Grantee Name: KC MAHINDRA EDUCATION TRUST	·
Grantee Address: CECIL CT, 3RD FLOOR MAHAKAVI BHUSHAN MARG BA	I 400 00
Grantee Relationship: UNRELATED	
Property Description: CASH	
Date of Gift: 12/20/10	
Amount Given:	40000.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
BANK CHARGES	1667.
REGISTRATION FEES	235.
Office supplies	218.
Total to Form 990-EZ, line 16	2120.
Form 990-EZ, Part III, Primary Exempt Purpose - INTERNATIONAL & RELIEF SERVICES	DEVELOPMENT
Form 990-EZ, Part III, Line 28, Program Service Accomplishmen	its:

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MAHINDRA FOUNDATION

Employer identification number 20-8105205

- The KCMET provides scholoarships through the Nanhi Kali
Foundation to provide educational assistance to
underprivilidged girl children in India. The criteria is set by by the
Nanhi Kali Foundation.
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.