Form **990**

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 private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 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): 13111 Westheimer Rd
Room/suite: Ste 129
City or town: Houston
State: TX
ZIP code: 77077
Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 77-0554248

E Telephone number: (832) 723-1500

G Gross receipts $: 11,951,595

F Name and address of principal officer:
SUBHASH GUPTA 13111 Westheimer Rd, STE Ste 129, Houston, TX 7

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
H(c) Group exemption number:

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

J Website: WWW.EKAL.ORG

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:
TO SET UP 100,000 ONE TEACHER SCHOOL TO PROVIDE FREE ELEMENTARY EDUCATION AND FREE PRIMARY HEALTHCARE TO CHILDREN IN REMOTE AND RURAL INDIA

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	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 2025 (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, Part I, line 11	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,654,594	11,441,646
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	668,012	509,949
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,322,606	11,951,595

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,766,010	8,981,082
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)	351,696	360,214
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 1,426,956		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,028,373	1,299,294
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,146,079	10,640,590
19	Revenue less expenses. Subtract line 18 from line 12	-823,473	1,311,005

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,910,628	16,209,379
21	Total liabilities (Part X, line 26)	126,132	113,878
22	Net assets or fund balances. Subtract line 21 from line 20	14,784,496	16,095,501

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: SUBHASH GUPTA
Date:
Type or print name and title: Chairman-Advisor

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DARSHAN WADHWA	DARSHAN WADHWA	6/7/2026		P01248536

Firm's name: DARSHAN WADHWA CPA PC
Firm's EIN: 82-0632007
Firm's address: 4212 SUNSET BLVD, HOUSTON, TX 77005
Phone no.: (832) 668-4770

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:
TO SET UP 100,000 ONE TEACHER SCHOOL TO PROVIDE FREE ELEMENTARY EDUCATION AND FREE PRIMARY HEALTHCARE TO CHILDREN IN REMOTE AND RURAL INDIA

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 ☒ 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 ☒ No
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 measured by expenses. 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 $ 8,981,082 including grants of $) (Revenue $)
EKAL VIDYALAY IS A UNIQUE MOVEMENT TO BRING EDUCATION TO THE DOORSTEPOF VILLAGES IN INDIA WHERE CHILDREN ARE OFFERED FREE FIVE YEARS OF ELEMENTARY EDUCATION UNDER THE PROGRAM. MISSON IS TO SET UP 100,000 SUCH ONE TEACHER SCHOOLS. DURING 2025 TOTAL 14650 SCHOOLS WERE SPONSORED EDUCATIING 439,500 STUDENTS. THE PROGRAM ALSO IMPARTS PRIMARY HEALTHCARE, DEVELOPMENT AND EMPOWERMENT EDUCATION.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses 8,981,082

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	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		X
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		X
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		X
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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total 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 Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial 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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *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.* See instructions.	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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? *If "Yes," complete Schedule J*	23		X
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 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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), 501(c)(4), and 501(c)(29) 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		X
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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	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		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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 . . 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
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 account)? . . .	4a		X
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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.	13a		
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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI X

Section 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 . . . . 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 on Schedule O.	1a	10		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	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			X
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	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 organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section 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
b	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	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on 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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA, MA, TX

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

RAMESH SHAH, CHAIRMAN (281) 668-5982
13111 Westheimer Rd, HOUSTON, TX 77077

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MADHU BANSAL	0.00									
DIRECTOR	0.00	X		X						
(2) DR HASMUKH SHAH	2.00									
DIRECTOR	2.00	X		X						
(3) PRATIBHA GOYAL	2.00									
DIRECTOR	2.00	X		X						
(4) DR SHACHI RATTAN	0.00									
DIRECTOR	0.00	X		X						
(5) MEENA SUBRAMANYAM	0.00									
DIRECTOR	0.00	X		X						
(6) DR RAKESH GUPTA	0.00									
DIRECTOR	0.00	X		X						
(7) MAHESHKUMAR NAVANI	0.00									
DIRECTOR	0.00	X		X						
(8) KAMLESH SHAH	2.00									
CHAIRMAN	2.00	X		X						
(9) NARESH JAIN	10.00									
DIRECTOR EKAL INDIA	10.00	X		X						
(10) SAJJAN AGARWAL	2.00									
VICE CHAIRMAN	2.00	X		X						
(11)										
(12)										
(13)										
(14)										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Subtotal**								0	0	0
c **Total from continuation sheets to Part VII, Section A**								0	0	0
d **Total (add lines 1b and 1c)**								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	351,939				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,089,707				
	g	Noncash contributions included in lines 1a–1f	1g	$ 9,022				
	h	**Total.** Add lines 1a–1f			11,441,646			
Program Service Revenue			Business Code					
	2a				0			
	b				0			
	c				0			
	d				0			
	e				0			
	f	All other program service revenue			0			
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			509,949	509,949		
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)			0			
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	0 / 0				
	b	Less: cost or other basis and sales expenses	7b	0 / 0				
	c	Gain or (loss)	7c	0 / 0				
	d	Net gain or (loss)			0			
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	0				
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue			Business Code					
	11a				0			
	b				0			
	c				0			
	d	All other revenue			0			
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions.			11,951,595	509,949	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,981,082	8,981,082		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	319,729		95,919	223,810
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,370		582	4,788
9	Other employee benefits	0			
10	Payroll taxes	35,115		10,535	24,580
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	22,677		22,677	
12	Advertising and promotion	14,309			14,309
13	Office expenses	0			
14	Information technology	76,515		12,958	63,557
15	Royalties	0			
16	Occupancy	43,737		43,737	
17	Travel	67,728		2,144	65,584
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	339,723			339,723
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,684	0	2,684	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	POSTAGE	12,778		1,240	11,538
b	PRINTING & SUPPLIES	23,313		2,014	21,299
c	DUES & SUBSCRIPTION	190,591		9,076	181,515
d	BANK CHARGES	100,877			100,877
e	All other expenses	404,362		28,986	375,376
25	**Total functional expenses.** Add lines 1 through 24e	10,640,590	8,981,082	232,552	1,426,956
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	2,678,401	1	1,917,068
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	5,234	4	1,018
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 71,048			
	b	Less: accumulated depreciation — 10b: 69,493	1,738	10c	1,555
	11	Investments—publicly traded securities	12,225,255	11	14,136,028
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	153,710
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	14,910,628	16	16,209,379
Liabilities	17	Accounts payable and accrued expenses	126,132	17	40,591
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	73,287
	26	**Total liabilities.** Add lines 17 through 25	126,132	26	113,878
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,895,140	27	5,098,509
	28	Net assets with donor restrictions	9,889,356	28	10,996,992
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds	0	29	
	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
	32	Total net assets or fund balances	14,784,496	32	16,095,501
	33	Total liabilities and net assets/fund balances	14,910,628	33	16,209,379

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,951,595
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,640,590
3	Revenue less expenses. Subtract line 2 from line 1	3	1,311,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,784,496
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,095,501

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
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 reviewed 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2025
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
EKAL VIDYALAYA FOUNDATION OF USA	990	77-0554248

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000
2	Total cost of section 179 property placed in service (see instructions)	2	5,550
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	2,500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	0
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562.		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12	0
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	0	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	5,550
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	183

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	
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 2025 Tax Year Using the General Depreciation System

	(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19	**a** 3-year property						
	b 5-year property						
	c 7-year property						
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs.		S/L	
	h 50-year property			50 yrs.	MM	S/L	
	i Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
	j Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20	**a** Class life					S/L	
	b 12-year			12 yrs.		S/L	
	c 30-year			30 yrs.	MM	S/L	
	d 40-year			40 yrs.	MM	S/L	
	e 50-year			50 yrs.	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. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,733
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ Own	☐ Lease ☐ Charter

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L –		
		%				S/L –		
		%				S/L –		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7								29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
EKAL VIDYALAYA FOUNDATION OF USA	77-0554248

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions 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)						
6 **Public support.** Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	**14**	0.00%
15 Public support percentage from 2024 Schedule A, Part II, line 14	**15**	0.00%

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,904,908	11,022,538	8,335,366	9,248,117	10,852,103	48,363,032
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	15,590	198,959	283,119	317,614	351,939	1,167,221
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	8,920,498	11,221,497	8,618,485	9,565,731	11,204,042	49,530,253
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						49,530,253

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	8,920,498	11,221,497	8,618,485	9,565,731	11,204,042	49,530,253
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	477	51,228	590,472	756,875	747,553	2,146,605
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	477	51,228	590,472	756,875	747,553	2,146,605
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	8,920,975	11,272,725	9,208,957	10,322,606	11,951,595	51,676,858

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	95.85%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	95.94%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	4.15%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	4.06%

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		
b	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**	0	0
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**	0	0

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**	0	0
e **Discount** claimed for blockage or other factors *(explain in detail in **Part VI**)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**	0	0
6 Multiply line 5 by 0.035.	**6**	0	0
7 Recoveries of prior-year distributions	**7**	0	0
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**	0	0

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	0
2 Enter 0.85 of line 1.	**2**	0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	0
4 Enter greater of line 2 or line 3.	**4**	0
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	0

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	0
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	0
9	Line 7 amount divided by line 8 amount	9	0.000

	Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020 0			
b	From 2021 0			
c	From 2022 0			
d	From 2023 0			
e	From 2024 0			
f	**Total** of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2025 distributable amount			0
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2025 from Section D, line 6: $ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2025 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.		0	
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			0
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2021 0			
b	Excess from 2022 0			
c	Excess from 2023 0			
d	Excess from 2024 0			
e	Excess from 2025 0			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
EKAL VIDYALAYA FOUNDATION OF USA	77-0554248

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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	Surinder and Lalita Trehan 615 Dulles Ave Stafford TX 77477 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Rakesh & Shuchita Goel 129 Phillips Dr Eatonton GA 31024 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	Arun and Renu Gupta 6070 Eaglet Dr West Chester OH 45069 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	Shiv and Anushi Aggarwal 1158 Ascott Valley Dr Johns Creek GA 30097 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	Shekar and Shylaja Reddy 12301 SW 1st St Plantation FL 33325 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	RajaniKant and Darshana Shah 16433 Jersey Hollow Dr Houston TX 77040 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
7	Adish and Asha Jain 36 Remington Drive West Berlin NJ 08091 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	Piyush Shah and Nina Dodd 2412 Mimosa Dr Houston TX 77019-6026 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	Bharat and Meena Desai 3764 Presidential Dr Palm Harbor FL 34685 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	Harsha and Shrikant A Mehta 115 Brookside Ct, Libertyville IL 60048 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	Shailesh and Chetna Doshi 28 Inverness Dr Delran NJ 08075-1888 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	Anil and Vandana Patel 7425 Lake Travis Dr Corpus Christi TX 78413 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
13	Nanakram and Manju Agarwal 50 E Hartsdale Ave Apt 6N Hartsdale NY 10530 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	Rakesh and Sneh Gupta 989 Olde Sterling Way Dayton OH 45459 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	Sheila & Vidya Sagar 160 Turtle Creek Cir Oldsmar FL 34677 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	Somil and Priti Shah 7361 Andover Dr Canton MI 48187 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	Gopal and Urvashi Savjani 2221 mason terrace dr. Friendswood TX 77546 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	Jigar and Khushali Shah 8001 Newdale Road Bethesda MD 20814 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Jaideep and Bhakti Vaidya 41 River Rd East Brunswick NJ 08816-4465 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	Sudhir and Pallavi Mehta 3128 Aviara Ct Naperville IL 60564 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	Kamlesh and Dina Shah 23W278 Hampton Cir Naperville IL 60540 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	Charulata and Jaysukh Sheth 521 Woodland Ave Cherry Hill NJ 08002-2845 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	Hasmukh and Kamini Patel 9500 Sprague Ave UNIT 506 Fairfax VA 22031-1179 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	Sambireddy Tiyyagura 7209 Royal Oak Dr Weeki Wachee FL 34607 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Ramesh and Kalpana Bhatia Family Foundation 301 Chapelwood Dr Colleyville TX 76034 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	Satish and Yasmeen Gupta 3626 N Hall St Ste 910 Dallas TX 75219 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	Ajay and Susie Bhatt 3016 Holei Street Honolulu HI 96815 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	Avinash and Mankuen Kaushik 12577 Plymouth Dr Saratoga CA 95070 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	Sameer and Malini Bhatia 446 25th St Santa Monica CA 90402 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	Vanitha and Vishal Khera 1056 Swinks Mill Rd McLean VA 22102 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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31	Manoj Shah 2851 Highview Drive Eagleville PA 19403 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	Dr. Ravinder and Barbara Agarwal 10647 Whittington Ct Largo FL 33773 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	Kanti and Sheila Dhandha 4788 Apple Grove Ct Bloomfield MI 48301 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	Sanjay and Malavika Garg 28853 Woodmill Dr Westlake OH 44145 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	Krishan and Vicky Joshi 2580 Lantz Rd Beavercreek OH 45434 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	Chandrakant and Aruna Patel 12207 Laguna Terrace Dr Houston TX 77041 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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37	Ranjit and Ila Tamaskar 234 Legacy Drive Highland Heights OH 44143 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	Harshavadan and Ila Vyas 16751 Wilshire Ct. Lemont IL 60439 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	Vandana Kulkarni and Atul Shevade 1521 S Ridge Rd Lake Forest IL 60045 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	Rajesh and Indu Soin 2489 Kemp Road Dayton OH 45430 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	Bhupendra Master 11704 S Braden Ave Tulsa OK 74137 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	Veena & Sushil Chadda 800 Palisade Avenue Apt 24B Fort Lee NJ 07024 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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43	Manish & Nikita Krishnan 8 Senator Levy Dr Montbello NY 10901 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	Rajendra R. Shah 39055 Ironstone Dr Sterling Heights MI 48310 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	Haruvu & Geetha Sheshadri 12467 Ridgeway Ct Davie FL 33330 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	Jitendra & Daksha Shah 5284 Blue Crush Bnd Land O Lakes FL 34638-6214 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47	Ram & Sita Lalchandani 4110 Riding Club Ln Sacramento CA 95684 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48	Umesh & Nibha Bhargava 9 Isleworth Dr Henderson NV 89052-6458 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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49	Harinathrao R. Dacha and Usharani Dacha Fund 130374 Bromborough Dr Orlando FL 32832 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50	Tushar Patel 2550 Shell Rd Georgetown TX 78628-9235 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51	Haren Joshi 1610 Noble Circle Jenkintown PA 19006 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52	Anand M. Bhagavatula Family Foundation 15630 Oyster Cove Drive Sugarland TX 77478 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53	Rabi Sinha 43 Coachlight Drive Poughkeepsie NY 11040 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54	Alkesh & Jalpabahen Patel 3 Hackney Circle Barrington IL 60010 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Dr. Sanjay Sandhir 10802 Falls Creek Ln Dayton OH 45458 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56	Snehal Panchal 6225 S Padre Island Dr Corpus Christi TX 78412 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57	Piyushbhai P Patel 794 Ave Q SE Winter Haven FL 33880 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58	Bawa N Mallick Foundation Inc. 10820 71St Ave Apt 15D Forest Hills NY 11375 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59	Anil & Renu Jain 1 Mansion Hill Drive Syosset NY 11791 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60	Monty & Usha Ahuja 7350 Young Dr. Bedford OH 44146 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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61	The Mandala Reddy Family Fund 3 Black Oak Ct Monroe NJ 08831-1678 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62	Vadilal Shah 3826 galena court Arlington Heights IL 60004 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63	Munna Agarwal 6107 loch lomond court Solon OH 44139 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64	Karishma Navani 33 Farmington Dr Shrewsbury MA 01545-6201 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65	Darshna and Anil Bhatt 812 Plumwood Dr Schaumburg IL 60173 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66	Bipin and Veena Mehta 820 Wyngate Rd Somerdale NJ 08083-2415 Foreign State or Province: Foreign Country:	$ 10,025	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	Ashvin and Sheela Bhutwala 9083 SVL Box Victoriville CA 92395 Foreign State or Province: Foreign Country:	$ 10,380	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68	Ashwin and Gita Desai 125 Lakeview Drive, Unit 608 Blomingdale IL 60108 Foreign State or Province: Foreign Country:	$ 10,459	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69	Arushee Divyakirti 7 woodcrest road Westborogh MA 15810 Foreign State or Province: Foreign Country:	$ 10,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70	Abhinav Navani 33 Farmington Dr Shrewsbury MA 15810 Foreign State or Province: Foreign Country:	$ 10,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71	Aditya Sharma 1312 s college street, unit 1515 CHARLOTTE NC 28203 Foreign State or Province: Foreign Country:	$ 10,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72	Arun and Urmila Kothari 75 Grassy Knls Sugar Land TX 77479 Foreign State or Province: Foreign Country:	$ 10,600	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	Usha Mahajan 4688 Millburn Pl New Albany OH 43054 Foreign State or Province: Foreign Country:	$ 10,600	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74	Sudhir and Niranjana Parikh 169 Daniel Plummer Road Goffstown NH 03045 Foreign State or Province: Foreign Country:	$ 11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75	Dr. Hasmukh and Jyotsna Shah 7303 Near Thicket Way Laurel MD 20707 Foreign State or Province: Foreign Country:	$ 11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76	Satish & Jyotika Patel 356 Candlelyte Ct Roselle IL 60172 Foreign State or Province: Foreign Country:	$ 11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77	Charu Mehta 1397 NW Parkway New Brighton MN 55112 Foreign State or Province: Foreign Country:	$ 11,001	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78	Latha Krishnan and Krishnan Seetharaman 51 Hemingway Street Shrewsbury MA 01545 Foreign State or Province: Foreign Country:	$ 11,450	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	Vikas and Maitri Kalra 11015 Nacirema Lane Stevenson MD 21153 Foreign State or Province: Foreign Country:	$ 12,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80	Rajesh & Rekha Patel 1131 Ivey Brooke Court Mableton GA 03026 Foreign State or Province: Foreign Country:	$ 12,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81	Kartik Amin 657 GRENACHE CT Bartlett IL 60103 Foreign State or Province: Foreign Country:	$ 12,150	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82	Ajit and Megha Gupta 661 River Rd Cos Cob CT 06807 Foreign State or Province: Foreign Country:	$ 12,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83	Nitin and Smita Samant 3110 Bierce Cir Twinsburg OH 44087 Foreign State or Province: Foreign Country:	$ 12,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84	Ramesh & Neela Kanojia 5 Jays Cor Somerset NJ 08873-7439 Foreign State or Province: Foreign Country:	$ 12,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	Rushit Patel 11883 Ramsdell Ct San Diego CA 92131 Foreign State or Province: Foreign Country:	$ 12,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86	AAPI-TN ChAPTER Po Box 1543 Brentwood TN 37024 Foreign State or Province: Foreign Country:	$ 12,501	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87	Dr. Hemangini & Harshad Mehta 11 Oak Hollow Ct Voorhees NJ 08043-1517 Foreign State or Province: Foreign Country:	$ 12,551	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88	Dr. Suresh and Dr. Pragna Khanna 11 Oxridge Rd Elmsford NY 10523 Foreign State or Province: Foreign Country:	$ 13,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
89	Gangadhar Kotte 15856 Meadow King Court Alpharetta GA 30004 Foreign State or Province: Foreign Country:	$ 13,595	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90	Haresh Pandya 2414 Liberty Ridge way Missouri City TX 77489 Foreign State or Province: Foreign Country:	$ 14,600	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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91	Avinash & Vandana Ghanekar 1023 Fuller Dr Claremont CA 91711 Foreign State or Province: Foreign Country:	$ 14,975	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92	Suresh and Kanakavalli Iyer 2310 Sunny Point St Thousand Oaks CA 91362 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93	Radhe and Vibha Mittal 8198 Sabal Oak Way Jacksonville FL 32256 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94	Dev and Sonia Goyal 172 Fieldwood Irvine CA 92618 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95	Shaila and Hemant Mistry 20736 Juniper Avenue Yorba Linda CA 92886 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96	Mukesh and Nimi Turakhia Allied Alloys Houston TX 77033 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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97	Software People Inc. 4 Nora Ct Saint James NY 11780 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
98	Keelapandal and Hemalatha Suresh 3115 Oakwood Ln Westlake OH 44145 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99	Varsha Shah 1309 Lawrence St. Houston TX 77008 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100	Mahesh and Geeta Shah 185 Pemberton Way Bloomingdale IL 60108 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101	Jag & Pratibha Bhawan 1 Franklin St Unit 4803 Boston MA 02110 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102	Asha V. Dalal 330 Momar Drive Ramsey NJ 07446 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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103	Govind & Madhu Chandak 10765 Trego Trl Raleigh NC 27614 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
104	Jubileerx Management LLC 13080 secretariat blvd Frisco NC 27614 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
105	Dilip Patel 13080 secretariat blvd Frisco TX 75035 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
106	Alok Lathi 1614 5th Ave W Seattle WA 98119 Foreign State or Province: Foreign Country:	$ 15,001	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
107	Pranav Patel 618 Silver Ridge Dr Murphy TX 75094 Foreign State or Province: Foreign Country:	$ 15,008	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
108	Dilip and Smita Kothekar 6036 Chevy Dr Jacksonville FL 32216 Foreign State or Province: Foreign Country:	$ 15,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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109	Arunima Misra and Dv Iyengar Sreenath 6227 Logan Creek Lane Sugar Land TX 77479 Foreign State or Province: Foreign Country:	$ 16,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
110	Narendra and Bharti Chavda 7 Burkhart Forest Court Houston TX 77055 Foreign State or Province: Foreign Country:	$ 16,667	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
111	Uma Gulani 94 Golden Glen St Irvine CA 92604 Foreign State or Province: Foreign Country:	$ 16,915	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
112	Naresh and Bina Jain 2797 Saint Andrews Blvd Tarpon Springs FL 34688 Foreign State or Province: Foreign Country:	$ 17,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
113	KMD Hotel Group 6906 Silver Sage Cir Tampa FL 33634 Foreign State or Province: Foreign Country:	$ 17,825	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
114	Ramakant Asaravala 13228 Tining Dr Poway CA 92064 Foreign State or Province: Foreign Country:	$ 18,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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115	Pankaj and Rupalee Maheshwari 11811 Key Biscayne Ct Houston TX 77065 Foreign State or Province: Foreign Country:	$ 18,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
116	Akkalkot Swami Samarth Foundation 413 18th St New Orleans LA 70124 Foreign State or Province: Foreign Country:	$ 18,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
117	Dr. Rakesh and Kamini Shreedhar 11 Deforest Ct West Nyack NY 10994 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
118	Ajit and Ila Kothari 58 Lara Pl Warren NJ 07059-3009 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
119	Bhalchand and Manjula Patel 11832 Park Forest Ct Glen Allen VA 23059 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
120	Deepak and Madhu Ahuja 5720 Cavender Dr. Plano TX 75093 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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121	Mukesh and Priti Chatter 35 Flint Rd Concord MA 01742-5347 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
122	Maya Advani Family Foundation 215 N Route 303 Congers NY 10920 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
123	Sudarshan and Swati Sathe 2872 Nottingham Ln Hunting Valley OH 44022 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
124	Bhaskar and Nitaben Patel 117 Della Ln Oswego IL 60543 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
125	Bharat and Rekha Monpara 1731 Scarlett Drive Pittsburgh PA 15241 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
126	Ashish Desai and Grishma Patel 326 Clare Dr Bloomingdale IL 60108 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
127	Jitendra and Tarla Shah 16609 Ivy Lake Dr Odessa FL 33556-6019 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
128	Kamla Bafna Charitable Foundation 35 Fairway Trail Moreland Hills OH 44022 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
129	Krishnananda Achar 3878 Lake Ruby Ln Suwanee GA 30024 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
130	Ajit and Shakuntala Asher 239 Plymouth Ct Madison NJ 07940 Foreign State or Province: Foreign Country:	$ 20,026	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
131	Hasmukh & Nirmala Joshi 1745 Gainsborough Rd San Dimas CA 91773 Foreign State or Province: Foreign Country:	$ 21,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
132	Meena and Sunder Subramanyam 3 Corey Ave Stoneham MA 02180 Foreign State or Province: Foreign Country:	$ 22,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
133	Vikash Agrawal 37 E Cobble Hill Rd Loudonville NY 12211 Foreign State or Province: Foreign Country:	$ 24,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
134	Mayank & Raksha Shah 9394 Calder Circle, Ooltewah TN 37363 Foreign State or Province: Foreign Country:	$ 24,245	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
135	Ramesh and Kokila Shah 15455 Empanada Dr Houston TX 77083-4109 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
136	Rasik and Pushpaben Patel 214 Chaucer Ct Willowbrook IL 60527 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
137	Atul Gupta 11822 N W Brookview Ln Grimes IA 50111 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
138	Dharam Jain 11269 N Lakeview Pl Mequon WI 53092 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
139	Ruchi Shah and Jinesh Gandhi 6 Kenley Ln Southborough MA 01772 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
140	Kapil & Rakhee Langer 16 Farmington Drive, Shrewsbury MA 01772 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
141	Sudhir Kudva 4883 Thorndike Ln Dublin CA 94568 Foreign State or Province: Foreign Country:	$ 26,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
142	Yogesh and Darshana Patel 6942 Overlook Hill Ln Sugar Land TX 77479 Foreign State or Province: Foreign Country:	$ 27,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
143	Sunil and Seema Khurana 54 Rymph Rd Lagrangeville NY 12540 Foreign State or Province: Foreign Country:	$ 29,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
144	Manoj and Usha Sadselia 2232 Five Forks Trickum Rd Lawrenceville GA 30044-6429 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
145	Jugal and Raj Malani 13703 Bayfront Dr Houston TX 77077 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
146	Dr. Jawahar and Vijay Taunk 4050 Presidential Dr Palm Harbor FL 34685 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
147	Arun & Vandna Shah 15613 Plum Tree Dr Orland Park IL 60462 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
148	The Asha and Sajjan Agarwal Foundation 1330 Sunday Drive Suite 105 Raleigh NC 27607 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
149	Madhusudan and Bharti Desai 21 Grand Mnr Sugar Land TX 77479-2556 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
150	Rakesh and Nita Shah 3351 Heathcliffe Ct Woodbridge VA 22192 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
151	Dr. Nayan and Priti Shah 5826 Genoa Springs Sugar Land TX 77479 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
152	Aakash Prasad 365 Flower Lane Mountain View CA 94043 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
153	Ashok Gupta 17510 Brandywood Ct Granger IN 46530-7601 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
154	Kanika Pandey & Shrikant Ramachandran 7 Sapling Cir Apt 7 Nashua NH 03062-4604 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
155	Arun and Vandna Shah Family Fund 13080 secretariat blvd Nashua NH 03062-4604 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
156	Bharati Morjaria 601 Quicksilver Court #403 Reisterstown MD 21136 Foreign State or Province: Foreign Country:	$ 30,730	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
157	Hari and Kalpana Nath 102 Loch Stone Ln Cary NC 27518 Foreign State or Province: Foreign Country:	$ 31,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
158	Yash & Amrita Dalal 6 Morningside Drive Ramsey NJ 07446 Foreign State or Province: Foreign Country:	$ 35,047	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
159	Rina and Bharat Parikh 9651 Milano Dr. Trinity FL 34655 Foreign State or Province: Foreign Country:	$ 36,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
160	Bakul and Bharti Patel 1112 Heritage Dr Mount Prospect IL 60056 Foreign State or Province: Foreign Country:	$ 40,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
161	Hareendra Adhvaryu 6613 Elmdale Rd Cleveland OH 44130 Foreign State or Province: Foreign Country:	$ 41,739	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
162	Dr. Narinder N. Sehgal 3410 Tyler Dr Ellicott City MD 21042 Foreign State or Province: Foreign Country:	$ 44,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
163	Daksha B. & Bharat Shah 100 Oak Leaf Dr Kissimmee FL 34759 Foreign State or Province: Foreign Country:	$ 45,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
164	Nilesh & Aekta Shah 3644 Shakespeare Ln Naperville IL 60564 Foreign State or Province: Foreign Country:	$ 46,300	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
165	Nandakumar and Mrudula Cheruvatath 32581 Adriatic Dr Dana Point CA 92629 Foreign State or Province: Foreign Country:	$ 47,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
166	Surekha Shah 9S249 Clarenbrook Court Willowbrook IL 60527 Foreign State or Province: Foreign Country:	$ 49,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
167	Dr. Bharat & Uma Aggarwal 1221 van Nuys St San Diego CA 92109 Foreign State or Province: Foreign Country:	$ 49,623	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
168	Vasant and Prabhavati Rathi 5390 La Crescenta Yorba Linda CA 92887 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
169	Girish and Radhi Navani 35 Farmington Dr Shrewsbury MA 01545-6201 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
170	Ajit Modi 959 David Walker Dr # A9 Tavares FL 32778-5714 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
171	Rajesh Dharampuriya and Kavita Navani Dharampuriy 37 Farmington Dr Shrewsbury MA 01545-6201 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
172	Prashanth and Anuradha Palakurthi 70 Black Oak Road Westwood MA 02493 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
173	Guru Krupa Foundation Inc. PO Box 81 Jericho NY 11753 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
174	Kamal Narang 4790 Irvine Blvd# 105-444 Irvine CA 92620 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
175	Dinesh Shah 638 Willowwood Avenue Altamonte Springs FL 32714 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
176	Satyanarayana Chunduru and Sridevi Nalam 7 Howarth Dr Upton MA 01568 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
177	Sameer Bhat and Madhuri Marate 25 Howarth Dr Upton MA 01568 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
178	Amol K. Gupta 548 MARKET ST San Francisco CA 94104 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
179	Gyanendra & Sushila Joshi 9864 Summerlake Drive Carmel IN 46032 Foreign State or Province: Foreign Country:	$ 50,001	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
180	Shah Capital Management Inc 8601 Six Forks Rd Ste 630 Raleigh NC 27615 Foreign State or Province: Foreign Country:	$ 50,890	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

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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
181	Danny Wadhwani 117 West Central Street Natick MA 01760 Foreign State or Province: Foreign Country:	$ 55,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
182	Subrahmanyam & Anuradha Dravida 20 Hemingway St Shrewsbury MA 01545 Foreign State or Province: Foreign Country:	$ 68,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
183	Vasant and Champaben Patel 14216 Stewarts Bend Ln Charlotte NC 28277 Foreign State or Province: Foreign Country:	$ 75,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
184	Raj and Hinal Parikh 4511 Anchor Point Ct Missouri City TX 77459 Foreign State or Province: Foreign Country:	$ 80,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
185	Dr. Sarada Thyagaraja 7 Beaver Hill Rd Horsham PA 19044 Foreign State or Province: Foreign Country:	$ 88,235	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
186	Tarsadia Foundation 620 Newport Center Dr. 14th Floor Newport Beach CA 92660 Foreign State or Province: Foreign Country:	$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
187	Nand kumar and Sudha Karve 2091 SW 55th Street Rd Ocala FL 34471 Foreign State or Province: Foreign Country:	$ 104,999	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
188	Shachi and Neelam Rattan 1616 Stafford Springs Place Dayton OH 45458 Foreign State or Province: Foreign Country:	$ 110,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
189	Ramesh Jain 1617 Stafford Springs Place Dayton OH 45459 Foreign State or Province: Foreign Country:	$ 111,453	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
190	Mrugesh and Pallavi Parikh 2802 Trailridge Ct Missouri City TX 77459 Foreign State or Province: Foreign Country:	$ 170,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
191	Sheela Avva 7200 W.107th St Overland Park KS 66212 Foreign State or Province: Foreign Country:	$ 250,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
192	Maheshkumar and Asharani Navani 33 Farmington Dr Shrewsbury MA 01545-6201 Foreign State or Province: Foreign Country:	$ 442,043	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EKAL VIDYALAYA FOUNDATION OF USA	77-0554248

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
193	Perfection of Man Foundation Inc. 108-20 71st Ave #15d Forest Hills NY 11375 Foreign State or Province: Foreign Country:	$ 500,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number
77-0554248

Part II **Noncash Property** (see instructions). Use duplicate copies of Part 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
		$	
(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: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number 77-0554248

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ 0

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
For. Prov. Country	

(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
For. Prov. Country	

(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
For. Prov. Country	

(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
For. Prov. Country	

SCHEDULE D (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number
77-0554248

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement 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 holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	0
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	0	0			
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ____ %
- b Permanent endowment ____ %
- c Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	69,814	68,350	1,464
e Other	0	1,234	1,143	91
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,555

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	0	

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*	0	

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	0

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Operating lease liabilities	73,287
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	73,287

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	11,951,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	11,951,595
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	11,951,595

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	10,640,590
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	10,640,590
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	10,640,590

Part XIII Supplemental Information

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.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number
77-0554248

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	East Asia and the Pacific					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			0
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia and the Pacific		8,981,082				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3 Enter total number of other organizations or entities 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 the Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☒ No
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 the Instructions for Form 5471)*	☐ Yes	☒ No
4	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. (see the Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see the Instructions for Form 8865)*	☐ Yes	☒ No
6	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 separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number

77-0554248

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total					0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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 Fundraising (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	351,939		0	351,939
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	351,939		0	351,939
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses			0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(0)
	11 Net income summary. Subtract line 10 from line 3, column (d)				351,939

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				0

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct 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 conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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 If "Yes," enter the amount of gaming revenue received by the organization $ 0 and the amount of gaming revenue retained by the third party $ 0

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ 0

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . $ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	**Employer identification number**
EKAL VIDYALAYA FOUNDATION OF USA	77-0554248

Form 990, Part VI, Section interest policy compliance, Line 12c: ORGANIZATION HAS WRITTEN CONFLICT POLICY AND MEMBERS ARE REQUIRED TO REPORT ANY CONFLICT OF INTEREST TO THE BOARD.

Form 990, Part VI, Section governing body review, Line 11: THE ORGANIZATION PROVIDES COPY OF FORM 990 TO KEY BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

Form 990, Part VI, Section governing document available to public, Line 19: ORGANIZATION UPLOADS AUDITED FINANCIAL STATEMENTS AND TAX RETURI\ DOCUMENTS TO ITS WEBSITE FOR GENERAL PUBLIC TO REVIEW. IT ALSO MAKES THESE DOCUMENTS AVAILABLE TO ANYONE UPON REQUEST.

Form 990, Part IX, Section fees for services expenses, Line 11g: OTHER FEES WERE RELATIVELY SAME AS IN PRIOR YEARS. THE VARIANCE IS CREATED BECAUSE OF PORTION OF CONTRIBUTION SENT TO BENEFICIARIES IN THE FOLLOWING PERIOD, WHICH RESULTED IN LOWER TOTAL EXPENSE ON LINE 25.

Form 990, Part IX, Section List of other expenses, Line 24a: OTHER FEES WERE RELATIVELY SAME AS IN PRIOR YEARS. THE VARIANCE IS CREATED BECAUSE OF PORTION OF CONTRIBUTION SENT TO BENEFICIARIES IN THE FOLLOWING PERIOD, WHICH RESULTED IN LOWER TOTAL OTHER EXPENSES ON LINE 25.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.

Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2025

Name of filer
EKAL VIDYALAYA FOUNDATION OF USA

EIN or SSN
77-0554248

Name and title of officer or person subject to tax
SUBHASH GUPTA — Chairman-Advisor

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here . . . . . [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . .	**1b**	11,951,595
2a	**Form 990-EZ** check here . . . . [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here . . . [ ]	**b**	**Total tax** (Form 1120-POL, line 22).	**3b**	
4a	**Form 990-PF** check here . . . . [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5) . .	**4b**	
5a	**Form 8868** check here . . . . . [ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here . . . . . [ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here . . . . . [ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here . . . . . [ ]	**b**	**FMV of assets at end of tax year** (Form 5227, item D)	**8b**	
9a	**Form 5330** check here . . . . . [ ]	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here . . . . [ ]	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) EKAL VIDYALAYA FOUNDATION OF USA, (EIN) 77-0554248 and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[ ] I authorize DARSHAN WADHWA CPA PC to enter my PIN 55556 as my signature
ERO firm name — **Enter five numbers, but do not enter all zeros**

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 6/7/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 76063812345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DARSHAN WADHWA Date _____

ERO Must Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2025

Summary of Qualified Property by Activity

	Activity	Unadjusted Cost or Basis
1	990	17,057

Detail of Qualified Property

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2	990	Computer Software	6/30/2023	3.0	3	1,234	100.00%	1,234
3	990	COMPUTER EQUIPMENT	1/1/2017	5.0	9	1,138	100.00%	1,138
4	990	COMPUYER SOFTWARE	6/30/2018	5.0	8	649	100.00%	649
5	990	COMPYER SOFTWARE	6/30/2021	5.0	5	1,944	100.00%	1,944
6	990	COMPUTER SOFTWARE	6/30/2022	5.0	4	5,943	100.00%	5,943
7	990	COMUTER SOFTWARE	6/30/2018	5.0	8	599	100.00%	599
8	990	Computer Software	7/1/2025	5.0	1	5,550	100.00%	5,550

TAXABLE YEAR **2025**

California Exempt Organization Business Income Tax Return

FORM **109**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) _____ , and ending (mm/dd/yyyy) _____ .

Corporation/Organization name	California corporation number
EKAL VIDYALAYA FOUNDATION OF USA	0264639
Additional information. See instructions.	FEIN 77-0554248
Street address (suite/room no.) 13111 WESTHEIMER RD, STE STE 129	PMB no.
City (If the corporation has a foreign address, see instructions.) HOUSTON / State TX	ZIP code 77077
Foreign country name / Foreign province/state/county	Foreign postal code

A First return filed? ☐ Yes ☒ No

B Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☐ No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☐ No

D Final return? ● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized. Enter date (mm/dd/yyyy) ● _____

E Amended return? ● ☐ Yes ☒ No

F Accounting method used: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other

G Nature of trade or business _____

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ● ☐ Yes ☒ No

I Is this organization claiming any former Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ● ☐ Yes ☐ No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ● ☐ Yes ☐ No

K Unrelated Business Activity (UBA) code ● _____

L Is this a hospital? ● ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30		1	11,089,707 00
	2	Multiply line 1 by the average apportionment percentage 100.0000% from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions		2	11,089,707 00
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1		3	11,089,707 00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30		4	00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4		5	11,089,707 00
	6	EZ, LAMBRA, or TTA NOL carryover deduction		6	00
	7	Net Operating Loss deduction. See General Information N		7	00
	8	Add line 6 and line 7		8	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5		9	11,089,707 00
	10	Tax 8.84% x line 9. See General Information J		10	980,330 00
	11	Tax credits from Schedule B. See instructions		11	00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-		12	980,330 00
	13	Alternative minimum tax. See General Information O		13	00
	14	Total tax. Add line 12 and line 13		14	980,330 00
Payments	15	Overpayment from a prior year allowed as a credit ●	15 00		
	16	2025 estimated tax payments. See instructions ●	16 00		
	17	Withholding (Form 592-B and/or 593). See instructions ●	17 00		
	18	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions ●	18 00		
	19	Amount paid with extension (form FTB 3539) ●	19 00		
	20	Total payments and credits. Add line 15 through line 19		20	00
Use Tax/ Tax Due/ Overpayment	21	**Use tax.** See instructions		21	00
	22	Payments balance. If line 20 is more than line 21, subtract line 21 from line 20		22	00
	23	**Use tax balance.** If line 21 is more than line 20, subtract line 20 from line 21		23	00
	24	Tax due. Subtract line 22 from line 14. Pay entire amount with return. See instructions		24	980,330 00
	25	Overpayment. Subtract line 14 from line 22. See instructions		25	00
	26	Enter amount of line 25 to be applied to 2026 estimated tax		26	00

Refund or Amount Due	27	Refund. If line 26 is less than line 25, then subtract line 26 from line 25	27	00
	27a	a Fill in the account information to have the refund directly deposited. Routing number	27a	
	27c	b Type: Checking ○ ☐ Savings ○ ☐ c Account Number	27c	
	28	Penalties and interest. See General Information M	28	00
	29	○ ☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806		
	30	Total amount due. Add line 23, line 24, line 26, and line 28, then subtract line 25	30	980,330 00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales ____ b Less returns and allowances ____ c Balance	1c		00
2	Cost of goods sold and/or operations (Schedule A, line 7)	2		00
3	Gross profit. Subtract line 2 from line 1c	3		00
4	a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4a		00
	b Net gain (loss) from Schedule D-1, Part II	4b		00
	c Capital loss deduction for trusts	4c		00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5		00
6	Rental income (Schedule C)	6		00
7	Unrelated debt-financed income (Schedule D)	7		00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8		00
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9		00
10	Exploited exempt activity income (Schedule G)	10		00
11	Advertising income (Schedule H, Part III, Column A)	11		00
12	Other income. Attach schedule	12	11,089,707	00
13	Total unrelated trade or business income. Add line 3 through line 12	13	11,089,707	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I			14	00
15	Salaries and wages			15	00
16	Repairs			16	00
17	Bad debts			17	00
18	Interest. Attach schedule			18	00
19	Taxes. Attach schedule			19	00
20	Contributions. See instructions and attach schedule			20	00
21	a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21a	00		
	b Less: depreciation claimed on Schedule A. See instructions	21b	00	21	00
22	Depletion. Attach schedule			22	00
23	a Contributions to deferred compensation plans			23a	00
	b Employee benefit programs. See instructions			23b	00
24	Other deductions. Attach schedule			24	00
25	Total deductions. Add line 14 through line 24			25	00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26	11,089,707 00
27	Excess advertising costs (Schedule H, Part III, Column B)			27	00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			28	11,089,707 00
29	Specific deduction. See instructions			29	00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.			30	11,089,707 00

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶	Title	Date	Telephone
	CHAIRMAN-ADVISOR		(832) 723-1500

Paid Preparer's Use Only

Preparer's name	DARSHAN WADHWA		
Preparer's signature ▶ DARSHAN WADHWA	Date 06/07/2026	Check if self-employed ▶ ☐	PTIN P01248536
Firm's name (or yours, if self-employed) and address ▶ DARSHAN WADHWA CPA PC			Firm's FEIN 82-0632007
4212 SUNSET BLVD, HOUSTON, TX 77005			Telephone (832) 668-4770

May the FTB discuss this return with the preparer shown above? See instructions ○ ☒ Yes ☐ No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4 a	Additional IRC Section 263A costs. Attach schedule	4a		00
b	Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5		00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7		00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☐ No

Schedule B Tax Credits.

1	Enter credit name _____ code _____	1		00
2	Enter credit name _____ code _____	2		00
3	Enter credit name _____ code _____	3		00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11	4		00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a		00
	b Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3		00
4	Credit recapture. Credit name _____	4		00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5		00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 **Total sales**			
2 **Apportionment percentage.** Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 **Property factor:** See instructions			
2 **Payroll factor:** Wages and other compensation of employees			
3 **Sales factor:** Gross sales and/or receipts less returns and allowances			
4 **Total percentage:** Add the percentages in column (c)			
5 **Average apportionment percentage:** Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

	(a) Description of property	(b) Rent received or accrued	(c) Percentage of rent attributable to personal property
1			%
2			%
3			%

	(d) Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income		(e) Complete if any item in column (c) is more than 10%, but not more than 50%		
	(i) Deductions directly connected (attach schedule)	(ii) Income includible, column (b) less column (d)(i)	(i) Gross income reportable, column (b) x column (c)	(ii) Deductions directly connected with personal property (attach schedule)	(iii) Net income includible, column (e)(i) less column (e)(ii)
1					
2					
3					
4	Add the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I, line 6		4		

Schedule D Unrelated Debt-Financed Income

	(a) Description of debt-financed property	(b) Gross income from or allocable to debt-financed property	(c) Deductions directly connected with or allocable to debt-financed property (i) Straight-line depreciation (attach schedule)	(c) (ii) Other deductions (attach schedule)
1	[redacted]	[redacted]	[redacted]	[redacted]
2	[redacted]	[redacted]	[redacted]	[redacted]
3	[redacted]	[redacted]	[redacted]	[redacted]

	(d) Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	(e) Average adjusted basis of or allocable to debt-financed property (attach schedule)	(f) Debt basis percentage, column (d) ÷ column (e)	(g) Gross income reportable, column (b) x column (f)	(h) Allocable deductions, total of columns (c)(i) and (c)(ii) x column (f)	(i) Net income (or loss) includible, column (g) less column (h)
1	[redacted]	[redacted]	[redacted] %	[redacted]	[redacted]	[redacted]
2	[redacted]	[redacted]	[redacted] %	[redacted]	[redacted]	[redacted]
3	[redacted]	[redacted]	[redacted] %	[redacted]	[redacted]	[redacted]
4	Total. Enter here and on Side 2, Part I, line 7				4	[redacted]

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

	(a) Description	(b) Amount	(c) Deductions directly connected (attach schedule)	(d) Net investment income, column (b) less column (c)	(e) Set-asides (attach schedule)	(f) Balance of investment income, column (d) less column (e)
1						
2						
3	Total. Enter here and on Side 2, Part I, line 8				3	
4	Enter gross income from members (dues, fees, charges, or similar amounts)				4	

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations

	(a) Name of controlled organizations	(b) Employer identification number	(c) Net unrelated income (loss)	(d) Total of specified payments made	(e) Part of column (d) that is included in the controlling organization's gross income	(f) Deductions directly connected with income in column (e)
1						
2						
3						

Nonexempt Controlled Organizations

	(g) Taxable income	(h) Net unrelated income (loss)	(i) Total of specified payments made	(j) Part of column (i) that is included in the controlling organization's gross income	(k) Deductions directly connected with income in column (j)
1					
2					
3					
4	Add the amounts in columns (e) and (j)		4		
5	Add the amounts in columns (f) and (k)			5	
6	Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9				6

Schedule G Exploited Exempt Activity Income, other than Advertising Income

	(a) Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	(b) Gross unrelated business income from trade or business	(c) Expenses directly connected with production of unrelated business income	(d) Net income from unrelated trade or business, column (b) less column (c)	(e) Gross income from activity that is not unrelated business income	(f) Expenses attributable to column (e)	(g) Excess exempt expense, column (f) less column (e) but not more than column (d)	(h) Net income includible, column (d) less column (g) but not less than zero
1								
2								
3								
4								
5	Total. Enter here and on Side 2, line 10						5	

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

	(a) Name of periodical	(b) Gross advertising income	(c) Direct advertising costs	(d) Advertising income or excess advertising costs. If column (b) is greater than column (c), complete columns (e), (f), and (g). If column (c) is greater than column (b), enter the excess in Part III, column B(b). Do not complete columns (e), (f), and (g).	(e) Circulation income	(f) Readership costs	(g) If column (e) is greater than column (f), enter the income shown in column (d), in Part III, column A(b). If column (f) is greater than column (e), subtract the sum of column (f) and column (c) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
1	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	
2	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	
3	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	
4	Totals 4	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Part II Income from Periodicals Reported on a Separate Basis

5	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
7	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Part III Column A – Net Advertising Income

	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns (d) or (g), and amount listed in Part II, columns (d) or (g)
1	[redacted]	[redacted]
2	[redacted]	[redacted]
3	[redacted]	[redacted]
4	Enter total here and on Side 2, Part I, line 11	[redacted]

Part III Column B – Excess Advertising Costs

	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)
1	[redacted]	[redacted]
2	[redacted]	[redacted]
3	[redacted]	[redacted]
5	Enter total here and on Side 2, Part II, line 27	[redacted]

Schedule I Compensation of Officers, Directors, and Trustees

	(a) Name	(b) Title	(c) Percent of time devoted to business	(d) Compensation attributable to unrelated business
1			%	
2			%	
3			%	
4			%	
5			%	
6	Total. Enter here on Side 2, Part II, line 14 6			

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

	(a) Group and guideline class or description of property	(b) Date acquired (dd/mm/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1	Total additional first-year depreciation (do not include in items below)						
2	Depreciation:						
2a	Buildings 2a						
2b	Furniture and fixtures 2b						
2c	Transportation equipment . . . 2c						
2d	Machinery and other equipment 2d						
2e	Other (specify) _____ 2e						
3	Other depreciation 3						
4	Total 4						
5	Amount of depreciation claimed elsewhere on return 5						
6	Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a 6						

TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) _____ , and ending (mm/dd/yyyy) _____ .

Corporation/Organization name EKAL VIDYALAYA FOUNDATION OF USA	California corporation number 0264639
Additional information. See instructions.	FEIN 77-0554248
Street address (suite or room) 13111 WESTHEIMER RD, STE STE 129	PMB no.
City HOUSTON	State TX
	ZIP code 77077
Foreign country name	Foreign province/state/county
	Foreign postal code

A First return . . . . . ☐ Yes ☒ No

B Amended return . . . . . ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust . . . . . ☐ Yes ☒ No

D Final information return?
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1) ☐ 990T (2) ☐ 990PF
(3) ☐ Sch H (990) (4) ☒ Other 990 series

G Is this a group filing? See instructions . . . . . ☐ Yes ☒ No

H Is this organization in a group exemption . . . . . ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. . . . . ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. . . . . ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? . . . . . ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources . . . . $ _____

L Is the organization a limited liability company? . . . . . ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? . . . . . ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . . ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? . . . . . ☐ Yes ☒ No
Date filed with IRS _____

Part I **Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8		1	509,949 00
	2	Gross dues and assessments from members and affiliates		2	00
	3	Gross contributions, gifts, grants, and similar amounts received.		3	11,441,646 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B		4	11,951,595 00
	5	Cost of goods sold	5 00		
	6	Cost or other basis, and sales expenses of assets sold	6 00		
	7	Total costs. Add line 5 and line 6		7	00
	8	Total gross income. Subtract line 7 from line 4		8	11,951,595 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	1,656,824 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	10,294,771 00
Payments	11	Total payments		11	00
	12	Use tax. See General Information K		12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		14	00
	15	Penalties and interest. See General Information J		15	00
	16	**Balance due**. Add line 12 and line 15. Then subtract line 11 from the result		16	00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶	Title	Date	Telephone
	CHAIRMAN-ADVISOR		(832) 723-1500

Paid Preparer's Use Only

Preparer's name DARSHAN WADHWA			
Preparer's signature ▶ DARSHAN WADHWA	Date 06/07/2026	Check if self-employed ▶ ☐	PTIN P01248536
Firm's name (or yours, if self-employed) and address ▶ DARSHAN WADHWA CPA PC 4212 SUNSET BLVD, HOUSTON, TX 77005			Firm's FEIN 82-0632007 Telephone (832) 668-4770

May the FTB discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

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.**

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	00
	2 Interest	2	509,949 00
	3 Dividends	3	00
	4 Gross rents	4	00
	5 Gross royalties	5	00
	6 Gross amount received from sale of assets (See instructions)	6	00
	7 Other income. Attach schedule	7	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	509,949 00
Expenses and Disburse-ments	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	00
	10 Disbursements to or for members.	10	00
	11 Compensation of officers, directors, and trustees. Attach schedule	11	00
	12 Other salaries and wages	12	319,729 00
	13 Interest	13	00
	14 Taxes	14	35,115 00
	15 Rents	15	43,737 00
	16 Depreciation and depletion (See instructions)	16	00
	17 Other expenses and disbursements. Attach schedule	17	1,258,243 00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,656,824 00

Schedule L **Balance Sheet**	**Beginning of taxable year**		**End of taxable year**	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash		2,678,401		1,917,068
2 Net accounts receivable		5,234		1,018
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds		12,225,255		14,136,028
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	65,498		71,048	
b Less accumulated depreciation	(63,760)	1,738	(69,493)	1,555
11 Land				
12 Other assets. Attach schedule				
13 **Total assets**		14,910,628		16,055,669
Liabilities and net worth				
14 Accounts payable		126,132		40,591
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		14,784,496		16,095,501
22 **Total liabilities and net worth**		14,910,628		16,136,092

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000

1 Net income per books	1,311,005	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule			
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	1,311,005	10 Net income per return. Subtract line 9 from line 6	1,311,005

Part I, Line 12 (CA 109) - Other Income

1	Other income from Form 990T	1	11,089,707
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	11,089,707

Line 3, Part I (CA 199) - Contributor Detail Schedule

5,619,034

	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
1	Surinder and Lalita Trehan	615 Dulles Ave	Stafford	TX	77477				10,000
2	Rakesh & Shuchita Goel	129 Phillips Dr	Eatonton	GA	31024				10,000
3	Arun and Renu Gupta	6070 Eaglet Dr	West Chester	OH	45069				10,000
4	Shiv and Anushi Aggarwal	1158 Ascott Valley Dr	Johns Creek	GA	30097				10,000
5	Shekar and Shylaja Reddy	12301 SW 1st St	Plantation	FL	33325				10,000
6	RajaniKant and Darshana Shah	16433 Jersey Hollow Dr	Houston	TX	77040				10,000
7	Adish and Asha Jain	36 Remington Drive	West Berlin	NJ	08091				10,000
8	Piyush Shah and Nina Dodd	2412 Mimosa Dr	Houston	TX	77019-6026				10,000
9	Bharat and Meena Desai	3764 Presidential Dr	Palm Harbor	FL	34685				10,000
10	Harsha and Shrikant A Mehta	115 Brookside Ct,	Libertyville	IL	60048				10,000
11	Shailesh and Chetna Doshi	28 Inverness Dr	Delran	NJ	08075-1888				10,000
12	Anil and Vandana Patel	7425 Lake Travis Dr	Corpus Christi	TX	78413				10,000
13	Nanakram and Manju Agarwal	50 E Hartsdale Ave Apt 6N	Hartsdale	NY	10530				10,000
14	Rakesh and Sneh Gupta	989 Olde Sterling Way	Dayton	OH	45459				10,000
15	Sheila & Vidya Sagar	160 Turtle Creek Cir	Oldsmar	FL	34677				10,000
16	Somil and Priti Shah	7361 Andover Dr	Canton	MI	48187				10,000
17	Gopal and Urvashi Savjani	2221 mason terrace dr.	Friendswood	TX	77546				10,000
18	Jigar and Khushali Shah	8001 Newdale Road	Bethesda	MD	20814				10,000
19	Jaideep and Bhakti Vaidya	41 River Rd	East Brunswick	NJ	08816-4465				10,000
20	Sudhir and Pallavi Mehta	3128 Aviara Ct	Naperville	IL	60564				10,000
21	Kamlesh and Dina Shah	23W278 Hampton Cir	Naperville	IL	60540				10,000
22	Charulata and Jaysukh Sheth	521 Woodland Ave	Cherry Hill	NJ	08002-2845				10,000
23	Hasmukh and Kamini Patel	9500 Sprague Ave UNIT 506	Fairfax	VA	22031-1179				10,000
24	Sambireddy Tiyyagura	7209 Royal Oak Dr	Weeki Wachee	FL	34607				10,000
25	Ramesh and Kalpana Bhatia Family Foundation	301 Chapelwood Dr	Colleyville	TX	76034				10,000
26	Satish and Yasmeen Gupta	3626 N Hall St Ste 910	Dallas	TX	75219				10,000
27	Ajay and Susie Bhatt	3016 Holei Street	Honolulu	HI	96815				10,000
28	Avinash and Mankuen Kaushik	12577 Plymouth Dr	Saratoga	CA	95070				10,000
29	Sameer and Malini Bhatia	446 25th St	Santa Monica	CA	90402				10,000
30	Vanitha and Vishal Khera	1056 Swinks Mill Rd	McLean	VA	22102				10,000
31	Manoj Shah	2851 Highview Drive	Eagleville	PA	19403				10,000
32	Dr. Ravinder and Barbara Agarwal	10647 Whittington Ct	Largo	FL	33773				10,000
33	Kanti and Sheila Dhandha	4788 Apple Grove Ct	Bloomfield	MI	48301				10,000
34	Sanjay and Malavika Garg	28853 Woodmill Dr	Westlake	OH	44145				10,000
35	Krishan and Vicky Joshi	2580 Lantz Rd	Beavercreek	OH	45434				10,000
36	Chandrakant and Aruna Patel	12207 Laguna Terrace Dr	Houston	TX	77041				10,000
37	Ranjit and Ila Tamaskar	234 Legacy Drive	Highland Heights	OH	44143				10,000
38	Harshavadan and Ila Vyas	16751 Wilshire Ct.	Lemont	IL	60439				10,000
39	Vandana Kulkarni and Atul Shevade	1521 S Ridge Rd	Lake Forest	IL	60045				10,000
40	Rajesh and Indu Soin	2489 Kemp Road	Dayton	OH	45430				10,000
41	Bhupendra Master	11704 S Braden Ave	Tulsa	OK	74137				10,000
42	Veena & Sushil Chadda	800 Palisade Avenue Apt 24B	Fort Lee	NJ	07024				10,000
43	Manish & Nikita Krishnan	8 Senator Levy Dr	Montbello	NY	10901				10,000
44	Rajendra R. Shah	39055 Ironstone Dr	Sterling Heights	MI	48310				10,000
45	Haruvu & Geetha Sheshadri	12467 Ridgeway Ct	Davie	FL	33330				10,000
46	Jitendra & Daksha Shah	5284 Blue Crush Bnd	Land O Lakes	FL	34638-6214				10,000
47	Ram & Sita Lalchandani	4110 Riding Club Ln	Sacramento	CA	95684				10,000
48	Umesh & Nibha Bhargava	9 Isleworth Dr	Henderson	NV	89052-6458				10,000

Line 3, Part I (CA 199) - Contributor Detail Schedule

5,619,034

	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
49	Harinathrao R. Dacha and Usharani Dacha Fund	130374 Bromborough Dr	Orlando	FL	32832				10,000
50	Tushar Patel	2550 Shell Rd	Georgetown	TX	78628-9235				10,000
51	Haren Joshi	1610 Noble Circle	Jenkintown	PA	19006				10,000
52	Anand M. Bhagavatula Family Foundation	15630 Oyster Cove Drive	Sugarland	TX	77478				10,000
53	Rabi Sinha	43 Coachlight Drive	Poughkeepsie	NY	11040				10,000
54	Alkesh & Jalpabahen Patel	3 Hackney Circle	Barrington	IL	60010				10,000
55	Dr. Sanjay Sandhir	10802 Falls Creek Ln	Dayton	OH	45458				10,000
56	Snehal Panchal	6225 S Padre Island Dr	Corpus Christi	TX	78412				10,000
57	Piyushbhai P Patel	794 Ave Q SE	Winter Haven	FL	33880				10,000
58	Bawa N Mallick Foundation Inc.	10820 71St Ave Apt 15D	Forest Hills	NY	11375				10,000
59	Anil & Renu Jain	1 Mansion Hill Drive	Syosset	NY	11791				10,000
60	Monty & Usha Ahuja	7350 Young Dr.	Bedford	OH	44146				10,000
61	The Mandala Reddy Family Fund	3 Black Oak Ct	Monroe	NJ	08831-1678				10,000
62	Vadilal Shah	3826 galena court	Arlington Heights	IL	60004				10,000
63	Munna Agarwal	6107 loch lomond court	Solon	OH	44139				10,000
64	Karishma Navani	33 Farmington Dr	Shrewsbury	MA	01545-6201				10,000
65	Darshna and Anil Bhatt	812 Plumwood Dr	Schaumburg	IL	60173				10,000
66	Bipin and Veena Mehta	820 Wyngate Rd	Somerdale	NJ	08083-2415				10,025
67	Ashvin and Sheela Bhutwala	9083 SVL Box	Victoriville	CA	92395				10,380
68	Ashwin and Gita Desai	125 Lakeview Drive, Unit 608	Blomingdale	IL	60108				10,459
69	Arushee Divyakirti	7 woodcrest road	Westborogh	MA	15810				10,500
70	Abhinav Navani	33 Farmington Dr	Shrewsbury	MA	15810				10,500
71	Aditya Sharma	1312 s college street, unit 1515	CHARLOTTE	NC	28203				10,500
72	Arun and Urmila Kothari	75 Grassy Knls	Sugar Land	TX	77479				10,600
73	Usha Mahajan	4688 Millburn Pl	New Albany	OH	43054				10,600
74	Sudhir and Niranjana Parikh	169 Daniel Plummer Road	Goffstown	NH	03045				11,000
75	Dr. Hasmukh and Jyotsna Shah	7303 Near Thicket Way	Laurel	MD	20707				11,000
76	Satish & Jyotika Patel	356 Candlelyte Ct	Roselle	IL	60172				11,000
77	Charu Mehta	1397 NW Parkway	New Brighton	MN	55112				11,001
78	Latha Krishnan and Krishnan Seetharaman	51 Hemingway Street	Shrewsbury	MA	01545				11,450
79	Vikas and Maitri Kalra	11015 Nacirema Lane	Stevenson	MD	21153				12,000
80	Rajesh & Rekha Patel	1131 Ivey Brooke Court	Mableton	GA	03026				12,000
81	Kartik Amin	657 GRENACHE CT	Bartlett	IL	60103				12,150
82	Ajit and Megha Gupta	661 River Rd	Cos Cob	CT	06807				12,500
83	Nitin and Smita Samant	3110 Bierce Cir.,	Twinsburg	OH	44087				12,500
84	Ramesh & Neela Kanojia	5 Jays Cor	Somerset	NJ	08873-7439				12,500
85	Rushit Patel	11883 Ramsdell Ct	San Diego	CA	92131				12,500
86	AAPI-TN ChAPTER	Po Box 1543	Brentwood	TN	37024				12,501
87	Dr. Hemangini & Harshad Mehta	11 Oak Hollow Ct	Voorhees	NJ	08043-1517				12,551
88	Dr. Suresh and Dr. Pragna Khanna	11 Oxridge Rd	Elmsford	NY	10523				13,500
89	Gangadhar Kotte	15856 Meadow King Court	Alpharetta	GA	30004				13,595
90	Haresh Pandya	2414 Liberty Ridge way	Missouri City	TX	77489				14,600
91	Avinash & Vandana Ghanekar	1023 Fuller Dr	Claremont	CA	91711				14,975
92	Suresh and Kanakavalli Iyer	2310 Sunny Point St	Thousand Oaks	CA	91362				15,000
93	Radhe and Vibha Mittal	8198 Sabal Oak Way	Jacksonville	FL	32256				15,000
94	Dev and Sonia Goyal	172 Fieldwood	Irvine	CA	92618				15,000
95	Shaila and Hemant Mistry	20736 Juniper Avenue	Yorba Linda	CA	92886				15,000
96	Mukesh and Nimi Turakhia	Allied Alloys	Houston	TX	77033				15,000

Line 3, Part I (CA 199) - Contributor Detail Schedule

5,619,034

	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
97	Software People Inc.	4 Nora Ct	Saint James	NY	11780				15,000
98	Keelapandal and Hemalatha Suresh	3115 Oakwood Ln	Westlake	OH	44145				15,000
99	Varsha Shah	1309 Lawrence St.	Houston	TX	77008				15,000
100	Mahesh and Geeta Shah	185 Pemberton Way	Bloomingdale	IL	60108				15,000
101	Jag & Pratibha Bhawan	1 Franklin St Unit 4803	Boston	MA	02110				15,000
102	Asha V. Dalal	330 Momar Drive	Ramsey	NJ	07446				15,000
103	Govind & Madhu Chandak	10765 Trego Trl	Raleigh	NC	27614				15,000
104	Jubileerx Management LLC	13080 secretariat blvd	Frisco	NC	27614				15,000
105	Dilip Patel	13080 secretariat blvd	Frisco	TX	75035				15,000
106	Alok Lathi	1614 5th Ave W	Seattle	WA	98119				15,001
107	Pranav Patel	618 Silver Ridge Dr	Murphy	TX	75094				15,008
108	Dilip and Smita Kothekar	6036 Chevy Dr	Jacksonville	FL	32216				15,100
109	Arunima Misra and Dv Iyengar Sreenath	6227 Logan Creek Lane	Sugar Land	TX	77479				16,200
110	Narendra and Bharti Chavda	7 Burkhart Forest Court	Houston	TX	77055				16,667
111	Uma Gulani	94 Golden Glen St	Irvine	CA	92604				16,915
112	Naresh and Bina Jain	2797 Saint Andrews Blvd	Tarpon Springs	FL	34688				17,500
113	KMD Hotel Group	6906 Silver Sage Cir	Tampa	FL	33634				17,825
114	Ramakant Asaravala	13228 Tining Dr	Poway	CA	92064				18,000
115	Pankaj and Rupalee Maheshwari	11811 Key Biscayne Ct	Houston	TX	77065				18,250
116	Akkalkot Swami Samarth Foundation	413 18th St	New Orleans	LA	70124				18,250
117	Dr. Rakesh and Kamini Shreedhar	11 Deforest Ct	West Nyack	NY	10994				20,000
118	Ajit and Ila Kothari	58 Lara Pl	Warren	NJ	07059-3009				20,000
119	Bhalchand and Manjula Patel	11832 Park Forest Ct	Glen Allen	VA	23059				20,000
120	Deepak and Madhu Ahuja	5720 Cavender Dr.	Plano	TX	75093				20,000
121	Mukesh and Priti Chatter	35 Flint Rd	Concord	MA	01742-5347				20,000
122	Maya Advani Family Foundation	215 N Route 303	Congers	NY	10920				20,000
123	Sudarshan and Swati Sathe	2872 Nottingham Ln	Hunting Valley	OH	44022				20,000
124	Bhaskar and Nitaben Patel	117 Della Ln	Oswego	IL	60543				20,000
125	Bharat and Rekha Monpara	1731 Scarlett Drive	Pittsburgh	PA	15241				20,000
126	Ashish Desai and Grishma Patel	326 Clare Dr	Bloomingdale	IL	60108				20,000
127	Jitendra and Tarla Shah	16609 Ivy Lake Dr	Odessa	FL	33556-6019				20,000
128	Kamla Bafna Charitable Foundation	35 Fairway Trail	Moreland Hills	OH	44022				20,000
129	Krishnananda Achar	3878 Lake Ruby Ln	Suwanee	GA	30024				20,000
130	Ajit and Shakuntala Asher	239 Plymouth Ct	Madison	NJ	07940				20,026
131	Hasmukh & Nirmala Joshi	1745 Gainsborough Rd	San Dimas	CA	91773				21,000
132	Meena and Sunder Subramanyam	3 Corey Ave	Stoneham	MA	02180				22,500
133	Vikash Agrawal	37 E Cobble Hill Rd	Loudonville	NY	12211				24,000
134	Mayank & Raksha Shah	9394 Calder Circle,	Ooltewah	TN	37363				24,245
135	Ramesh and Kokila Shah	15455 Empanada Dr	Houston	TX	77083-4109				25,000
136	Rasik and Pushpaben Patel	214 Chaucer Ct	Willowbrook	IL	60527				25,000
137	Atul Gupta	11822 N W Brookview Ln	Grimes	IA	50111				25,000
138	Dharam Jain	11269 N Lakeview Pl	Mequon	WI	53092				25,000
139	Ruchi Shah and Jinesh Gandhi	6 Kenley Ln	Southborough	MA	01772				25,000
140	Kapil & Rakhee Langer	16 Farmington Drive,	Shrewsbury	MA	01772				25,000
141	Sudhir Kudva	4883 Thorndike Ln	Dublin	CA	94568				26,000
142	Yogesh and Darshana Patel	6942 Overlook Hill Ln	Sugar Land	TX	77479				27,500
143	Sunil and Seema Khurana	54 Rymph Rd	Lagrangeville	NY	12540				29,500
144	Manoj and Usha Sadselia	2232 Five Forks Trickum Rd	Lawrenceville	GA	30044-6429				30,000

Line 3, Part I (CA 199) - Contributor Detail Schedule

5,619,034

	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
145	Jugal and Raj Malani	13703 Bayfront Dr	Houston	TX	77077				30,000
146	Dr. Jawahar and Vijay Taunk	4050 Presidential Dr	Palm Harbor	FL	34685				30,000
147	Arun & Vandna Shah	15613 Plum Tree Dr	Orland Park	IL	60462				30,000
148	The Asha and Sajjan Agarwal Foundation	1330 Sunday Drive Suite 105	Raleigh	NC	27607				30,000
149	Madhusudan and Bharti Desai	21 Grand Mnr	Sugar Land	TX	77479-2556				30,000
150	Rakesh and Nita Shah	3351 Heathcliffe Ct	Woodbridge	VA	22192				30,000
151	Dr. Nayan and Priti Shah	5826 Genoa Springs	Sugar Land	TX	77479				30,000
152	Aakash Prasad	365 Flower Lane	Mountain View	CA	94043				30,000
153	Ashok Gupta	17510 Brandywood Ct	Granger	IN	46530-7601				30,000
154	Kanika Pandey & Shrikant Ramachandran	7 Sapling Cir Apt 7	Nashua	NH	03062-4604				30,000
155	Arun and Vandna Shah Family Fund	13080 secretariat blvd	Nashua	NH	03062-4604				30,000
156	Bharati Morjaria	601 Quicksilver Court #403	Reisterstown	MD	21136				30,730
157	Hari and Kalpana Nath	102 Loch Stone Ln	Cary	NC	27518				31,000
158	Yash & Amrita Dalal	6 Morningside Drive	Ramsey	NJ	07446				35,047
159	Rina and Bharat Parikh	9651 Milano Dr.	Trinity	FL	34655				36,500
160	Bakul and Bharti Patel	1112 Heritage Dr	Mount Prospect	IL	60056				40,000
161	Hareendra Adhvaryu	6613 Elmdale Rd	Cleveland	OH	44130				41,739
162	Dr. Narinder N. Sehgal	3410 Tyler Dr	Ellicott City	MD	21042				44,000
163	Daksha B. & Bharat Shah	100 Oak Leaf Dr	Kissimmee	FL	34759				45,000
164	Nilesh & Aekta Shah	3644 Shakespeare Ln	Naperville	IL	60564				46,300
165	Nandakumar and Mrudula Cheruvatath	32581 Adriatic Dr	Dana Point	CA	92629				47,100
166	Surekha Shah	9S249 Clarenbrook Court	Willowbrook	IL	60527				49,000
167	Dr. Bharat & Uma Aggarwal	1221 van Nuys St	San Diego	CA	92109				49,623
168	Vasant and Prabhavati Rathi	5390 La Crescenta	Yorba Linda	CA	92887				50,000
169	Girish and Radhi Navani	35 Farmington Dr	Shrewsbury	MA	01545-6201				50,000
170	Ajit Modi	959 David Walker Dr # A9	Tavares	FL	32778-5714				50,000
171	Rajesh Dharampuriya and Kavita Navani Dharampuriy	37 Farmington Dr	Shrewsbury	MA	01545-6201				50,000
172	Prashanth and Anuradha Palakurthi	70 Black Oak Road	Westwood	MA	02493				50,000
173	Guru Krupa Foundation Inc.	PO Box 81	Jericho	NY	11753				50,000
174	Kamal Narang	4790 Irvine Blvd# 105-444	Irvine	CA	92620				50,000
175	Dinesh Shah	638 Willowwood Avenue	Altamonte Springs	FL	32714				50,000
176	Satyanarayana Chunduru and Sridevi Nalam	7 Howarth Dr	Upton	MA	01568				50,000
177	Sameer Bhat and Madhuri Marate	25 Howarth Dr	Upton	MA	01568				50,000
178	Amol K. Gupta	548 MARKET ST	San Francisco	CA	94104				50,000
179	Gyanendra & Sushila Joshi	9864 Summerlake Drive	Carmel	IN	46032				50,001
180	Shah Capital Management Inc	8601 Six Forks Rd Ste 630	Raleigh	NC	27615				50,890
181	Danny Wadhwani	117 West Central Street	Natick	MA	01760				55,500
182	Subrahmanyam & Anuradha Dravida	20 Hemingway St	Shrewsbury	MA	01545				68,000
183	Vasant and Champaben Patel	14216 Stewarts Bend Ln	Charlotte	NC	28277				75,500
184	Raj and Hinal Parikh	4511 Anchor Point Ct	Missouri City	TX	77459				80,000
185	Dr. Sarada Thyagaraja	7 Beaver Hill Rd	Horsham	PA	19044				88,235
186	Tarsadia Foundation	620 Newport Center Dr. 14th Floor	Newport Beach	CA	92660				100,000
187	Nand kumar and Sudha Karve	2091 SW 55th Street Rd	Ocala	FL	34471				104,999
188	Shachi and Neelam Rattan	1616 Stafford Springs Place	Dayton	OH	45458				110,000
189	Ramesh Jain	1617 Stafford Springs Place	Dayton	OH	45459				111,453
190	Mrugesh and Pallavi Parikh	2802 Trailridge Ct	Missouri City	TX	77459				170,000
191	Sheela Avva	7200 W.107th St	Overland Park	KS	66212				250,000
192	Maheshkumar and Asharani Navani	33 Farmington Dr	Shrewsbury	MA	01545-6201				442,043

Line 3, Part I (CA 199) - Contributor Detail Schedule

5,619,034

	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
193	Perfection of Man Foundation Inc.	108-20 71st Ave #15d	Forest Hills	NY	11375				500,000
194									

Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees

0

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	MADHU BANSAL					DIRECTOR	0	
2	DR HASMUKH SHAH					DIRECTOR	2	
3	PRATIBHA GOYAL					DIRECTOR	2	
4	DR SHACHI RATTAN					DIRECTOR	0	
5	MEENA SUBRAMANYAM					DIRECTOR	0	
6	DR RAKESH GUPTA					DIRECTOR	0	
7	MAHESHKUMAR NAVANI					DIRECTOR	0	
8	KAMLESH SHAH					CHAIRMAN	2	
9	NARESH JAIN					DIRECTOR EKAL INDI	10	
10	SAJJAN AGARWAL					VICE CHAIRMAN	2	

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	5,370
2	Legal fees	2	0
3	Accounting fees	3	0
4	Other professional fees	4	22,677
5	Travel, conferences, and meetings	5	407,451
6	Printing and publications	6	0
7	Special events direct expenses	7	0
8	Office expenses	8	0
9	Other expenses	9	822,745
10		10	
11		11	
12	Total	12	1,258,243

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

ANNUAL REPORT

Filing Fee: $15.00

M.G.L. Ch.180
Corporation
Annual Report

IDENTIFICATION NO. 77-0554248

Filing for November 1, 20 _____

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: EKAL VIDYALAYA FOUNDATION OF USA

2. ADDRESS: 13111 Westheimer Rd, STE Ste 129
(number) (street)

Houston TX 77077
(city or town) (state) (zip)

3. DATE OF THE LAST ANNUAL MEETING: _____

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

☐ The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

☐ The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:			
Treasurer:			
Clerk: (or Secretary)			
Directors: (or Officers having the powers of Directors)			

I, the undersigned SUBHASH GUPTA being the Chairman-Advisor of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this _____ day of _____, 20 _____.

Signature: _____ Title: Chairman-Advisor

Contact Person: SUBHASH GUPTA, Chairman-Advisor Contact Person Telephone #: (832) 723-1500

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

ANDREA JOY CAMPBELL
ATTORNEY GENERAL

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: _____ **to** _____

AG Account #: _____ **Federal ID #:** 77-0554248

Electronic Payment Confirmation #: _____
Attach printout of electronic payment confirmation.

Electronic Payment Date: _____

When did the organization first engage in charitable work in Massachusetts? _____

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application **OR** date of determination letter: _____

IRS Exemption under 501(c): (3)

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [ ] Yes [ ] No

Check all items attached *(if applicable)*

- [ ] Filing Fee or Printout of Electronic Payment Confirmation
- [ ] Copy of IRS Return
- [ ] Audited Financial Statements/Review
- [ ] Amended Articles/ By-Laws
- [ ] Schedule A-1
- [ ] Schedule A-2
- [ ] Schedule RO
- [ ] Schedule VCO
- [ ] Probate Account

Organization Data

Name: EKAL VIDYALAYA FOUNDATION OF USA

Mailing Address: 13111 Westheimer Rd, STE Ste 129

City: Houston State: TX Zip: 77077

Phone Number: (832) 723-1500 Fax Number: _____

Email: _____ Website: WWW.EKAL.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)		Organization Purpose Code 1	
Type of Organization (Table 2)		Organization Purpose Code 2	

Please check box if final return prior to dissolution: [ ]

Office Use Only: **Payment Received**

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? _____

2. Where was the organization created? CA

3. What is the form of organization? *(check one)*

Corporation	☐	Testamentary Trust	☐
Unincorporated Association	☐	Inter Vivos Trust	☐

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.* ☐ Yes ☐ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	11,441,646
B.	Gross support and revenue	11,951,595
C.	Program services and similar amounts paid out	8,981,082
D.	Fundraising expenses	1,426,956
E.	Management and general expenses	232,552
F.	Payments to affiliates	0
G.	Total expenses	10,640,590
H.	Net assets or fund balances at the end of the year	16,095,501

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.					
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).* ☐ Yes ☐ No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.			
2.			
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited *(include bank addresses and phone number):*

Bank	Address	Phone Number

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other *(specify):* _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ Zip Code: _____

12. Contact Person Name: SUBHASH GUPTA, Chairman-Advisor

Street Address: 13111 Westheimer Rd, STE Ste 129

City: Houston State: TX Zip Code: 77077

Phone Number: (832) 723-1500

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☐ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? ☐ Yes ☐ No
If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box below to identify which exemption applies to your organization.

a religious organization	☐
an organization which: (a) does not raise more than $5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. *[The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]*	☐

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? ☐ Yes ☐ No
If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20. Has this organization or any of its officers, directors, or employees:
If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☐ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☐ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☐ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? ☐ Yes ☐ No

21. Have any restrictions been removed during the year from donor-restricted funds? ☐ Yes ☐ No
If yes, please attach an explanation.

22. Have donor-restricted funds been loaned to unrestricted funds? ☐ Yes ☐ No
If yes, please attach an explanation.

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" *(see instructions and definition sections)*. Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☐ No

(b) Do you have such an agreement with any individual described in Related Party definition, sections (a) or (b)? ☐ Yes ☐ No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relatives, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is **yes,** attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	☐ Yes	☐ No
B.	Has your organization leased assets to or leased assets from a related party?	☐ Yes	☐ No
C.	Has your organization been indebted to a related party?	☐ Yes	☐ No
D.	Has your organization allowed a related party to be indebted to it?	☐ Yes	☐ No
E.	Has your organization made or held an investment in a related party?	☐ Yes	☐ No
F.	Has your organization furnished goods, services, or facilities to a related party?	☐ Yes	☐ No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	☐ Yes	☐ No
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	☐ Yes	☐ No
I.	Has your organization transferred income or assets to or for use by a related party?	☐ Yes	☐ No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	☐ Yes	☐ No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	☐ Yes	☐ No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	☐ Yes	☐ No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	☐ Yes	☐ No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: SUBHASH GUPTA

Title: Chairman-Advisor

Name of Preparer: DARSHAN WADHWA CPA PC

Address 4212 SUNSET BLVD

City HOUSTON State TX Zip Code 77005

Phone Number (832) 668-4770

Form **990**

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 private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 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): 13111 Westheimer Rd
Room/suite: Ste 129
City or town: Houston
State: TX
ZIP code: 77077
Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 77-0554248

E Telephone number: (832) 723-1500

G Gross receipts $: 11,951,595

F Name and address of principal officer:
SUBHASH GUPTA 13111 Westheimer Rd, STE Ste 129, Houston, TX 7

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
H(c) Group exemption number:

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

J Website: WWW.EKAL.ORG

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:
TO SET UP 100,000 ONE TEACHER SCHOOL TO PROVIDE FREE ELEMENTARY EDUCATION AND FREE PRIMARY HEALTHCARE TO CHILDREN IN REMOTE AND RURAL INDIA

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	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 2025 (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, Part I, line 11	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,654,594	11,441,646
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	668,012	509,949
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,322,606	11,951,595

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,766,010	8,981,082
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)	351,696	360,214
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 1,426,956		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,028,373	1,299,294
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,146,079	10,640,590
19	Revenue less expenses. Subtract line 18 from line 12	-823,473	1,311,005

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,910,628	16,209,379
21	Total liabilities (Part X, line 26)	126,132	113,878
22	Net assets or fund balances. Subtract line 21 from line 20	14,784,496	16,095,501

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: SUBHASH GUPTA
Date:
Type or print name and title: Chairman-Advisor

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DARSHAN WADHWA	DARSHAN WADHWA	6/7/2026		P01248536

Firm's name: DARSHAN WADHWA CPA PC
Firm's EIN: 82-0632007
Firm's address: 4212 SUNSET BLVD, HOUSTON, TX 77005
Phone no.: (832) 668-4770

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:
TO SET UP 100,000 ONE TEACHER SCHOOL TO PROVIDE FREE ELEMENTARY EDUCATION AND FREE PRIMARY HEALTHCARE TO CHILDREN IN REMOTE AND RURAL INDIA

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 ☒ 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 ☒ No
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 measured by expenses. 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 $ 8,981,082 including grants of $) (Revenue $)
EKAL VIDYALAY IS A UNIQUE MOVEMENT TO BRING EDUCATION TO THE DOORSTEPOF VILLAGES IN INDIA WHERE CHILDREN ARE OFFERED FREE FIVE YEARS OF ELEMENTARY EDUCATION UNDER THE PROGRAM. MISSON IS TO SET UP 100,000 SUCH ONE TEACHER SCHOOLS. DURING 2025 TOTAL 14650 SCHOOLS WERE SPONSORED EDUCATIING 439,500 STUDENTS. THE PROGRAM ALSO IMPARTS PRIMARY HEALTHCARE, DEVELOPMENT AND EMPOWERMENT EDUCATION.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses 8,981,082

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	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		X
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		X
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		X
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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total 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 Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial 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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *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.* See instructions.	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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? *If "Yes," complete Schedule J*	23		X
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 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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), 501(c)(4), and 501(c)(29) 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		X
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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	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		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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 . . 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
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 account)? . . .	4a		X
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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.	13a		
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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI X

Section 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 . . . . 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 on Schedule O.	1a	10		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	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			X
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	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 organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section 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
b	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	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on 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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA, MA, TX

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

RAMESH SHAH, CHAIRMAN (281) 668-5982
13111 Westheimer Rd, HOUSTON, TX 77077

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MADHU BANSAL	0.00									
DIRECTOR	0.00	X		X						
(2) DR HASMUKH SHAH	2.00									
DIRECTOR	2.00	X		X						
(3) PRATIBHA GOYAL	2.00									
DIRECTOR	2.00	X		X						
(4) DR SHACHI RATTAN	0.00									
DIRECTOR	0.00	X		X						
(5) MEENA SUBRAMANYAM	0.00									
DIRECTOR	0.00	X		X						
(6) DR RAKESH GUPTA	0.00									
DIRECTOR	0.00	X		X						
(7) MAHESHKUMAR NAVANI	0.00									
DIRECTOR	0.00	X		X						
(8) KAMLESH SHAH	2.00									
CHAIRMAN	2.00	X		X						
(9) NARESH JAIN	10.00									
DIRECTOR EKAL INDIA	10.00	X		X						
(10) SAJJAN AGARWAL	2.00									
VICE CHAIRMAN	2.00	X		X						
(11)										
(12)										
(13)										
(14)										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Subtotal**								0	0	0
c **Total from continuation sheets to Part VII, Section A**								0	0	0
d **Total (add lines 1b and 1c)**								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	351,939				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,089,707				
	g	Noncash contributions included in lines 1a–1f	1g	$ 9,022				
	h	**Total.** Add lines 1a–1f			11,441,646			
Program Service Revenue			Business Code					
	2a				0			
	b				0			
	c				0			
	d				0			
	e				0			
	f	All other program service revenue			0			
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			509,949	509,949		
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)			0			
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	0 / 0				
	b	Less: cost or other basis and sales expenses	7b	0 / 0				
	c	Gain or (loss)	7c	0 / 0				
	d	Net gain or (loss)			0			
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	0				
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue			Business Code					
	11a				0			
	b				0			
	c				0			
	d	All other revenue			0			
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions.			11,951,595	509,949	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,981,082	8,981,082		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	319,729		95,919	223,810
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,370		582	4,788
9	Other employee benefits	0			
10	Payroll taxes	35,115		10,535	24,580
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	22,677		22,677	
12	Advertising and promotion	14,309			14,309
13	Office expenses	0			
14	Information technology	76,515		12,958	63,557
15	Royalties	0			
16	Occupancy	43,737		43,737	
17	Travel	67,728		2,144	65,584
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	339,723			339,723
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,684	0	2,684	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	POSTAGE	12,778		1,240	11,538
b	PRINTING & SUPPLIES	23,313		2,014	21,299
c	DUES & SUBSCRIPTION	190,591		9,076	181,515
d	BANK CHARGES	100,877			100,877
e	All other expenses	404,362		28,986	375,376
25	**Total functional expenses.** Add lines 1 through 24e	10,640,590	8,981,082	232,552	1,426,956
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	2,678,401	1	1,917,068
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	5,234	4	1,018
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 71,048			
	b	Less: accumulated depreciation — 10b: 69,493	1,738	10c	1,555
	11	Investments—publicly traded securities	12,225,255	11	14,136,028
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	153,710
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	14,910,628	16	16,209,379
Liabilities	17	Accounts payable and accrued expenses	126,132	17	40,591
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	73,287
	26	**Total liabilities.** Add lines 17 through 25	126,132	26	113,878
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,895,140	27	5,098,509
	28	Net assets with donor restrictions	9,889,356	28	10,996,992
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds	0	29	
	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
	32	Total net assets or fund balances	14,784,496	32	16,095,501
	33	Total liabilities and net assets/fund balances	14,910,628	33	16,209,379

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,951,595
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,640,590
3	Revenue less expenses. Subtract line 2 from line 1	3	1,311,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,784,496
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,095,501

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
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 reviewed 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2025
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
EKAL VIDYALAYA FOUNDATION OF USA	990	77-0554248

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000
2	Total cost of section 179 property placed in service (see instructions)	2	5,550
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	2,500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	0
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562.		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12	0
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	0	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	5,550
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	183

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	
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 2025 Tax Year Using the General Depreciation System

	(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19	**a** 3-year property						
	b 5-year property						
	c 7-year property						
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs.		S/L	
	h 50-year property			50 yrs.	MM	S/L	
	i Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
	j Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20	**a** Class life					S/L	
	b 12-year			12 yrs.		S/L	
	c 30-year			30 yrs.	MM	S/L	
	d 40-year			40 yrs.	MM	S/L	
	e 50-year			50 yrs.	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. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,733
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ Own	☐ Lease ☐ Charter

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L –		
		%				S/L –		
		%				S/L –		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						28	0	
29 Add amounts in column (i), line 26. Enter here and on line 7								29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
EKAL VIDYALAYA FOUNDATION OF USA	77-0554248

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions 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)						
6 **Public support.** Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	**14**	0.00%
15 Public support percentage from 2024 Schedule A, Part II, line 14	**15**	0.00%

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,904,908	11,022,538	8,335,366	9,248,117	10,852,103	48,363,032
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	15,590	198,959	283,119	317,614	351,939	1,167,221
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	8,920,498	11,221,497	8,618,485	9,565,731	11,204,042	49,530,253
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						49,530,253

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	8,920,498	11,221,497	8,618,485	9,565,731	11,204,042	49,530,253
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	477	51,228	590,472	756,875	747,553	2,146,605
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	477	51,228	590,472	756,875	747,553	2,146,605
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	8,920,975	11,272,725	9,208,957	10,322,606	11,951,595	51,676,858

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	95.85%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	95.94%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	4.15%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	4.06%

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		
b	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**	0	0
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**	0	0

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**	0	0
e **Discount** claimed for blockage or other factors *(explain in detail in **Part VI**)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**	0	0
6 Multiply line 5 by 0.035.	**6**	0	0
7 Recoveries of prior-year distributions	**7**	0	0
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**	0	0

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	0
2 Enter 0.85 of line 1.	**2**	0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	0
4 Enter greater of line 2 or line 3.	**4**	0
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	0

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	0
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	0
9	Line 7 amount divided by line 8 amount	9	0.000

	Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020 0			
b	From 2021 0			
c	From 2022 0			
d	From 2023 0			
e	From 2024 0			
f	**Total** of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2025 distributable amount			0
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2025 from Section D, line 6: $ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2025 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.		0	
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			0
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2021 0			
b	Excess from 2022 0			
c	Excess from 2023 0			
d	Excess from 2024 0			
e	Excess from 2025 0			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
EKAL VIDYALAYA FOUNDATION OF USA	77-0554248

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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	Surinder and Lalita Trehan 615 Dulles Ave Stafford TX 77477 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Rakesh & Shuchita Goel 129 Phillips Dr Eatonton GA 31024 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	Arun and Renu Gupta 6070 Eaglet Dr West Chester OH 45069 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	Shiv and Anushi Aggarwal 1158 Ascott Valley Dr Johns Creek GA 30097 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	Shekar and Shylaja Reddy 12301 SW 1st St Plantation FL 33325 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	RajaniKant and Darshana Shah 16433 Jersey Hollow Dr Houston TX 77040 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
7	Adish and Asha Jain 36 Remington Drive West Berlin NJ 08091 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	Piyush Shah and Nina Dodd 2412 Mimosa Dr Houston TX 77019-6026 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	Bharat and Meena Desai 3764 Presidential Dr Palm Harbor FL 34685 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	Harsha and Shrikant A Mehta 115 Brookside Ct, Libertyville IL 60048 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	Shailesh and Chetna Doshi 28 Inverness Dr Delran NJ 08075-1888 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	Anil and Vandana Patel 7425 Lake Travis Dr Corpus Christi TX 78413 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
13	Nanakram and Manju Agarwal 50 E Hartsdale Ave Apt 6N Hartsdale NY 10530 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	Rakesh and Sneh Gupta 989 Olde Sterling Way Dayton OH 45459 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	Sheila & Vidya Sagar 160 Turtle Creek Cir Oldsmar FL 34677 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	Somil and Priti Shah 7361 Andover Dr Canton MI 48187 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	Gopal and Urvashi Savjani 2221 mason terrace dr. Friendswood TX 77546 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	Jigar and Khushali Shah 8001 Newdale Road Bethesda MD 20814 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
19	Jaideep and Bhakti Vaidya 41 River Rd East Brunswick NJ 08816-4465 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	Sudhir and Pallavi Mehta 3128 Aviara Ct Naperville IL 60564 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	Kamlesh and Dina Shah 23W278 Hampton Cir Naperville IL 60540 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	Charulata and Jaysukh Sheth 521 Woodland Ave Cherry Hill NJ 08002-2845 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	Hasmukh and Kamini Patel 9500 Sprague Ave UNIT 506 Fairfax VA 22031-1179 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	Sambireddy Tiyyagura 7209 Royal Oak Dr Weeki Wachee FL 34607 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
25	Ramesh and Kalpana Bhatia Family Foundation 301 Chapelwood Dr Colleyville TX 76034 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	Satish and Yasmeen Gupta 3626 N Hall St Ste 910 Dallas TX 75219 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	Ajay and Susie Bhatt 3016 Holei Street Honolulu HI 96815 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	Avinash and Mankuen Kaushik 12577 Plymouth Dr Saratoga CA 95070 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	Sameer and Malini Bhatia 446 25th St Santa Monica CA 90402 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	Vanitha and Vishal Khera 1056 Swinks Mill Rd McLean VA 22102 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
31	Manoj Shah 2851 Highview Drive Eagleville PA 19403 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	Dr. Ravinder and Barbara Agarwal 10647 Whittington Ct Largo FL 33773 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	Kanti and Sheila Dhandha 4788 Apple Grove Ct Bloomfield MI 48301 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	Sanjay and Malavika Garg 28853 Woodmill Dr Westlake OH 44145 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	Krishan and Vicky Joshi 2580 Lantz Rd Beavercreek OH 45434 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	Chandrakant and Aruna Patel 12207 Laguna Terrace Dr Houston TX 77041 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
37	Ranjit and Ila Tamaskar 234 Legacy Drive Highland Heights OH 44143 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	Harshavadan and Ila Vyas 16751 Wilshire Ct. Lemont IL 60439 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	Vandana Kulkarni and Atul Shevade 1521 S Ridge Rd Lake Forest IL 60045 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	Rajesh and Indu Soin 2489 Kemp Road Dayton OH 45430 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	Bhupendra Master 11704 S Braden Ave Tulsa OK 74137 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	Veena & Sushil Chadda 800 Palisade Avenue Apt 24B Fort Lee NJ 07024 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
43	Manish & Nikita Krishnan 8 Senator Levy Dr Montbello NY 10901 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	Rajendra R. Shah 39055 Ironstone Dr Sterling Heights MI 48310 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	Haruvu & Geetha Sheshadri 12467 Ridgeway Ct Davie FL 33330 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	Jitendra & Daksha Shah 5284 Blue Crush Bnd Land O Lakes FL 34638-6214 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47	Ram & Sita Lalchandani 4110 Riding Club Ln Sacramento CA 95684 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48	Umesh & Nibha Bhargava 9 Isleworth Dr Henderson NV 89052-6458 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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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
49	Harinathrao R. Dacha and Usharani Dacha Fund 130374 Bromborough Dr Orlando FL 32832 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50	Tushar Patel 2550 Shell Rd Georgetown TX 78628-9235 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51	Haren Joshi 1610 Noble Circle Jenkintown PA 19006 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52	Anand M. Bhagavatula Family Foundation 15630 Oyster Cove Drive Sugarland TX 77478 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53	Rabi Sinha 43 Coachlight Drive Poughkeepsie NY 11040 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54	Alkesh & Jalpabahen Patel 3 Hackney Circle Barrington IL 60010 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

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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
55	Dr. Sanjay Sandhir 10802 Falls Creek Ln Dayton OH 45458 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56	Snehal Panchal 6225 S Padre Island Dr Corpus Christi TX 78412 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57	Piyushbhai P Patel 794 Ave Q SE Winter Haven FL 33880 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58	Bawa N Mallick Foundation Inc. 10820 71St Ave Apt 15D Forest Hills NY 11375 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59	Anil & Renu Jain 1 Mansion Hill Drive Syosset NY 11791 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60	Monty & Usha Ahuja 7350 Young Dr. Bedford OH 44146 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
61	The Mandala Reddy Family Fund 3 Black Oak Ct Monroe NJ 08831-1678 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62	Vadilal Shah 3826 galena court Arlington Heights IL 60004 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63	Munna Agarwal 6107 loch lomond court Solon OH 44139 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64	Karishma Navani 33 Farmington Dr Shrewsbury MA 01545-6201 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65	Darshna and Anil Bhatt 812 Plumwood Dr Schaumburg IL 60173 Foreign State or Province: Foreign Country:	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66	Bipin and Veena Mehta 820 Wyngate Rd Somerdale NJ 08083-2415 Foreign State or Province: Foreign Country:	$ 10,025	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
67	Ashvin and Sheela Bhutwala 9083 SVL Box Victoriville CA 92395 Foreign State or Province: Foreign Country:	$ 10,380	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68	Ashwin and Gita Desai 125 Lakeview Drive, Unit 608 Blomingdale IL 60108 Foreign State or Province: Foreign Country:	$ 10,459	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69	Arushee Divyakirti 7 woodcrest road Westborogh MA 15810 Foreign State or Province: Foreign Country:	$ 10,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70	Abhinav Navani 33 Farmington Dr Shrewsbury MA 15810 Foreign State or Province: Foreign Country:	$ 10,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71	Aditya Sharma 1312 s college street, unit 1515 CHARLOTTE NC 28203 Foreign State or Province: Foreign Country:	$ 10,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72	Arun and Urmila Kothari 75 Grassy Knls Sugar Land TX 77479 Foreign State or Province: Foreign Country:	$ 10,600	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
73	Usha Mahajan 4688 Millburn Pl New Albany OH 43054 Foreign State or Province: Foreign Country:	$ 10,600	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74	Sudhir and Niranjana Parikh 169 Daniel Plummer Road Goffstown NH 03045 Foreign State or Province: Foreign Country:	$ 11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75	Dr. Hasmukh and Jyotsna Shah 7303 Near Thicket Way Laurel MD 20707 Foreign State or Province: Foreign Country:	$ 11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76	Satish & Jyotika Patel 356 Candlelyte Ct Roselle IL 60172 Foreign State or Province: Foreign Country:	$ 11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77	Charu Mehta 1397 NW Parkway New Brighton MN 55112 Foreign State or Province: Foreign Country:	$ 11,001	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78	Latha Krishnan and Krishnan Seetharaman 51 Hemingway Street Shrewsbury MA 01545 Foreign State or Province: Foreign Country:	$ 11,450	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
79	Vikas and Maitri Kalra 11015 Nacirema Lane Stevenson MD 21153 Foreign State or Province: Foreign Country:	$ 12,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80	Rajesh & Rekha Patel 1131 Ivey Brooke Court Mableton GA 03026 Foreign State or Province: Foreign Country:	$ 12,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81	Kartik Amin 657 GRENACHE CT Bartlett IL 60103 Foreign State or Province: Foreign Country:	$ 12,150	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82	Ajit and Megha Gupta 661 River Rd Cos Cob CT 06807 Foreign State or Province: Foreign Country:	$ 12,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83	Nitin and Smita Samant 3110 Bierce Cir Twinsburg OH 44087 Foreign State or Province: Foreign Country:	$ 12,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84	Ramesh & Neela Kanojia 5 Jays Cor Somerset NJ 08873-7439 Foreign State or Province: Foreign Country:	$ 12,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

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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
85	Rushit Patel 11883 Ramsdell Ct San Diego CA 92131 Foreign State or Province: Foreign Country:	$ 12,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86	AAPI-TN ChAPTER Po Box 1543 Brentwood TN 37024 Foreign State or Province: Foreign Country:	$ 12,501	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87	Dr. Hemangini & Harshad Mehta 11 Oak Hollow Ct Voorhees NJ 08043-1517 Foreign State or Province: Foreign Country:	$ 12,551	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88	Dr. Suresh and Dr. Pragna Khanna 11 Oxridge Rd Elmsford NY 10523 Foreign State or Province: Foreign Country:	$ 13,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
89	Gangadhar Kotte 15856 Meadow King Court Alpharetta GA 30004 Foreign State or Province: Foreign Country:	$ 13,595	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90	Haresh Pandya 2414 Liberty Ridge way Missouri City TX 77489 Foreign State or Province: Foreign Country:	$ 14,600	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	Avinash & Vandana Ghanekar 1023 Fuller Dr Claremont CA 91711 Foreign State or Province: Foreign Country:	$ 14,975	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92	Suresh and Kanakavalli Iyer 2310 Sunny Point St Thousand Oaks CA 91362 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93	Radhe and Vibha Mittal 8198 Sabal Oak Way Jacksonville FL 32256 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94	Dev and Sonia Goyal 172 Fieldwood Irvine CA 92618 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95	Shaila and Hemant Mistry 20736 Juniper Avenue Yorba Linda CA 92886 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96	Mukesh and Nimi Turakhia Allied Alloys Houston TX 77033 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	Software People Inc. 4 Nora Ct Saint James NY 11780 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
98	Keelapandal and Hemalatha Suresh 3115 Oakwood Ln Westlake OH 44145 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99	Varsha Shah 1309 Lawrence St. Houston TX 77008 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100	Mahesh and Geeta Shah 185 Pemberton Way Bloomingdale IL 60108 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101	Jag & Pratibha Bhawan 1 Franklin St Unit 4803 Boston MA 02110 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102	Asha V. Dalal 330 Momar Drive Ramsey NJ 07446 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
103	Govind & Madhu Chandak 10765 Trego Trl Raleigh NC 27614 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
104	Jubileerx Management LLC 13080 secretariat blvd Frisco NC 27614 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
105	Dilip Patel 13080 secretariat blvd Frisco TX 75035 Foreign State or Province: Foreign Country:	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
106	Alok Lathi 1614 5th Ave W Seattle WA 98119 Foreign State or Province: Foreign Country:	$ 15,001	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
107	Pranav Patel 618 Silver Ridge Dr Murphy TX 75094 Foreign State or Province: Foreign Country:	$ 15,008	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
108	Dilip and Smita Kothekar 6036 Chevy Dr Jacksonville FL 32216 Foreign State or Province: Foreign Country:	$ 15,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
109	Arunima Misra and Dv Iyengar Sreenath 6227 Logan Creek Lane Sugar Land TX 77479 Foreign State or Province: Foreign Country:	$ 16,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
110	Narendra and Bharti Chavda 7 Burkhart Forest Court Houston TX 77055 Foreign State or Province: Foreign Country:	$ 16,667	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
111	Uma Gulani 94 Golden Glen St Irvine CA 92604 Foreign State or Province: Foreign Country:	$ 16,915	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
112	Naresh and Bina Jain 2797 Saint Andrews Blvd Tarpon Springs FL 34688 Foreign State or Province: Foreign Country:	$ 17,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
113	KMD Hotel Group 6906 Silver Sage Cir Tampa FL 33634 Foreign State or Province: Foreign Country:	$ 17,825	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
114	Ramakant Asaravala 13228 Tining Dr Poway CA 92064 Foreign State or Province: Foreign Country:	$ 18,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
115	Pankaj and Rupalee Maheshwari 11811 Key Biscayne Ct Houston TX 77065 Foreign State or Province: Foreign Country:	$ 18,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
116	Akkalkot Swami Samarth Foundation 413 18th St New Orleans LA 70124 Foreign State or Province: Foreign Country:	$ 18,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
117	Dr. Rakesh and Kamini Shreedhar 11 Deforest Ct West Nyack NY 10994 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
118	Ajit and Ila Kothari 58 Lara Pl Warren NJ 07059-3009 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
119	Bhalchand and Manjula Patel 11832 Park Forest Ct Glen Allen VA 23059 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
120	Deepak and Madhu Ahuja 5720 Cavender Dr. Plano TX 75093 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
121	Mukesh and Priti Chatter 35 Flint Rd Concord MA 01742-5347 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
122	Maya Advani Family Foundation 215 N Route 303 Congers NY 10920 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
123	Sudarshan and Swati Sathe 2872 Nottingham Ln Hunting Valley OH 44022 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
124	Bhaskar and Nitaben Patel 117 Della Ln Oswego IL 60543 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
125	Bharat and Rekha Monpara 1731 Scarlett Drive Pittsburgh PA 15241 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
126	Ashish Desai and Grishma Patel 326 Clare Dr Bloomingdale IL 60108 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
127	Jitendra and Tarla Shah 16609 Ivy Lake Dr Odessa FL 33556-6019 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
128	Kamla Bafna Charitable Foundation 35 Fairway Trail Moreland Hills OH 44022 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
129	Krishnananda Achar 3878 Lake Ruby Ln Suwanee GA 30024 Foreign State or Province: Foreign Country:	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
130	Ajit and Shakuntala Asher 239 Plymouth Ct Madison NJ 07940 Foreign State or Province: Foreign Country:	$ 20,026	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
131	Hasmukh & Nirmala Joshi 1745 Gainsborough Rd San Dimas CA 91773 Foreign State or Province: Foreign Country:	$ 21,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
132	Meena and Sunder Subramanyam 3 Corey Ave Stoneham MA 02180 Foreign State or Province: Foreign Country:	$ 22,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
133	Vikash Agrawal 37 E Cobble Hill Rd Loudonville NY 12211 Foreign State or Province: Foreign Country:	$ 24,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
134	Mayank & Raksha Shah 9394 Calder Circle, Ooltewah TN 37363 Foreign State or Province: Foreign Country:	$ 24,245	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
135	Ramesh and Kokila Shah 15455 Empanada Dr Houston TX 77083-4109 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
136	Rasik and Pushpaben Patel 214 Chaucer Ct Willowbrook IL 60527 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
137	Atul Gupta 11822 N W Brookview Ln Grimes IA 50111 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
138	Dharam Jain 11269 N Lakeview Pl Mequon WI 53092 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
139	Ruchi Shah and Jinesh Gandhi 6 Kenley Ln Southborough MA 01772 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
140	Kapil & Rakhee Langer 16 Farmington Drive, Shrewsbury MA 01772 Foreign State or Province: Foreign Country:	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
141	Sudhir Kudva 4883 Thorndike Ln Dublin CA 94568 Foreign State or Province: Foreign Country:	$ 26,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
142	Yogesh and Darshana Patel 6942 Overlook Hill Ln Sugar Land TX 77479 Foreign State or Province: Foreign Country:	$ 27,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
143	Sunil and Seema Khurana 54 Rymph Rd Lagrangeville NY 12540 Foreign State or Province: Foreign Country:	$ 29,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
144	Manoj and Usha Sadselia 2232 Five Forks Trickum Rd Lawrenceville GA 30044-6429 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
145	Jugal and Raj Malani 13703 Bayfront Dr Houston TX 77077 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
146	Dr. Jawahar and Vijay Taunk 4050 Presidential Dr Palm Harbor FL 34685 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
147	Arun & Vandna Shah 15613 Plum Tree Dr Orland Park IL 60462 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
148	The Asha and Sajjan Agarwal Foundation 1330 Sunday Drive Suite 105 Raleigh NC 27607 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
149	Madhusudan and Bharti Desai 21 Grand Mnr Sugar Land TX 77479-2556 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
150	Rakesh and Nita Shah 3351 Heathcliffe Ct Woodbridge VA 22192 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
151	Dr. Nayan and Priti Shah 5826 Genoa Springs Sugar Land TX 77479 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
152	Aakash Prasad 365 Flower Lane Mountain View CA 94043 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
153	Ashok Gupta 17510 Brandywood Ct Granger IN 46530-7601 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
154	Kanika Pandey & Shrikant Ramachandran 7 Sapling Cir Apt 7 Nashua NH 03062-4604 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
155	Arun and Vandna Shah Family Fund 13080 secretariat blvd Nashua NH 03062-4604 Foreign State or Province: Foreign Country:	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
156	Bharati Morjaria 601 Quicksilver Court #403 Reisterstown MD 21136 Foreign State or Province: Foreign Country:	$ 30,730	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
157	Hari and Kalpana Nath 102 Loch Stone Ln Cary NC 27518 Foreign State or Province: Foreign Country:	$ 31,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
158	Yash & Amrita Dalal 6 Morningside Drive Ramsey NJ 07446 Foreign State or Province: Foreign Country:	$ 35,047	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
159	Rina and Bharat Parikh 9651 Milano Dr. Trinity FL 34655 Foreign State or Province: Foreign Country:	$ 36,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
160	Bakul and Bharti Patel 1112 Heritage Dr Mount Prospect IL 60056 Foreign State or Province: Foreign Country:	$ 40,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
161	Hareendra Adhvaryu 6613 Elmdale Rd Cleveland OH 44130 Foreign State or Province: Foreign Country:	$ 41,739	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
162	Dr. Narinder N. Sehgal 3410 Tyler Dr Ellicott City MD 21042 Foreign State or Province: Foreign Country:	$ 44,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
163	Daksha B. & Bharat Shah 100 Oak Leaf Dr Kissimmee FL 34759 Foreign State or Province: Foreign Country:	$ 45,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
164	Nilesh & Aekta Shah 3644 Shakespeare Ln Naperville IL 60564 Foreign State or Province: Foreign Country:	$ 46,300	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
165	Nandakumar and Mrudula Cheruvatath 32581 Adriatic Dr Dana Point CA 92629 Foreign State or Province: Foreign Country:	$ 47,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
166	Surekha Shah 9S249 Clarenbrook Court Willowbrook IL 60527 Foreign State or Province: Foreign Country:	$ 49,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
167	Dr. Bharat & Uma Aggarwal 1221 van Nuys St San Diego CA 92109 Foreign State or Province: Foreign Country:	$ 49,623	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
168	Vasant and Prabhavati Rathi 5390 La Crescenta Yorba Linda CA 92887 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
169	Girish and Radhi Navani 35 Farmington Dr Shrewsbury MA 01545-6201 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
170	Ajit Modi 959 David Walker Dr # A9 Tavares FL 32778-5714 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
171	Rajesh Dharampuriya and Kavita Navani Dharampuriy 37 Farmington Dr Shrewsbury MA 01545-6201 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
172	Prashanth and Anuradha Palakurthi 70 Black Oak Road Westwood MA 02493 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
173	Guru Krupa Foundation Inc. PO Box 81 Jericho NY 11753 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
174	Kamal Narang 4790 Irvine Blvd# 105-444 Irvine CA 92620 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
175	Dinesh Shah 638 Willowwood Avenue Altamonte Springs FL 32714 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
176	Satyanarayana Chunduru and Sridevi Nalam 7 Howarth Dr Upton MA 01568 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
177	Sameer Bhat and Madhuri Marate 25 Howarth Dr Upton MA 01568 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
178	Amol K. Gupta 548 MARKET ST San Francisco CA 94104 Foreign State or Province: Foreign Country:	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
179	Gyanendra & Sushila Joshi 9864 Summerlake Drive Carmel IN 46032 Foreign State or Province: Foreign Country:	$ 50,001	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
180	Shah Capital Management Inc 8601 Six Forks Rd Ste 630 Raleigh NC 27615 Foreign State or Province: Foreign Country:	$ 50,890	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
181	Danny Wadhwani 117 West Central Street Natick MA 01760 Foreign State or Province: Foreign Country:	$ 55,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
182	Subrahmanyam & Anuradha Dravida 20 Hemingway St Shrewsbury MA 01545 Foreign State or Province: Foreign Country:	$ 68,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
183	Vasant and Champaben Patel 14216 Stewarts Bend Ln Charlotte NC 28277 Foreign State or Province: Foreign Country:	$ 75,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
184	Raj and Hinal Parikh 4511 Anchor Point Ct Missouri City TX 77459 Foreign State or Province: Foreign Country:	$ 80,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
185	Dr. Sarada Thyagaraja 7 Beaver Hill Rd Horsham PA 19044 Foreign State or Province: Foreign Country:	$ 88,235	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
186	Tarsadia Foundation 620 Newport Center Dr. 14th Floor Newport Beach CA 92660 Foreign State or Province: Foreign Country:	$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
187	Nand kumar and Sudha Karve 2091 SW 55th Street Rd Ocala FL 34471 Foreign State or Province: Foreign Country:	$ 104,999	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
188	Shachi and Neelam Rattan 1616 Stafford Springs Place Dayton OH 45458 Foreign State or Province: Foreign Country:	$ 110,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
189	Ramesh Jain 1617 Stafford Springs Place Dayton OH 45459 Foreign State or Province: Foreign Country:	$ 111,453	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
190	Mrugesh and Pallavi Parikh 2802 Trailridge Ct Missouri City TX 77459 Foreign State or Province: Foreign Country:	$ 170,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
191	Sheela Avva 7200 W.107th St Overland Park KS 66212 Foreign State or Province: Foreign Country:	$ 250,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
192	Maheshkumar and Asharani Navani 33 Farmington Dr Shrewsbury MA 01545-6201 Foreign State or Province: Foreign Country:	$ 442,043	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number: 77-0554248

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
193	Perfection of Man Foundation Inc. 108-20 71st Ave #15d Forest Hills NY 11375 Foreign State or Province: Foreign Country:	$ 500,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number
77-0554248

Part II **Noncash Property** (see instructions). Use duplicate copies of Part 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
		$	
(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: EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number 77-0554248

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ 0

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
For. Prov. Country	

(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
For. Prov. Country	

(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
For. Prov. Country	

(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
For. Prov. Country	

SCHEDULE D (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number
77-0554248

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement 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 holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	0
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	0	0			
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ____ %
- b Permanent endowment ____ %
- c Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	69,814	68,350	1,464
e Other	0	1,234	1,143	91
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,555

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	0	

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*	0	

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	0

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Operating lease liabilities	73,287
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	73,287

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	11,951,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	11,951,595
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	11,951,595

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	10,640,590
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	10,640,590
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	10,640,590

Part XIII Supplemental Information

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.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number
77-0554248

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	East Asia and the Pacific					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			0
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia and the Pacific		8,981,082				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3 Enter total number of other organizations or entities 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 the Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☒ No
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 the Instructions for Form 5471)*	☐ Yes	☒ No
4	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. (see the Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see the Instructions for Form 8865)*	☐ Yes	☒ No
6	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 separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EKAL VIDYALAYA FOUNDATION OF USA

Employer identification number

77-0554248

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total					0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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 Fundraising (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	351,939		0	351,939
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	351,939		0	351,939
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses			0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(0)
	11 Net income summary. Subtract line 10 from line 3, column (d)				351,939

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				0

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct 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 conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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 If "Yes," enter the amount of gaming revenue received by the organization $ 0 and the amount of gaming revenue retained by the third party $ 0

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ 0

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . $ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	**Employer identification number**
EKAL VIDYALAYA FOUNDATION OF USA	77-0554248

Form 990, Part VI, Section interest policy compliance, Line 12c: ORGANIZATION HAS WRITTEN CONFLICT POLICY AND MEMBERS ARE REQUIRED TO REPORT ANY CONFLICT OF INTEREST TO THE BOARD.

Form 990, Part VI, Section governing body review, Line 11: THE ORGANIZATION PROVIDES COPY OF FORM 990 TO KEY BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

Form 990, Part VI, Section governing document available to public, Line 19: ORGANIZATION UPLOADS AUDITED FINANCIAL STATEMENTS AND TAX RETURI\ DOCUMENTS TO ITS WEBSITE FOR GENERAL PUBLIC TO REVIEW. IT ALSO MAKES THESE DOCUMENTS AVAILABLE TO ANYONE UPON REQUEST.

Form 990, Part IX, Section fees for services expenses, Line 11g: OTHER FEES WERE RELATIVELY SAME AS IN PRIOR YEARS. THE VARIANCE IS CREATED BECAUSE OF PORTION OF CONTRIBUTION SENT TO BENEFICIARIES IN THE FOLLOWING PERIOD, WHICH RESULTED IN LOWER TOTAL EXPENSE ON LINE 25.

Form 990, Part IX, Section List of other expenses, Line 24a: OTHER FEES WERE RELATIVELY SAME AS IN PRIOR YEARS. THE VARIANCE IS CREATED BECAUSE OF PORTION OF CONTRIBUTION SENT TO BENEFICIARIES IN THE FOLLOWING PERIOD, WHICH RESULTED IN LOWER TOTAL OTHER EXPENSES ON LINE 25.