

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)

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **EKAL VIDYALAYA FOUNDATION OF USA**
Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3908 WESTHOLLOW PARKWAY
 City or town, state or country, and ZIP + 4
HOUSTON TX 77082

D Employer identification number
77-0554248

E Telephone number
281-668-5252

G Gross receipts \$ **4,163,992**

F Name and address of principal officer:
SUBHASH GUPTA 3908 WEST HOLLOW PARKWAY, HOUSTON, TX

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ <http://www.ekalvidya.org>

H(c) Group exemption number: ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 2000 **M State of legal domicile:** CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>EKAL VIDYALAY IS AN UNIQUE MOVEMENT TO PROVIDE FREE FIVE YEARS OF ELEMENTARY EDUCATION WITH PRIMARY HEALTHCARE EDUCATION, DEVELOPMENT EDUCATION AND EMPOWERMENT EDUCATION</u>		
	2 Check this box <input type="checkbox"/> 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
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	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)	172,701	235,586
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,576,774	4,155,733
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,029,485	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
	b 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)	3,435,598	4,053,961	
19 Revenue less expenses. Subtract line 18 from line 12	141,176	101,772	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,067,889	2,198,482
	21 Total liabilities (Part X, line 26)	15,142	19,231
	22 Net assets or fund balances. Subtract line 21 from line 20	2,052,747	2,179,251

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 ▶ Hasmukh C. Joshi 10-05-2016
 Signature of officer Date
 ▶ HASMU KH C, JOSHI, Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name RAJ BRAHMBHATT	Preparer's signature <u>Raj Brahmhatt</u>	Date 10/5/2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00025917
Firm's name ▶ RAJ R BRAHMBHATT, CPA	Firm's EIN ▶ 90-0146733			
Firm's address ▶ 2825 WILCREST DRIVE, SUITE 374, HOUSTON, TX 77042		Phone no. (713) 977-8829		

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

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization EKAL VIDYALAYA FOUNDATION OF USA
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 1712 HIGHWAY 6 SOUTH A
 City or town State ZIP code
 HOUSTON TX 77077
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 77-0554248
E Telephone number 281-668-5252
G Gross receipts \$ 6,565,208

F Name and address of principal officer:
 SUBHASH GUPTA 1712 HIGHWAY 6 SOUTH, HOUSTON, TX 77077

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: <http://www.ekalvidya.org>

K Form of organization: Corporation Trust Association Other **L Year of formation:** 2000 **M State of legal domicile:** CA

H(c) Group exemption number _____

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	EKAL VIDYALAY IS AN UNIQUE MOVEMENT TO PROVIDE FREE FIVE YEARS OF ELEMENTARY EDUCATION WITH PRIMARY HEALTHCARE EDUCATION, DEVELOPMENT EDUCATION AND EMPOWERMENT EDUCATION	
	2	Check this box <input type="checkbox"/> 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	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,629,188	6,160,154
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,572	-2,694
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	367,729	407,748
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,035,489	6,565,208
	14	Benefits paid to or for members (Part IX, column (A), line 4)	4,669,721	5,685,375
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	227,658	280,130
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	832,601	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	680,137	763,320
19	Revenue less expenses. Subtract line 18 from line 12	5,577,516	6,728,825	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	457,973	-163,617
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	3,021,444	2,859,293
			2,703	4,169
		3,018,741	2,855,124	

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 of officer: Hasmukh C. Joshi Date: 10-07-2016
 Type or print name and title: HASMUKH C. JOSHI, Treasurer

Paid Preparer Use Only

Print/Type preparer's name: RAJ BRAHMBHATT
 Preparer's signature: Raj Brahmhatt
 Date: 10/7/2016
 Check if self-employed
 PTIN: P00025917
 Firm's name: RAJ R BRAHMBHATT, CPA
 Firm's EIN: 90-0146733
 Firm's address: 2825 WILCREST DRIVE, SUITE 374, HOUSTON, TX 77042
 Phone no.: 713-977-8829

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