Department of the Treasury Internal Revenue Service

#### **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) The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change Sankara Eye Foundation, USA Name change 77-6141976 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-1900 McCarthy Blvd, #302 8667265272 Amended return 7,258,607. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-Milpitas, CA 95035 H(a) Is this a group return pendina F Name and address of principal officer:K. Muralidharan Yes X No for affiliates? 1851 McCarthy Blvd #218, Milpitas, CA 95035 H(b) Are all affiliates included? Yes I Tax-exempt status: ■ 501(c)(3) ■ 501(c) ( (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ▶ www.giftofvision.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1998 M State of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: To provide financial support for **Activities & Governance** the Sri Kanchi Kamakoti Medical Trust of India. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 6 Number of independent voting members of the governing body (Part VI, line 1b) 2 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 <u>300</u> Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 . **Prior Year Current Year** 3,025,293. 5,968,412. Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 32. 940. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 72,373. 253,632. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,222,984. 3,097,698. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 3,560,500. 3,401,500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 197,474. 206,543. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 349,789. 419,585. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4.107.763. 4.027.628. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,195,356. <1,010,065. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year** End of Year 1,666,910. 3,872,858. 20 Total assets (Part X, line 16) 36,809. 47,780. 21 Total liabilities (Part X. line 26) Net 630,101. 3,825,078. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block 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. Signature of officer Date Sign K. Muralidharan, Executive Chairman Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 10/14/13 self-employed P00149850 Aurelio Yuen Paid Firm's name Benson & Neff, CPA's A Prof Corp <u>94-297</u>3071 Preparer Firm's EIN Firm's address 1 Post Street, Suite 2150 Use Only San Francisco, CA 94104-5206 Phone no. (415)705-5615 X May the IRS discuss this return with the preparer shown above? (see instructions) \_\_\_ No

		7-6141976	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
•	To provide financial support for the Sri Kanchi Kamakoti	Medical Tr	11 <b>c</b> t
	of India. "Mission is to afford medical relief to the poo	r noody	<u> </u>
			<b>h</b>
	downtrodden and economically backward sects of people fre		
	constructing, endowing, maintaining, operating or hiring	hospitals,	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
3		163	140
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 3,401,500 • including grants of \$ 3,401,500 • ) (Revenue \$		)
	Direct financial support of Sri Kanchi Kamakoti Medical T	rust and	′
	Sankara Eye Hospitals in India.		
	bankara Eye nospitars in india.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		<u> </u>
		•	′
			-
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
			′
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	١	
40	Total program service expenses ► 3,401,500.		

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 Ie		21
'	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
ıLu	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		τ,	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		١,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20~	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	ii 165 to line 204, did the diganization attach a copy of its addited illiancial statements to this fetum?	200		

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

## Form 990 (2012) Sankara Eye Foundation, USA Part V Statements Regarding Other IRS Filings and Tax Compliance

Section   Sect		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1a. Enter or In rot applicable   10   0   0   0   0   0   0   0   0						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) within symmings to prize withorines?  2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unreaded bourses gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," an interfer the name of the freeign country, to be a bank account, 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)?  4a At any time the name of the freeign country. Possible of the schedule O  5b If "Yes," an interfer the name of the freeign country. Possible visits and the file of the organization has a sheller transaction at any time during the tax year?  5c Was the organization have the organization file Form 8886-17  6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6d Does the organization have the accountable organization solicit any contributions that may receive deductible as charitatele contributions?  6d If "Yes," to line 8a or 5b, did the organization file Form 8886-17  6d Did the organization have a many loss received that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  6d If "Yes," indicate the number of Forms 8282 filed during the year  6d Did the organization encode a contribution of qualified intellectual property, did the organization file Form 8890 are required to the file organization to receive any funding the year  7d Did the organization received a contribution of qualified intellectual property, d	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions)  30 bif the organization have unrelated business gross income of \$1,000 or more during the year?  31 bif 1 "Yes," has 1 filed a Form 900-71 for this year If 1"No, "provide an explanation in Schedule O  32 bif 1 "Yes," and a filed a Form 900-71 for this year If 1"No, "provide an explanation in Schedule O  33 bif 1 "Yes," and 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)?  34 a Yes, and the the name of the foreign country. See instructions for filing requirements for Form 15 09-221, Report of Foreign Bank and Financial Accounts.  35 a Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year?  36 bif 1"Yes," in the sact or 50, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  36 bif 1"Yes," in the sact or 50, did the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductibles a charitable contributions?  37 bif 1"Yes," indicate the number of foreign 888617 and party as a contribution and party for goods and services provided to the payor?  38 bif 1"Yes," indicate the number of Forms 8892 filed during the year  39 bif 1"Yes," indicate the number of Forms 8892 filed during the year  30 bif the organization receive a payment in excess of 5%7 fined party as a contribution and party for goods and services provided?  39 bif the organization received a contribution of autified intellectual property of the wind the servic	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this result.    Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gaming			
field for the calendar year ending with or within the year covered by this return    State   S		(gambling) winnings to prize winners?			1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calandary year, did the organization have an inferrest 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 accountly?  4a At any time the name of the foreign country   ▶ See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5a Was the organization aparty to a prohible dax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibled tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886.7?  6c If Yes, it line 5a or 5b, did the organization file Form 8886.7?  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b Did the organization receive a payment in excess of \$75 made party as a contribution on a personal benefit contract?  7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If Yes, if the organization in the organization in ority the donor of the value of the goods or services provided?  7d Did the organization with a payment in excess of \$75 made party as a payme	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a	2			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filled a Form 980 T for this year? If "No," provide an explanation in Schedule O  4a 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 accounts.  5b If "Yes," either the name of the foreign country." ▶  5c einstructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 56, did the organization file Form 8886.17  6c If "Yes," to line 5a or 56, did the organization file Form 8886.17  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions?  6c Different organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Different organization shall experiment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8d If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required?  7d If "Yes," did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 100 at 100	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly or "Yes," enter the name of the foreign country. ▶  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or that device the schariable contributions?  5b If "Yes," to line Sa or 5b, did the organization tile Form 8886-1?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a chariable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  a) bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  a) bill the organization neceive appyment in exess of \$76 made parity as contribution and parity for goods and services provided to the payor?  7a X  7b If "Yes," indicate the number of Forms 8282 filed during the year as purposery for which it was required to the Form 8282?  7c X  7d If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a X  7b If the organization received any funds, directly or indirectly, on a personal benefit contract?  7a X  7b If Wes, indicate the number of Forms 8282 filed during the year pay premiums on a persona		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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)?  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization required as whether transaction at any time during the tax year?  5a Was the organization that as whether transaction at any time during the tax year?  5b Was the organization that as whether transaction at any time during the tax year?  5c Was the organization that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," idd the organization notity the donor of the value of the goods or services provided?  7 b If wes, "indicate the number of Forms 8282 filed during the year  1 c Did the organization receive a pyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 b If "Yes," indicate the number of Forms 8282 filed during the year  1 c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 c X  7 f Did the organization meetive any funds, directly or indirectly, on a personal benefit contract?  7 7 f X  8 grossoring organization meetive any funds, directly or indirectly, on a personal benefit contract?  7 7 f X  8 f If the organization received a contribution of qualified intellectual property, diff the organization file organization will be supporting organizations. Provided and maintaining dorn advised funds and section 590(3)(3) supporting organizations. Did the supporting organization meetive any taxelle distributi	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9  Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10  Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12  Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13  Center the amount of reserves on hand 14  Did the organization receive any payments for indoor tanning services during the tax year? 14  X  15  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.							
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	11	Section 501(c)(12) organizations. Enter:					
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
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a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		·	12b				
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		·					
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14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Did the consideration we sit a second			44-		y
							$\stackrel{\frown}{\vdash}$
	O	in res, mas it liled a Form (20 to report these payments?). No, provide an explanation in Schedule	<del>,</del> U			gan	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a  7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ī	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the forms 1023 (or 1024 if applicable).	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	• _	
	The Organization - (408)528-9570			
	1000 McCarthy Plyd #302 Milnitag CA 05035			

232006 12-10-12

77-6141976

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)	J. 90		(C Pos				(D)	(E)	(F)
Name and Title	Average	(do	not o	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		Cer ai	lu a u	recit	)/ ii us	iee)	from	from related	other
	(list any hours for	or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			ısatec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	al tru		)yee	mbe		(** = *********************************		and related
	below	Individual trustee	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	Inst	Officer	Key	High	Former			
(1) K Muralidharan	30.00			l				440 000		•
Executive Chairman	7.00	Х		Х				110,000.	0.	0.
(2) K Sridharan	7.00									•
President		Х						0.	0.	0.
(3) Divyogi Patel	5.00									0
Director	F 00	Х						0.	0.	0.
(4) Sundar Radhakrishnan	5.00	٠,,							_	0
Director	5.00	Х				_		0.	0.	0.
(5) C N Srivatsan	5.00	<b>.</b> ,							٠ .	0
Director (6) Anil Lal	5.00	Х						0.	0.	0.
Director	3.00	x						0.	0.	0.
	5.00	Δ				<u> </u>		0.	0.	0.
(7) Padma Parthasarathy Director	3.00	x						0.	0.	0.
Director		^						0.	0.	0.
		ł								
		1								
		1								
		1								
		1								
		L	L	L	L	L	L			
		] _								
						<u> </u>				

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	(do	not cl		itior more		one	Reportable	Reportable		Es	timate	d
	hours per week		, unles					compensation	compensation	1		ount (	of
	(list any	To:						from the	from related organizations			other pensa	tion
	hours for	rdirec				pa:		organization	(W-2/1099-MIS			om the	
	related	stee o	rustee			pensat		(W-2/1099-MISC)			_	anizati	
	organizations below	ual tru	ional t		ployee	t com /ee	_					d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ıı ıızatı	) 13
		<del>                                     </del>	Ē		_								
		1											
1h Sub-total							<u> </u>	110,000.		0.			0.
1b Sub-total c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								110,000.		0.			0.
2 Total number of individuals (including but r							no re	eceived more than \$100	,000 of reportable	<del></del>			
compensation from the organization													1
												Yes	No
3 Did the organization list any <b>former</b> officer,			e, ke	y er	nplo	yee,	or l	highest compensated e	mployee on				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the standard related organizations greater than \$15													Х
5 Did any person listed on line 1a receive or											4		- 21
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	,												
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	oens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A)		3.77	~~~					(B)		_	(C		_
Name and business	address	M	ONE	<u> </u>			-	Description of s	services		omper	isatioi	<u>'</u>
							$\dashv$						
							_						
							T						
							_						
2 Total number of independent contractors (	noludina but -	O+ 15	mi+-	4+-	+h -	00 !!		l abovo) who received	oro then				
2 Total number of independent contractors ( \$100,000 of compensation from the organi	•	UT II	HITE	น เ0		se IIS 0	sted	i abovej who received m	iore man				
ψ του,ουυ οι compensation nom the organi	Zation											200 //	

		Check if Schedule O conta	ains a res	sponse	to any question i		(B)	······	
						(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
<u> </u>	а	Federated campaigns		1a					,
Contributions, Giffs, Grants and Other Similar Amounts		Membership dues		1b					
ξ,ς   Ā Č		Fundraising events		1c					
a ji		Related organizations		1d					
S,E		Government grants (contributi		1e					
[양		All other contributions, gifts, grant	· · ·						
1 to 5		similar amounts not included abov		1f	5,968,412.				
	q	Noncash contributions included in lines			45,674.				
a So	_	Total. Add lines 1a-1f			<b></b>	5,968,412.			
					Business Code				
စ္က   2	a								
اھ≚	b								
Program Service Revenue	С								
e a	d								
<u></u>	е								
<u>፣</u>	f	All other program service reve	nue						
		Total. Add lines 2a-2f							
3		Investment income (including							
		other similar amounts)			<b>.</b>	680.			680.
4	Ļ	Income from investment of tax			. 1				
5	;	Royalties			▶				
			(i) R		(ii) Personal				
6	а	Gross rents							
	b	Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)							
7		Gross amount from sales of	(i) Seci		(ii) Other				
		assets other than inventory	2:	1,571.	25,212.				
	b	Less: cost or other basis							
		and sales expenses	2:	1,311.	25,212.				
	С	Gain or (loss)		260.	0.				
		Net gain or (loss)				260.			260.
8   <u>ب</u>	а	Gross income from fundraising	g events	(not					
Other Revenue		including \$	o	f					
Š		contributions reported on line	1c). See						
<u> </u>		Part IV, line 18		а					
姜	b	Less: direct expenses			989,100.				
٦	С	Net income or (loss) from fund	Iraising e	vents	<b></b>	253,632.			253,632.
9	а	Gross income from gaming ac	tivities. S	ee					
		Part IV, line 19		а					
	b	Less: direct expenses		b					
	С	Net income or (loss) from gam	ing activi	ties	<b></b>				
10	а	Gross sales of inventory, less	returns						
		and allowances		а					
	b	Less: cost of goods sold		b					
	С	Net income or (loss) from sales	s of inver	ntory					
		Miscellaneous Revenu	е		Business Code				
11	а								
	b								
	С								
	d	All other revenue							
		Total. Add lines 11a-11d			▶				
		Total revenue. See instructions.			_ I	6,222,984.	0.	0	. 254,572.

#### Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
23011	Check if Schedule O contains a respon	•			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		·		<u>.</u>
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	2 401 500	2 401 500		
	United States. See Part IV, lines 15 and 16	3,401,500.	3,401,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 000		F0 000	F1 000
	trustees, and key employees	110,000.		58,908.	51,092
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	76,843.		76,843.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,268.		6,268.	
10	Payroll taxes	13,432.		9,524.	3,908
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	20,031.		20,031.	
d	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a a					
9	column (A) amount, list line 11g expenses on Sch 0.)	160 210			1.60 210
12	Advertising and promotion	169,312.			169,312
13	Office expenses	100,435.		28,299.	72,136
14	Information technology	7,640.		3,820.	3,820
15	Royalties				
16	Occupancy	31,616.		28,454.	3,162
17	Travel	23,276.		23,276.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,656.		300.	3,356
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,187.		1,187.	
23	Insurance	2,829.		2,829.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Website production	50,379.		50,379.	
b	Other Expenses	9,224.		8,918.	306.
c	<u>-</u>	,		,	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,027,628.	3,401,500.	319,036.	307,092
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	112-10-12				Form <b>990</b> (2012)

Form 990 (2012)
Part X | Balance Sheet

Part		Balance Sheet					
		Check if Schedule O contains a response to any	quest	ion in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			6,329.	1	298,519
	2	Savings and temporary cash investments			1,609,437.	2	3,562,708
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,806.	4	1,406
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	14958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	ion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
lss	8	Inventories for sale or use				8	
`	9	D			39,400.	9	2,400
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,302.			
	b	Less: accumulated depreciation		5,044.	2,143.	10c	4,258
-	11	Investments - publicly traded securities			4,795.	11	4,258 3,567
-	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,666,910.	16	3,872,858
	17	Accounts payable and accrued expenses			36,809.	17	47,780
-	18	Grants payable				18	
-	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ဖွ ဒ	21	Escrow or custodial account liability. Complete				21	
<u> </u>	22	Loans and other payables to current and former					
<u>a</u>		key employees, highest compensated employee					
دُ		Commiste Dort II of Coloratula I				22	
	23	Secured mortgages and notes payable to unrela				23	
2	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D		•		25	
2	26				36,809.	26	47,780
		Organizations that follow SFAS 117 (ASC 958	), che	k here X and			
န္မ		complete lines 27 through 29, and lines 33 ar					
ğ   2	27	Unrestricted net assets			1,200,255.	27	1,794,187 2,030,891
<u>gala</u>	28	Temporarily restricted net assets			429,846.	28	2,030,891
Net Assets or Fund Balances	29			<u></u>		29	
풀		Organizations that do not follow SFAS 117 (A					
<u> </u>		and complete lines 30 through 34.					
ets   s	30	Capital stock or trust principal, or current funds				30	
iss   s	31	Paid-in or capital surplus, or land, building, or ed				31	
ا <del>لا</del>	32	Retained earnings, endowment, accumulated in				32	
ž   3	33	Total net assets or fund balances		F-	1,630,101.	33	3,825,078
	34	Total liabilities and net assets/fund balances			1,666,910.	34	3,872,858

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,02		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,63		
5	Net unrealized gains (losses) on investments	5		<3	<u>79.</u> >
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,82	5,0	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:	•			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Sankara Eye Foundation, USA

Employer identification number 77-6141976

		ity Status (All organiz	ationa mu								
Reason	for Public Char	ity Otatas (All organiz	ations mu	st complet	te this pan	) See inst	ructions.				
anization is not a	a private foundation	because it is: (For lines 1	I through <sup>-</sup>	I1, check	only one b	ox.)					
A church, co	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
7				n <b>section</b>	170(b)(1)	A)(iii).					
¬ '		•					(b)(1)(A)(ii	i <b>).</b> Enter	the hospital	's nam	e.
		,						•			,
_ *		henefit of a college or ur	niversity ov	vned or or	nerated by	a governi	mental uni	t describ	ned in		
-		-	iivoroity or	mod or of	ociated by	a governi	nontal ani	. 4000116	70 <b>0</b> III		
7		•			470(1)(4						
			of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed i	n
7											
_											
	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembership	o fees, a	ınd gross re	ceipts	from
activities rela	ited to its exempt fur	nctions - subject to certa	in excepti	ons, and (	2) no more	than 33 1	/3% of its	support	t from gross	invest	ment
income and i	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	30, 197	5.
See section	509(a)(2). (Complete	e Part III.)									
An organizat	ion organized and or	perated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	ł).				
7								out the	e purposes d	of one	or
J		•		′ '		,					
				•		.,. 000 000		.,(-,:			
							Type	a III a No	n-functional	lv inter	ırated
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											''
	•			•				(a)(1) or	section 508	y(a)(2).	
			the IRS tha	it it is a Ty	pe I, Type	II, or Type	e III				
Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	n from any	of the follo	owing pers	ons?			
(i) A perso	n who directly or ind	irectly controls, either al-	one or tog	ether with	persons of	lescribed i	n (ii) and (i	ii) below	′,	Yes	No
the gov	erning body of the s	upported organization?							11a(i)		
(ii) A family	member of a persor	n described in (i) above?							1.9(1)		
(iii) A 35%	controlled entity of a										
		person described in (i) of							11g(ii)		
	9	person described in (i) of about the supported ord	or (ii) above	?					11g(ii)		
		person described in (i) of about the supported organization	or (ii) above	?					11g(ii)		
ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9	or (ii) above ganization (iv) Is the o in col. (i) Iis	s). rganization	(v) Did you	ı notify the	(vi) Is organizatio (i) organiz	the n in col.	11g(ii) 11g(iii) (vii) Amount	of moi	netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9	or (ii) above ganization (iv) Is the o in col. (i) Iis	s). rganization	(v) Did you	ı notify the	(vi) Is organizatio (i) organiz	the n in col.	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization( (iv) Is the o in col. (i) lis governing (	e? (s). rganization sted in your document?	(v) Did you organizat (i) of you	u notify the ion in col. support?	( <b>vi</b> ) Is organizatic (i) organiz U.S.	the n in col. ed in the ?	11g(ii) 11g(iii) (vii) Amount		netary
	A church, co A school des A hospital or A medical recity, and stat An organizat section 170 A federal, stat An organizat section 170( A community An organizat activities relatincome and of See section An organizat more publichy describes the a Type By checking foundation m If the organiz supporting of Since Augus (i) A perso the gove (ii) A family (iii) A 35% of	A church, convention of churcher A school described in section 17 A hospital or a cooperative hospi A medical research organization ocity, and state:  An organization operated for the section 170(b)(1)(A)(iv). (Complet A federal, state, or local governm An organization that normally received activities related to its exempt furincome and unrelated business to See section 509(a)(2). (Complete An organization organized and of An organization organized and organized and organized and organized	A church, convention of churches, or association of church A school described in section 170(b)(1)(A)(ii). (Attach Sc A hospital or a cooperative hospital service organization of city, and state:  An organization operated for the benefit of a college or unsection 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit An organization that normally receives a substantial part of section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (An organization that normally receives: (1) more than 33 activities related to its exempt functions - subject to certaincome and unrelated business taxable income (less section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to teath an organization organized and operated exclusively for the more publicly supported organizations described in section describes the type of supporting organization and complete allowed by the supporting organization and complete allowed by the supporting organization is not foundation managers and other than one or more publicly If the organization received a written determination from the supporting organization, check this box  Since August 17, 2006, has the organization accepted ar (i) A person who directly or indirectly controls, either allowed as the complete organization accepted ar (ii) A person who directly or indirectly controls, either allowed as the complete organization accepted ar (ii) A person who directly or indirectly controls, either allowed as the complete organization accepted ar (iii) A person who directly or indirectly controls, either allowed as the complete organization accepted ar (iii) A person who directly or indirectly controls, either allowed as the complete organization accepted ar (iii) A person who directly or indirectly controls, either allowed as the complete organization accepted ar (iii) A person who directly or indirectly controls, either allowed as the complete organization accepted ar (iiiii	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hose city, and state:  An organization operated for the benefit of a college or university or section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its supposection 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete An organization that normally receives: (1) more than 33 1/3% of its activities related to its exempt functions - subject to certain exception income and unrelated business taxable income (less section 511 tases section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for publication organized and operated exclusively for the benefit of more publicly supported organizations described in section 509(a)(1) describes the type of supporting organization and complete lines 1 a Type I b Type II c Type III - Fur By checking this box, I certify that the organization is not controlled foundation managers and other than one or more publicly supporte If the organization received a written determination from the IRS that supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or co (i) A person who directly or indirectly controls, either alone or tog the governing body of the supported organization?	A church, convention of churches, or association of churches described in set a school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital describ, and state:  An organization operated for the benefit of a college or university owned or or section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from a section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from activities related to its exempt functions - subject to certain exceptions, and (income and unrelated business taxable income (less section 511 tax) from business section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. So an organization organized exclusively for the benefit of, to perform more publicly supported organizations described in section 509(a)(1) or section describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally foundation managers and other than one or more publicly supported organization organization received a written determination from the IRS that it is a Ty supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution (i) A person who directly or indirectly controls, either alone or together with	A church, convention of churches, or association of churches described in section 170 (b) (1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(1) A medical research organization operated in conjunction with a hospital described in secity, and state:  An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contrinactivities related to its exempt functions - subject to certain exceptions, and (2) no more income and unrelated business taxable income (less section 511 tax) from businesses a See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the fur more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly foundation managers and other than one or more publicly supported organizations described if the organization received a written determination from the IRS that it is a Type I, Type supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any (i) A person who directly or indirectly controls, either alone or together with persons of	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170 city, and state:  An organization operated for the benefit of a college or university owned or operated by a governr section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit of section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, mactivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1 income and unrelated business taxable income (less section 511 tax) from businesses acquired be See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organization and operated exclusively for the benefit of, to perform the functions of, more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2) in the properties of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III - Functionally integrated describes the type of supporting organization is not controlled directly or indirectly by one or foundation managers and other than one or more publicly supported organizations described in set of the organization received a written determination from the IRS that it is a Type II, Type II, or Type supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the folic (i). A person who directly or indirectly controls, eit	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organized see section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a) describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III Functionally integrated d Type By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disc foundation managers and other than one or more publicly supported organizations described in section 509(a) or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit describ section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, a activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che describes the type of supporting organization and complete lines 11e through 11h.  a	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross reactivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's namicity, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described is section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invest income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 197 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a

 $\mbox{\sc LHA}$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,766,839.	2,505,763.	4,441,354.	3,018,048.	5,963,380.	19,695,384.
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						
	the organization without charge						
4	Total. Add lines 1 through 3	3,766,839.	2,505,763.	4,441,354.	3,018,048.	5,963,380.	19,695,384.
5			, ,	, ,		, ,	
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,280,026.
6	Public support. Subtract line 5 from line 4.						16,415,358.
	ction B. Total Support						10,113,330.
_	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	3,766,839.	2,505,763.	4,441,354.	3,018,048.	5,963,380.	19,695,384.
	Gross income from interest,	3,700,033.	2,303,703.	1,111,001.	3,010,010.	3,303,300.	13,033,301.
0	· ·						
	dividends, payments received on						
	securities loans, rents, royalties	25,251.	21,414.	16,770.	7,277.	5,972.	76,684.
_	and income from similar sources	23,231.	21,414.	10,770.	1,411•	3,312.	70,004.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	49,820.	00 004	100 426	6E 040	252 622	E60 011
	assets (Explain in Part IV.)	49,040.	90,904.	100,426.	05,940.	253,633.	
	Total support. Add lines 7 through 10		,				20,332,879.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
50	organization, check this box and storection C. Computation of Publ	here	roontago				<b>P</b>
_							00 72
	Public support percentage for 2012 (I		•	* **		14	80.73 % 88.76 %
	Public support percentage from 2011					15	
16a	33 1/3% support test - 2012. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2012.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>ere.</b> Explain in Pai	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2011.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and s	<b>stop here.</b> Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	ly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∐_
					Caha	dule A (Form 990	ar 000 EZ\ 0040

#### 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		,				
Calendar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•	•	
Calendar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First five years. If the Form 990 is for</li></ul>	the organization's	L s first second thir	L d fourth or fifth to	ax vear as a section	1 nn 501(c)(3) organia	zation
•	ū	•		•		· . 🗀
Section C. Computation of Publi						
15 Public support percentage for 2012 (li			column (f))		15	<u></u> %
<b>16</b> Public support percentage from 2011					16	%
Section D. Computation of Inves					• •	
17 Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box ar	-					
<b>b 33 1/3% support tests - 2011.</b> If the						
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<b>&gt;</b>

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

Department of the Treasury Internal Revenue Service

Sankara Eye Foundation, USA

**Schedule of Contributors** Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization

Employer identification number

77-6141976

Organization type (check one):								
Filers of: Section:								
Form 990	0 or 990-EZ	X 501(c)( 3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990	)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	,	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.						
Special	Rules							
X	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections )(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	total contributions	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.						
	contributions for us If this box is checked purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, e exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions of \$5,000 or more during the year						

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) (2012)

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 Part I, line 2 of its Form 990-PF, to

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

Name of organization

Employer identification number

#### Sankara Eye Foundation, USA

77-6141976

Danna	ra Eye Foundacton, OSA	11	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Anonymous Mail  1900 McCarthy Blvd 302  Milpitas, CA 95035	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization

**Employer identification number** 

#### Sankara Eye Foundation, USA

77-6141976

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(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)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization Employer identification number Sankara Eve Foundation, USA 77-6141976 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

Sankara Eye Foundation, USA

Employer identification number 77 – 61 41 976

Pai	t I Organizations Maintaining Donor Advised F		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	Signification and received to commerce, marris, mile of	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		• • • • • • • • • • • • • • • • • • • •
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		_
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in writin	n that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's exclu	_	
6	Did the organization inform all grantees, donors, and donor advisor		
•	for charitable purposes and not for the benefit of the donor or dor		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (c		, , , , , , , , , , , , , , , , , , ,
	Preservation of land for public use (e.g., recreation or educa		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	onservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			•
С	Number of conservation easements on a certified historic structure	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic struct	rure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	ent is located	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfor		
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea	·	
	include, if applicable, the text of the footnote to the organization's	financial statements that describes	the organization's accounting for
Do	conservation easements.  t III   Organizations Maintaining Collections of Ar	t Historical Transuras or C	Other Similar Assets
Pai	Complete if the organization answered "Yes" to Form 990,		Tilei Sillilai Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 95		ment and balance sheet works of ort
Ia	historical treasures, or other similar assets held for public exhibition		
	the text of the footnote to its financial statements that describes t		ance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC 95		t and halance shoot works of art historical
b	treasures, or other similar assets held for public exhibition, educations		
	relating to these items:	tion, or research in furtherance of po	iblic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasure		
-	the following amounts required to be reported under SFAS 116 (A		a gain, provide
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
-	· · · · · · · · · · · · · · · · ·	•••••	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		Eye Found				OH		/-61		
	rt III   Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check an	ny of the f	following that	are a sig	nificant us	se of its o	collection	ı items
	(check all that apply):									
а	Public exhibition	d			nange progra					
b	Scholarly research	е	Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	•	•		•			e in Part	XIII.	
5	During the year, did the organization solicit or								1	<b>—</b>
Do	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arrange								Yes	└── No
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Parl		ete if the org	ganizatior	n answered "	Yes" to F	orm 990, I	Part IV, II	ne 9, or	
			<b></b>	4.0141			1:11			
па	Is the organization an agent, trustee, custodia								] <b>v</b>	
	on Form 990, Part X?								Yes	└── No
D	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing tabl	e:					A 4	
_	Deginning belongs						10		Amount	
	Beginning balance									
	Additions during the year									
e •	Distributions during the year									
t 22	Ending balance								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									
	rt V Endowment Funds. Complete if									
		(a) Current year	(b) Prior		(c) Two years			ars back	(e) Four	years back
<b>1</b> a	Beginning of year balance	(a) Current year	(6)11101	ycai	(c) The your	o baon (	<b>1)</b> 111100 you	aro buon	(6) 1 0 0.1	youro buon
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end baland	e (line 1a. c	olumn (a	)) held as:					
a	Board designated or quasi-endowment	•	%		,,					
b	Permanent endowment	%								
	Temporarily restricted endowment	<del></del>								
	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posses	•	ation that ar	re held ar	nd administer	red for the	e organiza	tion		
	by:	J					9		Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm	<b>ent.</b> See Form 990	), Part X, line	e 10.						
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (			cumulated eciation		(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other				9,302.		5,04	4.		1,258.
Total	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (	B), line 10	0(c).)		]	<b>▶</b>	4	1,258.

Part VII Investments - Other Securities. See				OITIDIO Page O
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-	of-vear market value
(1) Financial derivatives	(,	(-,		
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	on: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				(b) Dealerrakes
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
<u>(8)</u> (9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities. See Form 990, Part X, li				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,222,984.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	enses per Retu	urn	
1	Total expenses and losses per audited financial statements		1	4,027,628.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1		3	4,027,628.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,027,628.	
n -	+ VIII Complemental Information			

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.									

#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization	Employer identification number					
Sankara Eye Fou	ındation,	USA			77-61419	76
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	te if the organ		
to Form 990, Par						
			ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No
the grantees engionity i	or the grants or a	assistance, and	the selection official used to award the	grants or ass		les Liliu
United States.			procedures for monitoring the use of its		ther assistance ou	utside the
•			an be duplicated if additional space is r			1 (0
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
			Grants to Recipient Located			
South Asia	0	0	in Region.			3,401,500.
3 a Sub-total	0	0				3,401,500.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				3,401,500.
LUA For Denominant Particular	lian Aat Nation	ana tha Ination	tions for Form 200		Cohodula	/Farm 000\ 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			To build, maintain			assistants		appraisal, stricty
			and run facilities					
			that provide eye		Electronic			
			care.	3,401,500.		0.		
								1
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country,	, recognized as tax-e	xempt by		
the IRS, or for which t	he grantee or couns	el has provided a section	n 501(c)(3) equivalency letter			•		1

Schedule F (	Form 990)	2012

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

77-6141976

#### Part IV **Foreign Forms** 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. Yes X No. (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes." the organization may be required to file Form 5713. International Boycott Report. (see Instructions

for Form 5713) Yes

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization	Eve Foundation II	C A				Employer ide	ntification number
Part I Fundraising Activities.	Eye Foundation, U Complete if the organization answer		es" to	Form 990, Part IV, I	ine 1		
required to complete this par  Indicate whether the organization rais  Mail solicitations  Internet and email solicitations  Phone solicitations  In-person solicitations	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-govern govern sising of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<b>•</b>				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	d it is	exempt from re	egistration

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012 Sankara Eye Foundation, USA Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Sonu Sonu (add col. (a) through 10 Nigam-Bay ArNigam-SoCal col. (c)) (total number) (event type) (event type) Revenue 414,876. 344,549. 483,307. 1,242,732. 1 Gross receipts 2 Less: Contributions 414,876. 344,549. 483,307. 1,242,732. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 53,690. 34,500. 129,897. 218,087. Rent/facility costs 1,995. 286. 22,935. 25,216. 7 Food and beverages 122,685. 130,000. 128,700. 381,385. 8 Entertainment 99,119. 84,266. 181,027 364,412. Other direct expenses 989,100, 10 Direct expense summary. Add lines 4 through 9 in column (d) 253,632. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs **5** Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990 EZ) 2012 Sankara Eye Foundation, USA 77-0	<u> 5141</u>	<u>976</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<b>D</b> -	organization's own exempt activities during the tax year ▶ \$			
Ра	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			

### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Noncash Contributions**

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Sankara Eye Foundation, USA

Employer identification number 77-6141976

Pai	rt I Types of Property				•			
	•	(a) Check if applicable	(b)  Number of contributed items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	s
1	Art - Works of art		items contributed	rom 990, Fait viii, line 1g				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	33					
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	16					
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens							
2 <del>4</del> 25	Archeological artifacts Other ( )							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organ	ization durin	a the tax vear for c	contributions				
	for which the organization completed Form 82		•					
	<b>5</b>	, ,	,	J			Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1-28 that	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exem	pt purposes for			
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	1 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?						Х	
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							
I HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	n	Schedule M	(Form	990) (	2012)

232141 12-20-12

#### 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.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

Sankara Eye Foundation, USA

Employer identification number 77-6141976

Form 990, Part I, Line 1, Description of Organization Mission:

"Mission is to afford medical relief to the poor, needy, downtrodden

and economically backward sects of people free of cost, by

constructing, endowing, maintaining, operating or hiring hospitals,

dispensaries, maternity and children's homes." Focus is on vision

problems and their correction, and to build eye hospitals in India.

Form 990, Part III, Line 1, Description of Organization Mission:

dispensaries, maternity and children's homes." Focus is on vision

problems and their correction, and to build eye hospitals in India.

Form 990, Part VI, Section B, line 11: Agrees Form 990 to the audited financial statements and internal accounting records.

Form 990, Part VI, Section B, Line 12c: Each person who is deemed to have substantial influence over the Organization is required to sign an Annual Disclosure Statement which affirms that the person has received a copy of the Conflict of Interest Policy, has read and understood the Policy, and has agreed to comply with the Policy, and discloses any direct or indirect affiliations.

The Organization's personnel also meet and discuss regularly all significant activities to monitor existence of conflict of interest.

All Annual Disclosure Statements are submitted to the Secretary of the

Organization and filed with the minutes of the first meeting of the Board

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

Sankara Eye Foundation, USA	77-6141976
of Directors held each year.	
Form 990, Part VI, Section B, Line 15:	
The Organization CEO's compensation is determined by the	compensation
Committee and is based on comparable compensation of char	cities in the state
of California as provided by the Charity Navigator survey	released annually
and also comparable to industry standards.	
All other employee compensation is determined in a similar	ar manner.
Form 990, Part VI, Section C, Line 19: The organization p	posts audited
financial statements on its website. Governing documents	and conflict of
interest policy are available upon request.	
Form 990, Part XII, Line 2C:	
There have been no changes in audit oversight from the pr	rior year.

### 4562

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

### **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. 
► Attach to your tax return.

Business or activity to which this form relates

990

2012
Attachment

OMB No. 1545-0172

Attachment Sequence No. **179** Identifying number

Form 990 Page 10 77-6141976 Sankara Eye Foundation, USA Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 857. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property 3,302. 5 Yrs. 330. HY  $\mathtt{SL}$ b 5-year property 7-year property С d 10-year property 15-year property е 20-year property 25-year property 25 yrs. S/I g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L S/L MM i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs. 40 yrs. 40-year MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,187. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs. 23

Form 4562 (2012)

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or

amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

	Section A	- Depreciati	on and Other	Informa	ation (Ca	aution: 🤇	See the l	instruc	tions for li	mits for	oasseng	ger auton	nobiles.)		
24a	Do you have evidence to	support the bu	siness/investme	ent use cl	aimed?	Y	es	□ No	<b>24b</b> If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		<b>(d)</b> Cost or ther basis	(hu	(e) sis for depr siness/inve use only	estment	(f) Recovery period	Me	( <b>g)</b> thod/ rention	Depre	<b>h)</b> eciation uction	Elec section	(i) cted in 179 ost
	Special depreciation all		•					_	•						
	used more than 50% in					<u></u>					. 25				
<u>26</u>	Property used more that	1			:	1				1		1			
_		1 1	<u> </u>	%											
_		1 1		% %											
27	Property used 50% or le	ess in a gual										I .			
<u></u>	Troporty doed 6070 or r	: :		<u>430.</u> %						S/L -					
_		1 : :	<u> </u>	%						S/L -		1			
_		: :		%						S/L -				-	
28	Add amounts in column			_	e and or	n line 21	. page 1				28				
	Add amounts in column												. 29		
					B - Infor								•		
•	ou provided vehicles to y se vehicles.	your employe	ees, first answ		uestions a)		on C to	see if	you meet		otion to		ing this s	section fo	
30	Total business/investment miles driven during the				hicle	1	hicle	\	ehicle Vehicle		Vehicle		Vehicle		
	year (do not include commuting miles)														
31	Total commuting miles	driven during	the year												
32	Total other personal (no	oncommuting	g) miles												
	driven											ļ			
	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
٥-	during off-duty hours?														
	Was the vehicle used p than 5% owner or relate														
	Is another vehicle availa														
	use?	-													
			- Questions	or Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their I	Employ	ees	<u> </u>		
Ans	wer these questions to				-					-			r <b>e not</b> m	ore than	5%
	ners or related persons.			•											
	Do you maintain a writte employees?													Yes	No
	Do you maintain a writte														
	employees? See the ins	structions for	vehicles used	by cor	oorate o	fficers, c	directors	, or 1%	6 or more	owners				. L	
39	Do you treat all use of v	ehicles by e	mployees as p	ersonal	use?										
	Do you provide more th														
	the use of the vehicles,														
	Do you meet the require														
	Note: If your answer to	<i>37, 38, 39, 4</i>	0, or 41 is "Ye	s," do n	ot comp	lete Sec	tion B fo	or the o	covered ve	hicles.					
Pa	art VI   Amortization (a)			(h)		(a)			(4)		(0)			(f)	
	Description o	of costs	Date	(b) amortization begins		(C) Amortizat amount	ole t		(d) Code section		(e) Amortiza period or per	ition	Ai fo	(f) mortization or this year	
<u>42</u>	Amortization of costs th	nat begins du	ring your 201	2 tax ye	ar:										
				<u> </u>	<u> </u>			+							
				<u> </u>								16			
	Amortization of costs th											43			
44	Total. Add amounts in	column (f). S	ee the instruct	ions for	where to	o report						44		orm 450	. (0040)

Form 8868 (Rev. 1-2013)						Page <b>2</b>
If you are filing for an Additional (Not)	t Automatic) 3-Month Ext	ension. c	complete only Part II and check this	box		► X
Note. Only complete Part II if you have						
<ul> <li>If you are filing for an Automatic 3-N</li> </ul>	, ,			104 1 01111	0000.	
			n of Time. Only file the origin	al (no c	opies nee	ded).
Tualities (Freeze Land			· · · · · · · · · · · · · · · · · · ·	•	•	see instructions
Type or Name of exempt organization	on or other filer, see instru	rtione	Litter mer s			on number (EIN) or
print	on or other mer, see mistrac	CHOITS		Litiploye	lidentilidati	off flatfiber (Eliv) of
File by the Sankara Eye Fou	indation IISA				77-61	L41976
due date for filing your Number, street, and room of		oo inetrue	tions	Social so	curity numb	
return. See 1900 McCarthy E		e ilistiuc	tions.	Social Se	curity riurni	DEI (0014)
instructions. City, town or post office, sta		roign add	ross and instructions			
Milpitas, CA		reigi i add	ress, see instructions.			
HIIPICAS, CA	73033					
5 5						0 1
Enter the Return code for the return tha	it this application is for (file	a separa	te application for each return)			
	1	<b>.</b> .				
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01				
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720			09
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12
STOP! Do not complete Part II if you was	were not already granted	an auton	natic 3-month extension on a prev	iously file	ed Form 88	68.
	ne Organizatio		#202 Wilmites	73 OE	0 2 E	
• The books are in the care of $\triangleright$ 19		sīva,		CA 95	033	
Telephone No. ► (408)528-			FAX No.			, $\Box$
If the organization does not have an						• 🗀
If this is for a Group Return, enter the						
box . If it is for part of the grou	3.		ch a list with the names and EINs of	all memb	ers the exte	ension is for.
4 I request an additional 3-month ex		loveiii	oer 15, 2013 <sub>.</sub>			
5 For calendar year $2012$ , or other			, and ending			·
6 If the tax year entered in line 5 is		neck reas	on: └── Initial return └		eturn	
Change in accounting period						
7 State in detail why you need the	extension		oile the magagant	info		
			pile the necessary	TIILO	Illiatio	<u> </u>
file a complete a	ind accurate i	ecuri	.1 •			
<b>8a</b> If this application is for Form 990-		or 6069, e	nter the tentative tax, less any			0
nonrefundable credits. See instru		_		8a	\$	0.
<b>b</b> If this application is for Form 990-		•				
tax payments made. Include any	prior year overpayment allo	owed as a	credit and any amount paid			0
previously with Form 8868.				8b	\$	0.
c Balance due. Subtract line 8b fro		•	h this form, if required, by using			0
EFTPS (Electronic Federal Tax Pa				<u>8c</u>	\$	0.
_			st be completed for Part II o	-		
Under penalties of perjury, I declare that I havit is true, correct, and complete, and that I am			anying schedules and statements, and to	the best o	t my knowled	Ige and belief,
				_		
Signature >	Title ► C	:PA		Date		
					Form	8868 (Rev. 1-2013)

TAXABLE YEAR

## California Exempt Organization **Annual Information Return**

228941 12-18-12 **FORM** 

2012

199

Calendar	Year	2012	or fiscal year beginning month day	year	r	, and ending month	)	day	year .				
Corporat	on/Or	ganiza	ion Name				California corpo	oration num	ber				
SANK	AR.	A 1	YE FOUNDATION, USA				2078	211					
Address	suite,	room,	or PMB no.)				FEIN						
1900	M	CCZ	ARTHY BLVD, #302				77-6	1419	76				
City				State	ZIP (								
MILP	IT.	AS		CA		035							
A First					If exem	pt under R&TC Sectior	n 23701d, has f	the organi	zation				
			rn			the year: (1) participate							
			47(a)(1)trust Yes X	No	` '	ttempted to influence l	•	•	neasure,				
<b>D</b> Fina	_				. ,	nade an election under							
• [	_		ved • L Surrendered (Withdrawn)			g to lobbying by public			• Yes X No				
• [		_	ed/Reorganized Enter date: ●		If "Yes," complete and attach form FTB 3509.								
		_	ng method:	K	K Is the organization exempt under R&TC Section 23701g? ● Yes X No								
` '		」 Cas	` ,			enter the gross receip			_				
		eturn		١.	sources \$								
` '		J 990	· , · , · , · <u> </u>		•	ganization is exempt under R&TC Section 23701d and is usively religious, educational, or charitable, and is							
			filing for the subordinates/affiliates? • Yes X	NO					iono				
			a roster. See instructions tion in a group exemption?	No		ed primarily (50% or r ox. No filing fee is requ							
			the parent's name?										
" "	, vi	παιι	the parent's name:			organization file Form	d Liability Company? • Yes X No						
I Did 1	he oi	rganiz	ation have any changes in its activities, governing	- "					• Yes X No				
		•	cles of incorporation, or bylaws that have	lo		rganization under audi							
			eed to the Franchise Tax Board? Yes X			• Yes X No							
			, and attach copies of revised documents.										
			ete Part I unless not required to file this form. See Genera	l Instru	ictions B	and C.							
		1	Gross sales or receipts from other sources. From Side 2, Pa	art II, lii	ne 8		•	1	1,290,195.00				
		2	Gross dues and assessments from members and affiliates				•	2	00				
		3	Gross contributions, gifts, grants, and similar amounts rece	eived		SI	rmr 1 •	3	5,968,412.00				
Recei	ots	4	Total gross receipts for filing requirement test. Add line 1 ${\rm tr}$	rough	line 3.								
and			This line must be completed. If the result is less than \$50,	,000, se	ee Genera	I Instruction B	·····•	4	7,258,607.00				
Reven	ies	5	Cost of goods sold			5	00						
		6	Cost or other basis, and sales expenses of assets sold $\dots$				,523. <sub>00</sub>		46 500				
		7	Total costs. Add line 5 and line 6					7	46,523.00				
		8	Total gross income. Subtract line 7 from line 4					8	7,212,084.00				
Expens	es	9	Total expenses and disbursements. From Side 2, Part II, lin					9	$5,016,618{00}$ $2,195,466{00}$				
		10	Excess of receipts over expenses and disbursements. Subt					10	37 / 3				
		11	Filing fee \$10 or \$25. See General Instruction F					11	N/A 00				
Filin	,	12 13	Total payments  Penalties and Interest. See General Instruction J					13	00				
Fee		14						14	00				
		15	Balance due. Add line 11, line 13, and line 14. Then subtra					15	00				
			repenalties of perjury, I declare that I have examined this return, includir ue, correct, and complete. Declaration of preparer (other than taxpayer)										
Sign		it is t	ue, correct, and complete. Declaration of preparer (other than taxpayer)		d on all inf Title		has any knowled Date		Telephone				
Here		Signa	ture cer			TIVE CHAI	Date		085289570				
		01 011			_	ate	Check if		PTIN				
		Prepa	rer's				self-employed	. 🗆 🗗	00149850				
Paid			sname		1_				FEIN				
Prepare	's	(or yo	urs, BENSON & NEFF CPA'S A	PRO	F CC	RP			4-2973071				
Use Only	·	empl	yed) 1 POST STREET, SUITE 21						Telephone				
		and a	SAN FRANCISCO, CA 94104	-52	06				415)705-5615				
		May	the FTB discuss this return with the preparer shown above?	See ins	struction	S	• <u>X</u>	Yes	No				

## SANKARA EYE FOUNDATION, USA

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 12-18-12

		1	Gross sales or receipts from all	ousines	ss activities. See instru	uctions		•	1	1	,242,732. <sub>00</sub>		
		2	Interest					•	2		680.00		
		3	Dividends						3	T	00		
Receip	ots	4	•						4		00		
from		5	Gross royalties					•	5	1	00		
Other		6	Gross amount received from sal	e of as	sets (See Instructions)	)	STA	TEMENT 2 •	6	1	46,783.00		
Source	es	7							7 0				
		8	Total gross sales or receipts fro						8	1	,290,195.00		
		9	Contributions, gifts, grants, and						9		,401,500.00		
		10	Disbursements to or for member										
		11	Compensation of officers, direct	ors. an	d trustees		SEE STA	TEMENT 4 •	11	_	110,000.00		
		12	Other salaries and wages	o. o, a			12	_	76,843.00				
Expen	ses	13	Interest						13	+-	00		
and		14	Taxes						14		13,432.00		
Disbur	.e-	15	Rents						15	+	31,616.00		
ments		16							16	_	1,077.00		
monts		17	Depreciation and depletion (See Other Expenses and Disburseme	nte	,		SEE STA	TEMENT 5	17		,382,150.00		
			Total expenses and disburseme						18		,016,618.00		
Sche	adul Lube			IIIS. Au	Beginning o					xable v			
Assets		CL	Datanoc oncets		(a)	T tuxubic ;	(b)	(c)	1		(d)		
1 Ca					(u)	1	,615,766.	(0)		•	3,861,227.		
			r rangiyahla				4,806.			÷	1,406.		
			s receivable			-	4,000.			÷	1,400.		
			ceivable			-							
						-				•			
			state government obligations			-				•			
			in other bonds			-	4 705			•	2 567		
			in stock STMT 6			-	4,795.			•	3,567.		
8 M	-	-				_				•			
			ments		6 000			0 20		•			
10 a	Depr	eciab	le assets	,	6,000.		0 1 1 2	9,30			4 050		
			mulated depreciation	(	3,857.	1	2,143.	( 5,044	• )		4,258.		
<b>11</b> La	ınd						22 422			•			
			STMT 7				39,400.			•	2,400.		
<b>13</b> To	otal as	ssets				1	,666,910.				3,872,858.		
			et worth										
<b>14</b> Ac	ccoun	ıts pa	yable				36,809.			•	47,780.		
			s, gifts, or grants payable							•			
<b>16</b> Bo	onds a	and n	otes payable							•			
<b>17</b> M	ortga	ges p	ayable							•			
<b>18</b> Ot	her li	abiliti	es										
<b>19</b> Ca	apital	stock	or principle fund							•			
<b>20</b> Pa	id-in d	or capi	tal surplus. Attach reconciliation							•			
<b>21</b> Re	etaine	d ear	nings or income fund				,630,101.			•	3,825,078.		
<b>22</b> To	otal lia	abilitie	es and net worth			1	,666,910.				3,872,858.		
Sche	edul	le N	1-1 Reconciliation of income Do not complete this sche				13. column (d), is les	s than \$50.000.					
1 Ne	et inco	nme i	per books		• 2,194,9		7 Income recorded						
			me tax		•	<del></del>		is return. <b>STMT</b>	9	•	<379.>		
			pital losses over capital gains		•	$\longrightarrow$	8 Deductions in this		. =		(5/5.7		
			recorded on books this year		•			ome this year					
			corded on books this year not		_		9 Total. Add line 7	1 15 0			<379.>		
				ρ	_ 1	4					<u> </u>		
			this return STMT		2,195,0		Net income per re     Subtract line 0 free				2,195,466.		
<u>U</u> 10	nai. A	uu III	ne 1 through line 5		4,190,0	, , , ,	Subtract line 9 fro	om line 6			4,100,400.		

Form 199	Cash Contributions of \$5000 or Mor Included on Part I, Line 3	e St	catement	1
Contributor's Name	Contributor's Address	Date of Gift	Amount	
Anonymous Mail	1900 McCarthy Blvd 302 Milpitas, CA 95035	09/12/12	2,500,00	00.
Total Included on L	ine 3		2,500,00	00.

Form 199 Gross Amour	nt From Sale o	f Ass	ets ———	S	tatement 2
Description		te ired	Dat Sol		thod uired
Common Stock	Various		Vario	ous Don	ated
	Cost or Other Basis	Dep	rec.	Expense of Sale	Gross Sales Price
	21,311.		0.	0.	21,571.
Description		te ired	Dat Sol	-	thod uired
Automobiles	Vari	ous	Vario	ous DON	ATED
	Cost or Other Basis	Dep	rec.	Expense of Sale	Gross Sales Price
	5,032.		0.	20,180.	25,212.
Total to Form 199, Page 2, 1n 6	26,343.		0.	20,180.	46,783.

Form 199	Cash Contributions, and Similar Amo			Statement	3
Activity Classific	ation: Grants				
Donees Name	Donees Address		Relationship	Amount	
Sri Kanchi Kamakot Medical Trust and	- <b>-</b>		None	3,401,50	0.
	Total for this i	Activity		3,401,50	0.
Total Included on	Form 199, Part II,	line 9		3,401,50	0.
Form 199 Compe	nsation of Officers	, Directors an	d Trustees	Statement	4
Name and Address		Title Average Hrs		Compensati	on
K Muralidharan 1900 McCarthy Blvd Milpitas, CA 9503		Executive Ch		110,00	0.
K Sridharan 1900 McCarthy Blvd Milpitas, CA 9503		President 7.00			0.
Divyogi Patel 1900 McCarthy Blvd Milpitas, CA 9503		Director 5.00			0.
Sundar Radhakrishn 1900 McCarthy Blvd Milpitas, CA 9503	, #302	Director 5.00			0.
C N Srivatsan 1900 McCarthy Blvd Milpitas, CA 9503		Director 5.00			0.
Anil Lal 1900 McCarthy Blvd Milpitas, CA 9503		Director 5.00			0.

Sankara Eye Foundation, USA		77-6141976
Padma Parthasarathy Direct 1900 McCarthy Blvd, #302 Milpitas, CA 95035	or 5.00	0.
Total to Form 199, Part II, line 11		110,000.
Form 199 Other Expens	ses	Statement 5
Description		Amount
Website production Other Expenses Direct expenses of fundraising events Other employee benefits Accounting fees Advertising and promotion Office expenses Information technology Travel Conferences and conventions Insurance Total to Form 199, Part II, line 17		50,379. 9,224. 989,100. 6,268. 20,031. 169,312. 100,435. 7,640. 23,276. 3,656. 2,829.
Form 199 Investments in St	ock	Statement 6
Description	Beg. of Year	End of Year
Publicly Traded Securities	4,795.	3,567.
Total to Form 199, Schedule L, line 7	4,795.	3,567.
Form 199 Other Assets	5	Statement 7
Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	39,400.	2,400.
Total to Form 199, Schedule L, line 12	39,400.	2,400.

Form 199	Expenses Recorded on Books Not Deducted in this F		Statement	8	
Description			Amount		
Depreciation			1:	10.	
Total to Form 19	99, Schedule M-1, line 5		1:	110.	
Form 199	Income Recorded on Books t Not Included in this F		Statement	9	
Description			Amount		
Unrealized Gains	5		<3'	79 <b>.</b> >	
Total to Form 19	99, Schedule M-1, line 7		<3'	79 <b>.</b> >	
Form 199	Fund Balance	es	Statement	10	
Description		Beg. of Year	End of Yea	ar	
Unrestricted Ass Temporarily Rest		1,200,255.	1,794,18		
Total to Form 19	99, Schedule L, line 21	1,630,101.	3,825,0	78.	

TAXABLE YEAR 2012

## **Corporation Depreciation and Amortization**

CALIFORNIA FORM
3885

Attach to Form 100 or Form 1	100W		FORM	199			ī	FEIN	77-61	41976
Corporation name	10077.		1 0101						fornia corporat	
									Torring our portar	
SANKARA EYE F	OUNDATIO	N, USA							207821	.1
Part I Election To Expense	Certain Property U	Inder IRC Section 179								
1 Maximum deduction unde	er IRC Section 179	for California							1	\$25,000
2 Total cost of IRC Section									2	
3 Threshold cost of IRC Sec									3	\$200,000
4 Reduction in limitation. Su									4	
5 Dollar limitation for taxable									5	
	Description of prop	erty	<b>(b)</b> Cost (b	usiness use o	only) (c	;) Elected	cost	_		
6								_		
7 Listed property (sleeted IF	OC Cootion 170 and	+\			7			_		
<ul><li>7 Listed property (elected IF</li><li>8 Total elected cost of IRC S</li></ul>									3	
9 Tentative deduction. Enter									<u> </u>	
10 Carryover of disallowed do										
11 Business income limitation			t less than zero							
<b>12</b> IRC Section 179 expense										
13 Carryover of disallowed de									-	
Part II Depreciation and Ele										
(a)		(c)	(d		(e)	(f)			(g)	(h)
Description property Date acquired Cost or		Depreciation	Depreciation allowed or Depreciation			Life or		preciation	Additional	
		other basis	allowable in (	earlier years	Method	rate	,	101	for this year first year deprecia	
14 1 FURNITU	RE									
	06/30/07	6,000.		3,857.	SL	7.00	)		857.	
2 DELL CO										
	08/30/12	3,302.			SL	5.00	)		220.	
		0 202		2 0 5 7						
TOTALS		9,302.		3,857.			-			
15 Add the amounts in colum	4 1 (1)	. ,	, ,				15		1,077.	
See instructions for line 1	4, colullii (II)						10		1,077.	
16 Total: If the corporation is	electing:									
IRC Section 179 expense,	add the amount or									
Additional first year depre Depreciation (if no election	ciation under R&T( n is made) enter th	C Section 24356, add the	olumn (a)	•	(0)			1	8	1,077.
17 Total depreciation claimed								1		1,187.
<b>18</b> Depreciation adjustment.										
If line 17 is less than line	-									
amounts are used to deter	rmine net income b	efore state adjustments	on Form 100 or	Form 100W, 1	no adjustment	is necessa	ary.) .	1	B	<110.
Part IV Amortization					•			•		
(a)		(b)	(c)		d)	(e) R&TC		(f)		g)
Description of prope	erty Date		ost or er basis		n allowed or earlier years	section	, I'	Period or ercentag		tization is year
		Oth	JI DUSIS	anowabic in	carnor years	(see instruction	ons) PC	orcorriag	101 111	13 your
19										
							-			
							_		1	
On Total Add the amounts in	aclumn (=)							1 6		
20 Total. Add the amounts in	(0)	eac from fodoral Form 45						20	_	
<b>21</b> Total amortization claimed <b>22</b> Amortization adjustment.								2	<del>'                                     </del>	
Side 1, line 6. If line 21 is	-							2	,	
5100 1, 1110 0. 11 1110 £ 1 13	.555 11411 11110 20, 0		0111 01111 100	, 51 1 51111 100	, 0140 1, 11110			····· <u>L2</u> 4	<u> </u>	

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 207821 Check if:	Check if:									
Change of address										
SANKARA EYE FOUNDATION, USA Name of Organization  Amended report										
1900 MCCARTHY BLVD, #302 Corporate or Organization No. 2078211										
MILPITAS , CA 95035 City or Town, State and ZIP Code  Federal Employer I.D. No. 77-6141976										
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts										
Gross Annual Revenue Fee Gross Annual Revenue Fee Gross Annual Revenue	Fee	<u> </u>								
Less than \$25,000       0       Between \$100,001 and \$250,000       \$50       Between \$1,000,001 and \$10 million         Between \$25,000 and \$100,000       \$25       Between \$250,001 and \$1 million       \$75       Between \$1,000,001 and \$50 million         Greater than \$50 million       Greater than \$50 million	\$15 \$22 \$30	25								
PART A - ACTIVITIES										
For your most recent full accounting period (beginning $01/01/2012$ ending $12/31/2012$ ) list: Gross annual revenue \$ 6,222,984. Total assets \$ 3,872,858.										
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT										
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.										
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization										
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?										
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		х								
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		х								
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		Х								
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		Х								
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		Х								
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		х								
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. <b>STMT</b> 11	Х									
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	Х									
Organization's area code and telephone number 8667265272										
Organization's e-mail address INFO@GIFTOFVISION.ORG										
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.										
K. MURALIDHARAN EXECUTIVE CHAIRMAN Signature of authorized officer Printed Name Title Date										

Form RRF-1	Explanation of	Vehicle	Donations	Statement	11
	Part	B, Line	8		

The vehicle donation program is operated by the charity.