Form 990

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.

A For the 2011 calendar year, or tax year beginning , and ending 

B Check if applicable:

C Name of organization

EKAL VIDYALAYA FOUNDATION OF USA

D Employer identification number

77-0554248

E Telephone number

281-668-5252

F Name and address of principal officer:

SUBHASH GUPTA

3908 WEST HOLLOW PARKWAY, HOUSTON, TX

G Gross receipts $ 4,163,992

H (a) Is this a group return for affiliates? Yes X No

H (b) Are all affiliates included? Yes X No

I Tax-exempt status:

501(c)(3)  501(c) ( ) 509(a)(1) or 527

J Website: http://www.ekalvidyaa.org

K Form of organization: Corporation  Trust  Association  Other X

L Year of formation: 2000

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: EKAL VIDYALAYA IS AN UNIQUE MOVEMENT TO PROVIDE FREE FIVE YEARS OF ELEMENTARY EDUCATION WITH PRIMARY HEALTHCARE EDUCATION, DEVELOPMENT EDUCATION AND EMPOWERMENT EDUCATION

Activities & Governance

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets -

3 Number of voting members of the governing body (Part VI, line 1a)  3 9

4 Number of independent voting members of the governing body (Part VI, line 1b)  4 9

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)  5 7

6 Total number of volunteers (estimate if necessary)  6 450

7a Total unrelated business revenue from Part VIII, column (C), line 12  7a 0

7b Net unrelated business taxable income from Form 990-T, line 34  7b 0

Revenues

8 Contributions and grants (Part VIII, line 1h)  3,399,134  3,919,319

9 Program service revenue (Part VIII, line 2g)  0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  4,939 828

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  172,101 235,586

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  3,570,774 4,155,733

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  3,329,486  3,597,810

14 Benefits paid to or for members (Part IX, column (A), line 4)  0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  72,202 93,290

16a Professional fundraising fees (Part IX, column (A), line 11e)  0 0

16b Total fundraising expenses (Part IX, column (D), line 25)  252,233

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  333,911 362,861

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  3,456,398 4,060,681

19 Revenue less expenses. Subtract line 18 from line 12  107,375 195,052

We Assets & Fund Balance

20 Total assets (Part X, line 16)  2,067,889  2,198,462

21 Total liabilities (Part X, line 26)  15,142  15,231

22 Net assets or fund balances. Subtract line 21 from line 20  2,052,747  2,183,231

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

NAME  HASMUKH C. JOSHI, Treasurer

Date  10-05-2016

Paid Preparer Use Only

Type or print name and title

RAJ BRAHMHATT

Check if self-employed

Date  10/5/2012

Firm’s EIN  90-0148733

Phone no.  (713) 977-8829

Form 990 (2011)
# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

- Do not enter social security numbers on this form as it may be made public.

**For the 2015 calendar year, or tax year beginning**

<table>
<thead>
<tr>
<th>Number</th>
<th>Name of organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>77-0554249</td>
<td>EKAL VIDYALAYA FOUNDATION OF USA</td>
<td></td>
</tr>
</tbody>
</table>

**Address change**

- City or town: HOUSTON
- State: TX
- Zip code: 77077
- Telephone number: 281-668-5252
- Gross receipts: $6,565,208

**Check if applicable**

- Doing business as: EKAL VIDYALAYA FOUNDATION OF USA
- Number and street (or P.O. box if mail is not delivered to street address): 1712 HIGHWAY 6 SOUTH
- Room/suite: A
- Name change: SUBHASH GUPTA 1712 HIGHWAY 6 SOUTH, HOUSTON, TX 77077
- Initial return:
- Final return/terminated:
- Amended return:
- Application pending:

**Tax-exempt status**

- X 501(c)(3)
- 501(c) ( )
- 947(a)(1) or ( )
- 527

**External links**

- Website: [http://www.ekalvidya.org](http://www.ekalvidya.org)

## Part I Summary

**Activities & Governance**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Briefly describe the organization's mission or most significant activities: EKAL VIDYALAYA IS AN UNIQUE MOVEMENT TO PROVIDE FREE FIVE YEARS OF ELEMENTARY EDUCATION WITH PRIMARY HEALTHCARE EDUCATION, DEVELOPMENT EDUCATION AND EMPOWERMENT EDUCATION</td>
<td>5,629,188</td>
<td>6,160,154</td>
</tr>
<tr>
<td>2</td>
<td>Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Number of voting members of the governing body (Part VI, line 1a)</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Number of independent voting members of the governing body (Part VI, line 1b)</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Total number of volunteers (estimate if necessary)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Total unrelated business revenue from Part VIII, column (C), line 12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7b</td>
<td>Net unrelated business taxable income from Form 990-T, line 34</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Revenue**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>5,629,188</td>
<td>6,160,154</td>
</tr>
<tr>
<td>9</td>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>38,572</td>
<td>-2,694</td>
</tr>
<tr>
<td>10</td>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>367,729</td>
<td>407,748</td>
</tr>
<tr>
<td>11</td>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>6,035,489</td>
<td>6,565,208</td>
</tr>
<tr>
<td>12</td>
<td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>4,669,721</td>
<td>5,686,375</td>
</tr>
<tr>
<td>13</td>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td>
<td>227,668</td>
<td>280,130</td>
</tr>
<tr>
<td>16a</td>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b</td>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>832,601</td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td>
<td>680,137</td>
<td>763,320</td>
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<tr>
<td>18</td>
<td>Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td>
<td>5,577,516</td>
<td>6,728,625</td>
</tr>
<tr>
<td>19</td>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
<td>457,973</td>
<td>-163,617</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Total assets (Part X, line 18)</td>
<td>3,021,444</td>
<td>2,869,293</td>
</tr>
<tr>
<td>21</td>
<td>Total liabilities (Part X, line 26)</td>
<td>2,703</td>
<td>4,169</td>
</tr>
<tr>
<td>22</td>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
<td>3,018,741</td>
<td>2,865,124</td>
</tr>
</tbody>
</table>

## 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.

**Sign Here**

- [Signature Block]
- Type of print name and title: Treasurer
- Date: 10-07-2016

### Paid Preparer Use Only

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Date</th>
<th>Check</th>
<th>PTIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>RAJ BRAHMBHATT</td>
<td>10/7/2016</td>
<td>X</td>
<td>P00025917</td>
</tr>
<tr>
<td>Phone no.</td>
<td>713-977-8829</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

May the IRS discuss this return with the preparer shown above? (See instructions) | Yes | X | No