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# Form 990-PF

# **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052 2010

For calendar year 2010, or tax year beginning and ending Initial return of a former public charity Final return G Check all that apply: Initial return Address change Amended return Name change A Employer identification number Name of foundation 23-7300230 INDIA FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (517)351-5508 3505 COOLIDGE ROAD City or town, state, and ZIP code C If exemption application is pending, check here 48823 EAST LANSING, MI 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: | X | Cash Accrual under section 507(b)(1)(A), check here (from Part II, col (c), line 16) Other (specify) If the foundation is in a 60-month termination 2,497,884. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (c) Adjusted net (a) Revenue and expenses per books (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) ілсоте ıncome (cash basis only) Contributions, gifts, grants, etc., received 33,544 N/A if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 29,820 29,820 STATEMENT 35,714 35,714 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 212,282 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 795,403. 212,282 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain 8 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income .360 277.816 12 Total. Add lines 1 through 11 0 0 0. 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 14 Pensionnans, employeen quefits Legal lees Accounting fees 12,000 9,600 2,400. Zither professional fees 2011 TM 26,946 26,946. 0. 600 17 Interest 18 19 20 Occupancy 2,364. 11,818 9.454. 21 Travel, conferences, and meetings 22 Printing and publications 11,462. STMT 5 57,327 45,848 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 108,691 92,448 16,226. 104,880 104,880. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 121,106. 213,571 92,448 Add lines 24 and 25 27 Subtract line 26 from line 12: 97,789 Excess of revenue over expenses and disbursements 185,3<u>68</u> b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) Form **990-PF** (2010)

LHA For Paperwork Reduction Act Notice, see the instructions.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		Τ	
	(must agree with end-of-year figure reported on prior year's return)	1		1,440,508.
2	Enter amount from Part I, line 27a	2		97,789.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		1,538,297.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		1,538,297.

Part IV	Capital Gains	and Losses	for Tax on In	vestment	Income						
			of property sold (e.g. amon stock, 200 shs			( <b>b</b> ) h	low ac - Purch - Dona	quired nase tion	c) Date ac (mo., day	quired , yr.)	(d) Date sold (mo., day, yr.)
1a FID	UCIARY DEPO	SITS					]	P 7	ARIO	បន	01/25/10
b BUN	DESREPUBLIK	DEUTSC	HLAND BON	D					ARIO	US	05/18/10
c 185	OZ OF GOLD								'ARIO		10/12/10
	<u>EIGN CURREN</u>				_				<u> /ARIO</u>	US	VARIOUS_
e CAP	<u>ITAL GAIN D</u>	<u>ISTRIBU'</u>	rions			L		P			
(e)	Gross sales price		iation allowed llowable)		t or other basis xpense of sale				(h) Gan (e) plus (	n or (loss f) minus (	(g)
a	213,766.				214,38						<u>-620.</u>
<u>b</u>	239,120.				280,24				_		-41,123.
С	246,189.				88,18			<del></del>			158,001.
d					30	4.					-304.
e	96,328.	<u> </u>									96,328.
Comple	ete only for assets showing	1							Gains (Col k), but no		
(i) F.N	(i) F.M.V. as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col. (j), if any				cor (	Losses (f	rom col. (	h))			
<u>a</u>						_					<u>-620.</u>
b											-41,123.
C					*						158,001.
<u>d</u>										-	-304.
е											96,328.
Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7  Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):									212,282.		
	also enter in Part I, line 8,					<b> </b>	ľ				
	enter -0- in Part I, line 8		40.40( ) (	<del></del>			3			N/A	
Part V	1							ient inco	ome		<del></del>
If section 49	al use by domestic private 940(d)(2) applies, leave t	his part blank.					3.)				Yes X No
If "Yes," the	indation liable for the sec foundation does not qua	ılıfy under sect <u>io</u> i	n 4940(e). Do not co	mplete this pa	rt.						Yes 🔼 No
1 Enter th	ie appropriate amount in	each column for		uctions before	making any entri				T		(4)
Calendar	(a) Base period years year (or tax year beginni	ing in) Ad	(b) Justed qualifying dis		Net value of no		rıtable-			Dıstrıt ol. (b) dıv	(d) oution ratio vided by col. (c))
······	2009			6,468.				<b>8,482.</b>	1		.038263
	2008			7,921.				0,914.			.062101
	2007			9,556.				6,823			.050795
	2006			5,510.				9,384		-	.037956
	2005		1	<u>2,375.</u>		_ 1_	<u>, 56</u>	<u>9,413.</u>			.007885
	line 1, column (d)								2		.197000
-	e distribution ratio for the idation has been in existe	-		on line 2 by 5,	or by the number	or ye	ars		3		.039400
4 Enter th	e net value of noncharital	ble-use assets fo	r 2010 from Part X,	line 5	٠				4		2,237,504.
5 Multiply	line 4 by line 3				-				5		88,158.
6 Enter 19	% of net investment incor	me (1% of Part I,	, line 27b)						6		1,854.
7 Add line	es 5 and 6						•		7		90,012.
•	ualifying distributions from	•	•	dh and a	lada dhad				8		121,106.
	is equal to or greater that Part VI instructions.	n line /, check th	ie dox in Part VI, line	in, and comp	viete that part usin	ig a 1'	% tax r	ate.			

13520714 788987 1089004

					NDATION								7300			age 4
	t VI					Income (Se					, or 4	948	- see ii	nstru	ctior	15)
						)(2), check here										
						(attach copy										
			hat meet the	section 4	1940(e) require	ements in Part V,	check here	• [X]	and enter 1	l%	·	_1_			1,8	<u>54.</u>
		l, line 27b											Ì			
						pt foreign organiz				col. (b). ノ						
2	Tax und	ler section 511 (	domestic sed	ction 494	17(a)(1) trusts	and taxable foun	dations only. Of	thers en	ter -0-)			2_				<u>0.</u>
		es 1 and 2										3			1,8	
						s and taxable four		thers en	iter -0-)			4				0.
5	Tax bas	sed on investme	nt income. S	Subtract	line 4 from line	e 3. If zero or less	, enter -0-		•			5			1,8	<u>54.</u>
6	Credits/	Payments:							1							
a	2010 es	stimated tax payı	ments and 20	009 over	payment credi	ted to 2010	<del>-</del>	6a		5	02.					
b	Exempt	foreign organiza	ations - tax w	vithheld a	at source			6b								
C	Tax paid	d with application	n for extension	on of tım	e to file (Form	8868)		6c								
d	Backup	withholding erro	oneously witl	hheld				_6d								
7	Total cr	edits and payme	ents. Add line	es 6a thr	ough 6d							. 7			5	02.
8	Enter ar	ny <mark>penalty</mark> for ur	nderpayment	t of estin	nated tax. Chec	k here 🔲 ıf Fo	rm 2220 ıs atta	ched				8				
9	Tax due	e. If the total of l	ines 5 and 8	ıs more	than line 7, ent	ter <mark>amount owed</mark>						9			1,3	<u>52.</u>
10	Overpa	yment. If line 7 i	s more than	the total	of lines 5 and	8, enter the amou	unt overpaid					10				
11	Enter th	e amount of line	: 10 to be: <b>Cr</b>	redited t	o 2011 estima	ted tax				Refund	ed 🖊	11				
Pa	rt VII-	A Statem	nents Re	gardi	ng Activiti	ies										
1a	During	the tax year, did	the foundation	on attem	pt to influence	any national, sta	te, or local legis	lation o	r did it part	icipate or in	tervene	ın			Yes	No
	any pol	itical campaign?												1a		X
b	Did it sp	pend more than :	\$100 during	the year	(either directly	y or indirectly) for	political purpo	ses (see	instruction	ns for defini	tion)?			1b		_X_
	If the a	answer is "Yes"	to 1a or 1b	, attach	a detailed de	escription of the	e activities and	d copie	s of any n	naterials pi	ıblıshe	d or				
	dıstrıbı	uted by the fou	undation in	connec	tion with the	activities										
C	Did the	foundation file F	orm 1120-P	OL for th	ns year?									1c		X
d	Enter th	ne amount (if any	y) of tax on p	olitical e	xpenditures (s	ection 4955) imp	osed during the	e year:								
	(1) On	the foundation.	<b>&gt;</b> \$		0	_ (2) On found	ation managers	s. <b>▶</b> \$			0.					
						iring the year for p				n foundation	n					
	manage	ers. ▶ \$		0	•											
2	Has the	foundation engi	aged in any a	activities	that have not p	previously been re	eported to the I	RS?						2		X
	If "Yes	," attach a deta	ailed descri	ption o	f the activities	s.									-	
3	Has the	foundation mad	de any chang	jes, not p	reviously repo	orted to the IRS, in	ıts governing	ınstrume	ent, articles	of incorpo	ration, o	r				
	bylaws,	, or other sımılar	ınstruments	? If "Ye	s," attach a c	onformed copy	of the chang	es						3		_X_
4a	Did the	foundation have	unrelated b	usiness	gross income (	of \$1,000 or more	e during the yea	ar?						4a		X
b	If Yes,	has it filed a tax	return on Fo	orm 990	-T for this year	?						N	I/A.	4b		
5	Was the	ere a liquidation,	termination,	, dıssolu	tion, or substai	ntial contraction o	furing the year?	?						5		X
	If "Yes	," attach the si	tatement re	quired	by General In	struction T.										
6	Are the	requirements of	f section 508	l(e) (rela	ling to sections	s 4941 through 4	945) satisfied e	ıther:								
	• By la	nguage in the go	verning insti	rument,	or											
	By st	ate legislation th	at effectively	amends	the governing	ınstrument so th	at no mandator	ry directi	ons that co	onflict with t	he state	law				
	rema	ain in the governi	ıng ınstrume	nt?										6	X	
7	Did the	foundation have	at least \$5,0	000 in as	sets at any tim	ne during the year	?							7	X	
		,* complete Pa														
8a	Enter th	he states to whic	h the founda	ition rep	orts or with wh	nch it is registered	i (see instructio	ons) 🕨								
	MI															
b		nswer is "Yes" to	line 7, has t	he found	ation furnished	d a copy of Form	990-PF to the <i>F</i>	Attorney	General (o	r designate)	)					
						Vo," attach expl		,		- •		_		8b	X	
9		' <del>-</del> '	-			indation within the		ection 49	942(j)(3) oi	4942(1)(5)	for cale	ndar	-			
						uctions for Part X								9		X
10						he tax year? If Tyes					s S	TMT	9	10	Х	-

orm 990-PF (2010) INDIA FOUNDATION			<u>23-73002</u>	30	Page 6
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be R	equired (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ctly,			
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	· ?	Ye	s X No		,
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
509(a)(1), (2), or (3), or section 4940(d)(2)?	400011500 111 5004011		s X No		
	or advectional numbers or fo		.3 (22) 110		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or concentrational purposes, or ic		s X No		
the prevention of cruelty to children or animals?	da. tha a	•—	S LALINU		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		i Regulations	37 / 3	-	-
section 53.4945 or in a current notice regarding disaster assistance (see instru	·	-	N/A	5b	<del></del>
Organizations relying on a current notice regarding disaster assistance check h		_	. •		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?	N	/A L Y6	s L No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es 🗶 No	ĺ	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.				-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es 🗓 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b	
Dort VIII Information About Officers, Directors, Trust		nagers, Highly	1		
Part VIII Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation		owances
SHRIKUMAR PODDAR	PRESIDENT/TSR				
2601 COCHISE LANE					
OKEMOS, MI 48864	0.00	0.	0.		0.
MAYURIKA PODDAR	VICE-PRES				
2601 COCHISE LANE					
OKEMOS, MI 48864	0.00	0.	0.		0.
DANIEL J. WARMELS	SECRETARY				
3505 COOLIDGE ROAD					
EAST LANSING, MI 48823	0.00	0.	0.		0.
TED SIMMONS	DIRECTOR		•		
	DIRECTOR				
6587 PERIWINKLE LANE EAST LANSING, MI 48823	0.00	o.	0.		0.
2 Compensation of five highest-paid employees (other than those inc			<u> </u>		<u> </u>
			(d) Contributions to	(e	Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acci	ount, other lowances
NONE	devoted to position	<del>-</del>	compensation	ai	Owanoca
NONE	<del> </del>		}		
				+	
	1				
		<del> </del>		<del> </del>	
	1				
	<del> </del>			-	
	4				
				-	
	4				
	<u> </u>	<u> </u>	<del> </del>	L	
Total number of other employees paid over \$50,000	·		<b></b>	200	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	у		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	/ice	(c) Comp	pensation
NONE			
Total number of others receiving over \$50,000 for professional services			0
Part IX-A Summary of Direct Charitable Activities		!	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
1 N/A			
2			
3			
-			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 <u>N/A</u>			
			0.
2			
All other program-related investments. See instructions.			
Total. Add lines 1 through 3	<b>&gt;</b>		0.
	Fo	rm <b>990-P</b>	<b>F</b> (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
' 2	Average monthly fair market value of securities	1a	2,191,340.
b	Average of monthly cash balances	1b	64,070.
	Fair market value of all other assets	1c	16,168.
d	Total (add lines 1a, b, and c)	1d	2,271,578.
_	Reduction claimed for blockage or other factors reported on lines 1a and		2,2,11,5,10.
-	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,271,578.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	34,074.
•	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,237,504.
5	Minimum investment return. Enter 5% of line 5	6	111,875.
<u>6</u>	Distributed Amount ( ) ( ) (0 to 10		<u> </u>
Р	art XI Distributable Amount (see instructions) (Section 4942())(3) and ())(5) private operating foundations and foreign organizations check here  and do not complete this part.)	iu certain	
1	Minimum investment return from Part X, line 6	1	111,875.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,854.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	110,021.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	110,021.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	110,021.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		101 100
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	121,106.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	<del>.</del>
b	,,	3b	101 106
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	121,106.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	4 054
	income. Enter 1% of Part I, line 27b	5	1,854.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	119,252.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies fo	or the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	( <b>d)</b> 2010
1 Distributable amount for 2010 from Part XI,	· · · · · · · · · · · · · · · · · · ·		···-	
line 7				110,021.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
<b>b</b> From 2006				
c From 2007				
d From 2008 4,335.				
e From 2009				
f Total of lines 3a through e	4,335.	· · · · · · · · · · · · · · · · · · ·		
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 121,106.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			110 001
d Applied to 2010 distributable amount				110,021.
e Remaining amount distributed out of corpus	11,085.			·
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	15,420.			
b Prior years' undistributed income. Subtract	-			
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	45 400			
Subtract lines 7 and 8 from line 6a	15,420.		· · · · · ·	
10 Analysis of line 9:		-		
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 4,335.				
d Excess from 2009 e Excess from 2010  11,085.				1
E LAGESS HORITZO IO TT, COD.	l	L	<u> </u>	Form <b>990-PF</b> (2010)

Part XIV   Private Operating Foundations (see instructions and Part VIIA-, question 9)   N/A		orm 990-PF (2010) INDIA FOUNDATION 23-7300230 Page 10									
foundation, and the ruling is effective for 2010, enter the date of the ruling  b Check too to indicate whether the toundation is a private operating foundation described in section  2 a finite the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed  8 58% of line 2  c Qualifying distributions from Part X for each year listed  4 58% of line 2  c Qualifying distributions from Part XII, time 4 for each year listed  4 Amounts included in line 2 not used directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made directly for active conduct of except activities  • Qualifying distributions made gradient active act	Part XI\	/ Private Operating Fo	oundations (see ins	structions and Part VII	A, question 9)	N/A					
b Cleck box to indicate whether the foundation is a private operating foundation described in section	1 a If the f	oundation has received a ruling of	r determination letter that	it is a private operating							
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a The name, address, and telephone number of the person to whom applications should be addressed:											
			<del> </del>			is, complete items Eu, b, c, and	<del></del>				
SHRIKUMAR PODDAR		•	iber of the person to who	m applications snould be	addressed:						
2601 COCHISE LANE, OKEMOS, MI 48864											
b The form in which applications should be submitted and information and materials they should include:  CHORD I RUMBER CIVING DEMAIL OF DROJECT NO DROVE CALLS DIFACEL		• •		•		TO DIENCE!					
SHORT LETTER GIVING DETAIL OF PROJECT. NO PHONE CALLS, PLEASE!			DETAIL OF F	TOUTCI. NO	FRONE CAL	IND' ENTROP:					
c Any submission deadlines:  APRIL 30 AND AUGUST 31	-		31								
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:				al areas, charitable fields	kinds of institutions	or other factors:					
AS PER SECTION 509(A) (1) (2) OR (3) OR MEET 53.4942(A)-3(A) (B)											

		Parmont		<del> </del>
	If recipient is an individual			
	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor  Name and address (home or business)  Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor  Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor			
a Paid during the year				
		}		
	_			104 000
	T	_	<b>▶</b> 3a	104,880.
b Approved for future payment				
NONE				•
NONE				
			i	
Total			<b>▶</b> 3b	0.
023611 12-07-10			F	orm <b>990-PF</b> (2010)

# **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Cin diatou .	ousiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Aillouist	- Initiality income
a		<del></del>	<del></del>		
b		<del></del>			
C					
d					
e			<del></del>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	29,820.	
4 Dividends and interest from securities			14	35,714.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	212,282.	
9 Net income or (loss) from special events					·-
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C				-	
d					
e			_	055 046	
12 Subtotal. Add columns (b), (d), and (e)			0.	277,816.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	277,816
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt P	urposes	

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
_	

023621 12-07-10

Part AVII	Exempt Organ		sters 10 a	ing Transactions a	ind Helations	snips with No	ncharitable	е	
1 Did the ord	<del></del>		of the followin	g with any other organization	on described in sec	tion 501(c) of		Yes	No
				7, relating to political organ					<del>                                     </del>
	from the reporting found								
(1) Cash				,			1a(1)		x
(2) Other	assets						1a(2)		X
<b>b</b> Other trans			••	•					
	of assets to a noncharita	ble exempt organizat	ion				1b(1)		X
• •	ases of assets from a no					• •	1b(2)		Х
. ,	l of facilities, equipment,	•	9			•	1b(3)		X
• •	oursement arrangements						1b(4)		X
• •	or loan guarantees						1b(5)		X
• •	rmance of services or me	embership or fundrais	sıng solıcıtatıo	ns			1b(6)		X
` '	facilities, equipment, ma	·	_		• ••	•	1c		X
•		- '		dule. Column (b) should ah	ways show the fair	market value of the	goods, other as:	sets.	
				ed less than fair market valu				,	
column (d	) the value of the goods,	other assets, or serv	ices received.						
(a) Line no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	n of transfers, transaction	ons, and sharing a	rangem	ents
			N/A						
				<del></del>					
		<u> </u>							
		=		or more tax-exempt organi	ızatıons described				_
	501(c) of the Code (othe		)(3)) or in sect	tion 52/?			L Yes	LX	No
b If "Yes," co	mplete the following sch			(h) Type of organization	<u> </u>	(a) December of r	alationahin		
	(a) Name of org	ganization		(b) Type of organization	<del> </del>	(c) Description of re	elationship		
	N/A			-	-				
	· · · · · · · · · · · · · · · · · · ·								
	<del></del> .								
Unde	r penalties of perjury, I declar	re that I have examined to	his return, includ	I ing accompanying schedules an	d statements, and to t	he best of my knowledg	e and belief, it is t	ue, com	ect.
Sign and c	complete Declaration of preparation	arer (other than taxpayer	or fiduciary) is b	ased on all information of which	preparer has any know	vledge			
Here	Alxukan	and Do	AAA.	17)18	111 50	RESIDENT			
	Signature of officer or tri	ustee	Burnt	Date	<del>                                      </del>	Title			
	Print/Type preparer's n		Preparer's s		Date	Check If	PTIN		
	DANIEL J.			-		self- employed			
Paid	CPA/ABV		DANIEL	J. WARMELS	07/14/11				
Preparer	Firm's name ► WAR	MELS & CO			_ , , ,	Fırm's EIN ▶	·		
Use Only				·,					
	Firm's address ► 35	05 COOLIT	GE ROA	.D	· · · · · · · · · · · · · · · · · · ·				
		AST LANSIN		48823		Phone no. 5	17-351-	550	8
			-				Form <b>99</b> 0		

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

**2010** 

**Employer identification number** Name of the organization 23-7300230 INDIA FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

chedule B (Fo	orm 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Parti		
lame of ore	panization	Empl	oyer identification number		
INDIA	FOUNDATION		3-7300230		
Part I	Contributors (see instructions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
1	MAYURIKA PODDAR		Person X Payroll		
	2601 COCHISE LANE OKEMOS, MI 48864	\$ <u>16,500</u> .	Noncash X (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
2	SHRIKUMAR PODDAR		Person X Payroll		
:	OKEMOS, MI 48864	\$16,500.	Noncash X (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		<b>\$</b>	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	Is a noncash contribution )  (d)  Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
023452 12-2	3-10	Schedule B (For	m 990, 990-EZ, or 990-PF) (2010)		

**Employer identification number** 

art II	Noncash Property (see instructions)			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
1	12 OUNCES OF GOLD			
		<u> </u>	10/18/10	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
2	12 OUNCES OF GOLD			
		\$\$.	10/18/10	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	0. 10/18/10  (d) Date received  0. 10/18/10  (d)	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)		
_				

Schedule B (Forr	m 990, 990-EZ, or 990-PF) (2010)			Page of of Part III
Name of orga	nization			Employer identification number
				02 5200020
Part III	FOUNDATION  Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year (Enter this info	columns (a) through (e) and the us. chartable, etc., contributions	following line entry For of	23-7300230 organizations aggregating organizations completing
(a) No. from	(b) Purpose of gift	(c) Use of gift		cription of how gift is held
Part I				
-		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift		ansferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Das	scription of how gift is held
Part I	(b) I dipose of girt	(0) 030 01 gill	(0) 200	and the state of t
		(e) Transfer of gift		
	Transferee's name, address, at	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

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•		
Current Year Deduction		
Current Sec 179	0	
Accumulated Depreciation	21,097.	
Basis For Depreciation	21,097.	
Reduction In Basis	0	•
Bus % Excl		
Unadjusted Cost Or Basis	21,097.	
No o	21	,
Life		,
Method	200DB	
Date Acquired	100599200DB5.00	
Description	11999 VAN * TOTAL 990-PF PG 1 DEPR	
Asset	н	

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

23-7300230

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
MERRILL LYNCH ROTHSCHILD BANK				17. 29,803.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		29,820.
FORM 990-PF DIVIDEND	S AND INTER	EST FROM SEC	URITIES	STATEMENT 2
SOURCE	GROSS	CA AMOUNT	PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MERRILL LYNCH ROTHSCHILD BANK		36. 35,678.	0.	36. 35,678.
TOTAL TO FM 990-PF, PART I, L	N 4	35,714.	0.	35,714.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	12,000.	9,600	<u> </u>	2,400.
TO FORM 990-PF, PG 1, LN 16B	12,000.	9,600	).	2,400.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
INVESTMENT MANAGEMENT FEE	26,946.	26,946	5.	0.
TO FORM 990-PF, PG 1, LN 16C	26,946.	26,946	5.	0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
MANAGEMENT FEE OFFICE EXPENSE	57,275. 52.	45,	45,820. 28.		11,45	
TO FORM 990-PF, PG 1, LN 23	57,327.	45,	848.		11,4	62.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
48.774 SH FIRST EAGLE GOLD CI 30441.422 SH GAMCO GOLD FUND	L A	-		1,048. 619,122.	1,6 1,087,6	
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	-		620,170.	1,089,2	67.
	OTHER INV	ESTMENTS		620,170.	1,089,2	67.
FORM 990-PF	OTHER INV	ESTMENTS LUATION ETHOD	вос	620,170. OK VALUE		7
FORM 990-PF  DESCRIPTION  BONDS-ROTHSCHILD	OTHER INV	LUATION	вос		STATEMENT FAIR MARKE	7 T
FORM 990-PF  DESCRIPTION  BONDS-ROTHSCHILD 469 OZ GOLD	OTHER INV VA	LUATION ETHOD -	вос	OK VALUE 509,552.	STATEMENT  FAIR MARKE VALUE  568,2	7 T 31. 52.
FORM 990-PF  DESCRIPTION  BONDS-ROTHSCHILD 469 OZ GOLD  TOTAL TO FORM 990-PF, PART II	OTHER INV VA M	LUATION ETHOD FMV FMV		OK VALUE 509,552. 245,127. 754,679.	STATEMENT  FAIR MARKE VALUE  568,2 660,8	7 T 31. 52.
FORM 990-PF  DESCRIPTION  BONDS-ROTHSCHILD 469 OZ GOLD  TOTAL TO FORM 990-PF, PART II	OTHER INV VA M I, LINE 13 F ASSETS NOT	LUATION ETHOD FMV FMV	INVE	OK VALUE 509,552. 245,127. 754,679.	STATEMENT  FAIR MARKE VALUE  568,2 660,8  1,229,0	7 T 31. 52. 83.
TOTAL TO FORM 990-PF, PART II FORM 990-PF DEPRECIATION OF	OTHER INV VA M I, LINE 13 F ASSETS NOT	LUATION ETHOD FMV FMV	INVE	OK VALUE 509,552. 245,127. 754,679.  ESTMENT	STATEMENT  FAIR MARKE VALUE  568,2 660,8  1,229,0  STATEMENT	7 T 31. 52. 83.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

9

NAME OF CONTRIBUTOR

ADDRESS

SHRIKUMAR & MAYURIKA PODDAR

2601 COCHISE LANE OKEMOS, MI 48864

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

10

NAME OF MANAGER

SHRIKUMAR PODDAR MAYURIKA PODDAR

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 11
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
SAVE THE CHILDREN 54 WILTON RD WESTPORT, CT 06880	HUMANITARIAN	PUBLIC CHARITY	15,800.
CRISTO REY CHURCH 201 W. MILLER ROAD LANSING, MI 48911	HUMANITARIAN	CHURCH	300.
DHARMA MEGHA 2601 COCHISE LANE OKEMOS, MI 48864	RELIGIOUS	CHURCH	2,500.
FELLOWSHIP FOR TODAY 2400 E LAKE LANSING ROAD EAST LANSING, MI 48823	RELIGIOUS	CHURCH	300.
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48901	HUMANITARIAN	PUBLIC CHARITY	2,500.
INDIA HOUSE OF WORSHIP 1428 CHILTON DRIVE SILVER SPRING, MD 20904	RELIGIOUS	CHURCH	600.
MICHIGAN PEACE TEAM 808 W. BARNES STREET LANSING, MI 48910	PEACE EDUCATION	PUBLIC CHARITY	1,500.
LANSING ART GALLERY 113 S WASHINGTON SQUARE LANSING, MI 48933	EDUCATION	PUBLIC CHARITY	600.

INDIA FOUNDATION			23-7300230
PEACE EDUCATION CENTER 855 GROVE STREET EAST LANSING, MI 48823	PEACE EDUCATION	PUBLIC CHARITY	300.
MOTHER'S TRUST 6676 122ND AVENUE GANGES, MI 49408	RELIGIOUS	CHURCH	180.
PAX CHRISTI MICHIGAN 815 SPARROW AVENUE LANSING, MI 48910	PEACE EDUCATION	PUBLIC CHARITY	300.
VAISHNAVA CENTER FOR ENLIGHTENMENT 3505 COOLIDGE ROAD EAST LANSING, MI 48823	RELIGIOUS	CHURCH	80,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		104,880.

# \* Form. 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		<b>•</b>	$\mathbf{x}$
•	are filing for an Additional (Not Automatic) 3-Month Ex	-		form).	•	
-	complete Part II unless you have already been granted				m 8868	
	nic filing (e-file). You can electronically file Form 8868 if					oration
	to file Form 990-T), or an additional (not automatic) 3-mo					
-	o file any of the forms listed in Part I or Part II with the ex		-			
	Il Benefit Contracts, which must be sent to the IRS in par					
	w.irs gov/efile and click on e-file for Charities & Nonprofits		(dec matractions). For more details of the	10 0100	ationio illing of this i	O,
Part			bmit original (no copies needed)		<del></del>	
	ration required to file Form 990-T and requesting an autoi		· · · · · · · · · · · · · · · · · · ·	nlete		
Part I or			Sittle Catchiolor Criccon time box and con	.р.о.о	•	
All other	r corporations (including 1120-C filers), partnerships, REN come tax returns.	fICs, and to	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization		<del>-</del>	Emp	oyer identification	number
print	INDIA FOUNDATION			2	3-7300230	
File by the due date for	Number street and seems as as if a DO have	see instruc	tions			
filing your return See	3505 COOLIDGE ROAD					
instruction	s City, town or post office, state, and ZIP code For a f EAST LANSING, MI 48823	oreign add	lress, see instructions			
Enter th	e Return code for the return that this application is for (fil	e a separa	te application for each return)		•	0 4
Applica	ition	Return	Application			Return
Is For		Code	Is For			Code
Form 99	90	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 99	90-EZ	03	Form 4720			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
	WARMELS & COMS					
	books are in the care of   3505 COOLIDGE	ROAD			3	
	phone No. ► <u>517-351-5508</u>		FAX No. ► <u>517-351-5468</u>			
	e organization does not have an office or place of busines				<b>•</b>	. [
<ul><li>If the</li></ul>	s is for a Group Return, enter the organization's four digit	_			r the whole group, o	
box 🕨	. If it is for part of the group, check this box		ach a list with the names and EINs of all		ers the extension is	for.
1 1	request an automatic 3-month (6 months for a corporation	•	•			
_		ot organiza	ition return for the organization named a	bove.	The extension	
	for the organization's return for:					
•	X calendar year 2010 or					
•	tax year beginning	, ar	na enaing		<u> </u>	
2 If	the tax year entered in line 1 is for less than 12 months, a  Change in accounting period	check reas	son Initial return Fina	al retur	n	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits See instructions			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
е	stimated tax payments made. Include any prior year over	payment a	allowed as a credit	3b_	\$	502.
	salance due. Subtract line 3b from line 3a Include your p					
b	y using EFTPS (Electronic Federal Tax Payment System)	See instru	uctions	3c	\$	0.
Cautio	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	tructions.
LHA	For Paperwork Reduction Act Notice, see Instruction	s.			Form <b>8868</b> (R	ev 1-2011)