



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490





**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>\$10970.81</b>	<b>\$12260.31</b>
<b>23</b> Land and buildings . . . . .	<b>\$0.00</b>	<b>\$0.00</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	<b>\$0.00</b>	<b>\$0.00</b>
<b>25</b> Total assets . . . . .	<b>\$10970.81</b>	<b>\$12260.31</b>
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	<b>\$0.00</b>	<b>\$0.00</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	<b>\$10970.81</b>	<b>\$12260.31</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? Charitable

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b> <u>RAHLWS: Grant was provided to facilitate training by Ranga Research Institute in new agricultural methods suitable for rain fed areas of Anantpur district in Andhra Pradesh, India, including selection of crop, fertilizers, soil testing and purchase of seeds. This training will directly benefit 200 farmers from 2 villages.</u> (Grants \$ <u>1700.00</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>28a</b>	<b>\$1700.00</b>
<b>29</b> <u>CKB: Grant provided to start nonformal education center for 100 children (ages 5 to 14 years) of sex workers in slums of Kumool District, Andhra Pradesh, India, with the goal of enrolling the children in formal schools after one year.</u> (Grants \$ <u>1000.00</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>29a</b>	<b>\$1000.00</b>
<b>30</b> <u>SRKS: Grant provided to start a vocational training center for children in Ramkrishnapur, West Bengal, India. Fifty students will be trained each year, with preference given to orphans.</u> (Grants \$ <u>1000.00</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>30a</b>	<b>\$1000.00</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ <u>3115.00</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>31a</b>	<b>\$3115.00</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	<b>\$6815.00</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Prasun Sinha</u> Faculty Advisor	0.5	-0-	-0-	-0-
<u>Kaushik Panda</u> President	12	-0-	-0-	-0-
<u>Nandan Phadke</u> Vice-President	6	-0-	-0-	-0-
<u>Bakul Sathaye</u> Treasurer	15	-0-	-0-	-0-
<u>Shubhendu Bhardwaj</u> Secretary	6	-0-	-0-	-0-
<u>Sushant More</u> Project Co-ordinator	15	-0-	-0-	-0-
<u>Poolja Joshi</u> Former President	8	-0-	-0-	-0-
<u>Neeraj Joshi</u> Outreach Co-ordinator	6	-0-	-0-	-0-
<u>Dhruv Gami</u> Events Co-ordinator	6	-0-	-0-	-0-
<u>Andrea Gorzitze</u> Advisor & Mentor	6	-0-	-0-	-0-

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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 Enter amount of political expenditures, direct or indirect, as described in the instructions \$0.00
37b 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 \$0.00
39b Gross receipts, included on line 9, for public use of club facilities \$0.00
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Bakul Sathaye, SANKALPA Telephone no. 832-270-9570
Located at 2095 Resource Room, Ohio Union - 1739 North High Street, Columbus, OH ZIP + 4 43210
42b 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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 (see instructions)

	Yes	No
<b>46</b> 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 . . . . .	46	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 . . . . .

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

**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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**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 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.

<b>Sign Here</b>	Signature of officer <i>[Signature]</i>	Date 05/14/15
	KAUSHIK PANDA, PRESIDENT	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SANKALPA**

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

**06-1667181**

**2. Part III, Statement of Program Service Accomplishments: Other program services on line 31.**

**a. CSD - Grant provided to set up a six month long training program for women in cultivation of tapioca and banana and making value added products. This will give 30 tribal women from Kanyakumari, Tamil Nadu, India means to a constant income for their families. Grant - \$670**

**b. Mithra - Grant for education and sensitization of 500 women and girls from 5 villages in Tamil Nadu, India, about reproductive health, including cervical cancer. The entire program including training workshops and monthly exams were conducted for an entire year.**

**Grant - \$730**

**c. Tushar fund - Donations were collected to set-up a scholarship in the memory of Tushar Kabre, a student at the Ohio State Univeristy who had an untimely death. All the collections were sent to the trust in India to set up a scholarship for students at his undergraduate institution.**

**Grant- \$1715**

