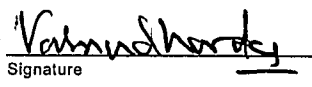
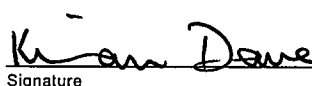


<b>Form CHAR500</b>  This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2011</b>  <b>Open to Public Inspection</b>
---	--	---

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) / 2011 and ending (mm/dd/yyyy)			
b. Check if applicable for NYS:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization  INDIA HOME INC  Number and street (or P.O. box if mail not delivered to street address) Room/suite 208 PARKWAY DR  City or town, state or country and zip + 4 ROSLYN HEIGHTS, NY 11577		d. Fed. employer ID no. (EIN) (##-####-####) 20-8747291  e. NY State registration no. (##-##-##) 41-05-63  f. Telephone number 516-859-5125  g. Email

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	 Signature	Vinodh Hardy Printed Name	President of India Home Title 07/14/12 Date
b. Chief Financial Officer or Treas.	 Signature	KIRAN DAVE Printed Name	Board Member Title 7/14/12 Date

<b>3. Annual Report Exemption Information</b>	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check → <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check → <input type="checkbox"/> if gross receipts did not exceed \$25,000 <u>and</u> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

<b>4. Article 7-A Schedules</b>	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	<input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)?	<input checked="" type="checkbox"/> Yes * <input type="checkbox"/> No * If "Yes", complete Schedule 4b.

<b>5. Fee Submitted: See last page for summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ 10.
b. EPTL filing fee	\$ 25.
c. Total fee	\$ 35.
Submit only one check or money order for the total fee, payable to "NYS Department of Law"	

<b>6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments</b> ▶▶▶
--

If you checked the box in question 4.b. on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

[illegible]

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in <b>part a</b> below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in <b>part b</b> below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in <b>parts a and b</b> below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

## a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

## b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

## 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

## For All Filers

Filing Fee

☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input type="checkbox"/> IRS Form 990	<input checked="" type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input type="checkbox"/> All required schedules (including Schedule B)	<input checked="" type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T

## Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

☐ Audit Report (total support & revenue more than \$250,000)  
☒ Review Report (total support & revenue \$100,001 to \$250,000)  
☐ No Accountant's Report Required (total support & revenue not more than \$100,000)

Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization

INDIA HOME INC

Number and street (or P.O. box, if mail is not delivered to street address)

208 PARKWAY DR

City or town, state or country, and ZIP + 4

ROSLYN HEIGHTS, NY 11577

D Employer identification number

20-8747291

E Telephone number

(516) 859-5125

F Group Exemption  
Number ►G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► WWW.INDIAHOME.ORG

H Check ☐ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 179,464

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	137,665
	2	Program service revenue including government fees and contracts . . . . .	2	41,799
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less: cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events . . . . .		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	
c	Less: direct expenses from gaming and fundraising events . . . . .	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	179,464	
E x p e n s e s	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	48,504
	13	Professional fees and other payments to independent contractors . . . . .	13	1,000
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	1,300
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe in Schedule O) . . . . .	16	104,394
	17	Total expenses. Add lines 10 through 16 . . . . .	17	155,198
A s s e t s	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	24,266
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	(68,512)
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	(44,246)

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55	22 10,846
23 Land and buildings	34,634	23 32,759
24 Other assets (describe in Schedule O)	408	24 0
25 Total assets	35,097	25 43,605
26 Total liabilities (describe in Schedule O)	103,609	26 87,851
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(68,512)	27 (44,246)

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? QUALITY CARE IN A CULTURAL ENVIRONMENT

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

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>SERVED SENIORS BY PROVIDING PROGRAMS THAT INCLUDED:</u> <u>YOGA, MEDITATION, SPIRITUAL DISCUSSIONS, ENGLISH, COMPUTERS</u> <u>AND CITIZENSHIP CLASSES, RECREATIONAL ACTIVITIES, TRIPS, ARTS</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	119,892
29 <u>SERVED 200-250 SENIORS / WEEK AT 5 CENTERS.</u> <u>CAREGIVER PROGRAM WAS STARTED IN JULY 2010 IN COLLABORATION</u> <u>WITH SUNNYSIDE COMMUNITY SERVICES.</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	119,892

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
VASUNDHARA KALASAPUDI 208 PARKWAY DR, ROSLYN HEIGHTS NY 11577	PRESIDENT 20	0	0	0
GNANENDRA SINHA 26 SOUTH 12TH STREET, NEW HYDE PARK NY 11040	SECRETARY 10	0	0	0
AMIT SOOD 448 CHESTNUT ST, WEST HEMPSTEAD NY 11552	VICE PRESIDENT 10	0	0	0
SHANTI MUDUMBA 2524 WESTLAKE AVE, WEST HEMPSTEAD NY 11552	TREASURER 0	0	0	0
DR KIRAN DAVE 59 HILLDALE ROAD, ALBERTSON NY 11507	MEDICAL SERVICES 10	0	0	0
PAULOSE ARIKUPURATHI 1620 HILLSIDE AVE, NEW HYDE PARK NY 11040	PUBLIC RELATIONS 5	0	0	0
NASREEN MIRZA 1 KNOLL DR, NEW HYDE PARK NY 11040	BOARD MEMBER 1	0	0	0
DR BHUVANA DORAI 92 EAST ALLISON AVE, NANUET NY 10954	BOARD MEMBER 1	0	0	0
DR SWARNA CHANDURI 3950 PADUA AVE, CLAREMONT CA 91711	BOARD MEMBER 0	0	0	0
JANAK DATT 76-36 265TH ST, NEW HYDE PARK NY 11040	BOARD MEMBER 2	0	0	0
MAHENDRA SOLANKI 32 KENDALL PARK, KENDALL PARK NJ 08824	BOARD MEMBER 0	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	28,553
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	NY,	
42 a The organization's books are in care of	VASUNDHARA KALASAPUDI	Telephone no.
Located at	208 PARKWAY DR ROSLYN HEIGHTS, NY	ZIP + 4
		516-859-5125
b 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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

- 47 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

	Yes	No
47		
48		X
49a		
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>VASUNDHARA KALASAPUDI</b> Signature of officer	<i>Vasundhara</i>	<b>07/13/12</b> Date
	<b>VASUNDHARA KALASAPUDI, PRESIDENT</b> Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NEETU SOLANKI	NEETU SOLANKI	07-13-2012		P01027745
	Firm's name <b>TATIYA ACCOUNTAX INC</b>	Firm's EIN			
	Firm's address <b>99 Mayflower Ave</b>				
	<b>Williston Park NY 11596</b>	Phone no.	<b>516-742-4145</b>		

May the IRS discuss this return with the preparer shown above? See Instructions

☒ Yes ☐ No

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

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.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

INDIA HOME INC

Employer identification number

20-8747291

**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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III-Functionally integrated      d ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions) )	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

EEA

Schedule A (Form 990 or 990-EZ) 2011



**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	8,650	36,965	47,483	121,831	179,464	394,393
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	8,650	36,965	47,483	121,831	179,464	394,393
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) . . . . .						135,025
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						259,368

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .	8,650	36,965	47,483	121,831	179,464	394,393
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						394,393
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	65.76	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15		%
16a <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
17a <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
b <b>10%-facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

14 First five 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 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 . . . . . ▶ ☐

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

20-8747291

INDIA HOME INC

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year  
under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) DR SOOD	X		15,000	16,746		X	X		X	
(2) WORKING CAPITAL										
(3) DR KIRAN DAVE	X		10,000	11,807		X	X		X	
(4) WORKING CAPITAL										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				\$ 28,553						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2011

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

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 990-EZ.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

INDIA HOME INC

Employer identification number

20-8747291

**01. Description of other expenses (Part I, line 16)**

DESCRIPTION	AMOUNT
BANK CHARGES	738
COMPUTER EXPENSES	978
POSTAGE	209
TELEPHONE	4,701
ADVERTISING & PROMOTION	4,345
NYS DEPT OF LAW	35
FAX	205
CONFERENCES	3,310
FINANCE CHARGES	3,242
INSURANCE	8,599
FICA	2,651
SUTA	768
PROGRAM EXPENSES	57,864
FUNDRAISING EXPENSES	11,100
DEPRECIATION	1,875
WEB HOSTING	1,000
MCTMT	187
MISC EXPENSES	494
TRAVEL	840
OFFICE EXPENSES	1,253

**02. Description of other assets (Part II, line 24)**

BEGINNING

Name of the organization

Employer identification number

INDIA HOME INC

20-8747291

CATEGORY	OF YEAR	END OF YEAR
----------	---------	-------------

PAYROLL TAXES	408	0
---------------	-----	---

## 03. Description of total liabilities (Part II, line 26)

## BEGINNING

CATEGORY	OF YEAR	END OF YEAR
----------	---------	-------------

PAYROLL TAXES PAYABLE	405	1,562
-----------------------	-----	-------

CREDIT CARDS PAYABLE	12,157	9,349
----------------------	--------	-------

BANK OVERDRAWN	1,047	1,940
----------------	-------	-------

LOANS	90,000	75,000
-------	--------	--------

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No. 1545-0172

**2011**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

INDIA HOME INC

Business or activity to which this form relates

FORM 990 - 1

Identifying number

20-8747291

**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	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
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	
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	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2010 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 do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 . . . . .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not 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	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011 . . . . .	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 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(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 Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20 a Class life					
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	1,875
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	1,875
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) 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 **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(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
<b>25</b> 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)							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
VAN	20080422	100 %	45,944	45,944	5	200 DB-HY	1,875	
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	1,875
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>	

**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	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2011 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2011 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>



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## Overflow Statement

2011  
Page 1

Name(s) as shown on return

INDIA HOME INC

FEIN

20-8747291

## Description

## Amount

SUNYSIDE CONTRACT

\$ 14,354

CRUISE

27,445

Total:

\$ 41,799

## Filing Instructions

2011

Name(s) as shown on return

SSN or EIN

INDIA HOME INC

20-8747291

DATE TO FILE BY: 05-15-2012

FORM TO BE FILED: NY 500 AND SUPPLEMENTAL FORMS AND SCHEDULES

SIGN AND DATE: EACH SIGNATURE MUST BE ACCOMPANIED BY THE SIGNER'S  
PRINTED NAME, TITLE AND THE DATE SIGNED

PAYMENT: \$35.00

ADDRESS TO FILE: CHARITIES BUREAU  
REGISTRATION SECTION  
120 BROADWAY  
NEW YORK, NY 10271

TRANSACTION METHOD: MAKE CHECK OR MONEY ORDER PAYABLE TO THE NEW YORK  
DEPARTMENT OF LAW ALL FEES MUST BE PAID BY A SINGLE  
PAYMENT. DO NOT STAPLE THE PAYMENT TO THE RETURN DO  
NOT SUBMIT PAYMENT SEPARATELY FROM THE CHAR500/C

OTHER INSTRUCTIONS: CLIP OR STAPLE AS ONE PACKAGE THE CHAR500/C WITH ANY  
REQUIRED SCHEDULES AND ATTACHMENTS. DO NOT STAPLE  
SCHEDULES OR ATTACHMENTS SEPARATELY.

# India Home Inc.

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# Neetu Jain, CPA

99 Mayflower Ave.  
Williston Park, NY 11596

Tel: (516) 742-4145  
Fax: (516) 908-4378

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## Independent Auditors' Report

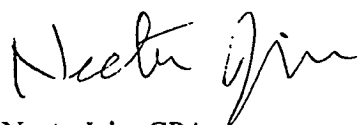
The Board of Directors  
India Home Inc.

We have audited the accompanying statement of financial position of India Home Inc. as of December 31, 2011 and 2010 and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of India Home Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in Note 2(a), these financial statements have been prepared on the cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Accordingly, the accompanying financial statements are not intended to present financial position and results of operations in conformity with generally accepted accounting principles.

In our opinion, the financial statements referred to in the first paragraph above present fairly, in all material respects, the financial position of India Home Inc. for the year ended December 31, 2011 and 2010 and the changes in its net assets for the year then ended on the basis of accounting described in note 2(a) to these financial statements.



Neetu Jain, CPA  
July 12, 2012

# India Home Inc.

## Statement of Financial Position

Cash Basis

December 31, 2011

(with summarized comparative financial information as of December 31, 2010)

	<u>2011</u>	<u>2010</u>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 10,846	\$ 55
Fixed assets (see note 3)	\$ 12,253	\$ 21,442
Other assets	\$ -	\$ 408
Total assets	<u>\$ 23,099</u>	<u>\$ 21,905</u>
<b>LIABILITIES &amp; NET ASSETS</b>		
Liabilities		
Loans (see note 4)	\$ 75,000	\$ 90,000
Other payables & liabilities	<u>\$ 12,851</u>	<u>\$ 13,609</u>
Total liabilities	<u>\$ 87,851</u>	<u>\$ 103,609</u>
Net assets		
Net assets	<u>\$ (64,752)</u>	<u>\$ (81,704)</u>
Total net assets	<u>\$ (64,752)</u>	<u>\$ (81,704)</u>
Total liabilities and net assets	<u>\$ 23,099</u>	<u>\$ 21,905</u>

See independent auditor's report.

The accompanying notes are an integral part of these statements.

# India Home Inc.

## Statement of Activities and Changes in Net Assets Cash Basis

Year Ended December 31, 2011

(with summarized comparative information for the year ended December 31, 2010)

	<u>2011</u>	<u>2010</u>
<b>Revenue and other support:</b>		
Contributions	\$ 92,365	\$ 91,171
Program Service Revenue	\$ 27,445	\$ -
Fundraising Revenue	\$ 25,307	\$ 30,660
Government Contracts	\$ 14,354	\$ -
Grants	<u>\$ 19,993</u>	<u>\$ -</u>
Total revenue and other support	<u>\$ 179,464</u>	<u>\$ 121,831</u>
<b>Expenses:</b>		
Program services	\$ 127,206	\$ 122,839
Support services	\$ 24,206	\$ 11,178
Fundraising expenses	<u>\$ 11,100</u>	<u>\$ 5,327</u>
Total expenses	<u>\$ 162,512</u>	<u>\$ 139,344</u>
Changes in net assets	<u>\$ 16,952</u>	<u>\$ (17,513)</u>
Net assets at the beginning of the year	<u>\$ (81,704)</u>	<u>\$ (64,191)</u>
Net assets at the end of the year	<u>\$ (64,752)</u>	<u>\$ (81,704)</u>

See independent auditor's report.

The accompanying notes are an integral part of these statements.

# India Home Inc

## Statement of Functional Expenses

### Cash Basis

Year Ended December 31, 2011

(With summarized comparative totals for the year ended December 31, 2010)

	<u>Program Services</u>	<u>General and Administrative</u>	<u>Fundraising</u>	<u>2011 Total</u>	<u>2010 Total</u>
Salaries	\$ 44,008	\$ 4,496	\$ -	\$ 48,504	\$ 63,306
Payroll taxes and fringe benefits	\$ 3,247	\$ 360	\$ -	\$ 3,607	\$ 4,318
Advertising and promotion	\$ -	\$ 3,345	\$ 1,000	\$ 4,345	\$ 7,765
Bank Fees	\$ -	\$ 739	\$ -	\$ 739	\$ 435
Finance Charges	\$ -	\$ 3,242	\$ -	\$ 3,242	\$ 4,436
Conferences	\$ 1,655	\$ 1,655	\$ -	\$ 3,310	\$ 2,185
Depreciation and amortization expenses	\$ 9,188	\$ -	\$ -	\$ 9,188	\$ 9,188
Insurance	\$ -	\$ 8,599	\$ -	\$ 8,599	\$ 9,406
Office Expenses	\$ -	\$ 1,497	\$ -	\$ 1,497	\$ 1,104
Miscellaneous	\$ -	\$ 494	\$ -	\$ 494	\$ 580
Supplies	\$ 2,463	\$ -	\$ 3,900	\$ 6,363	\$ 4,090
Professional services	\$ 9,159	\$ 1,000	\$ -	\$ 10,159	\$ 4,636
Rent	\$ 1,300	\$ -	\$ 2,000	\$ 3,300	\$ -
Telephone	\$ -	\$ 4,905	\$ -	\$ 4,905	\$ 4,874
Meals	\$ 14,313	\$ -	\$ 5,200	\$ 19,513	\$ 20,358
Cruise expenses	\$ 26,364	\$ -	\$ -	\$ 26,364	\$ -
Travel / Transportation	\$ 5,565	\$ 840	\$ -	\$ 6,405	\$ 2,663
Computer Expenses	\$ 978	\$ -	\$ -	\$ 978	\$ -
Website and internet	\$ -	\$ 1,000	\$ -	\$ 1,000	\$ -
Total Expenses	<u>\$ 118,240</u>	<u>\$ 32,172</u>	<u>\$ 12,100</u>	<u>\$ 162,512</u>	<u>\$ 139,344</u>

See independent auditor's report.  
The accompanying notes are an integral part of these statements.

# India Home Inc.

## Statement of Cash Flows Cash Basis Year Ended December 31, 2011 (with summarized comparative information for the year ended December 31, 2010)

	<u>2011</u>	<u>2010</u>
Cash flows from operating activities:		
Changes in net assets	\$ 16,952	\$ (17,513)
Adjustments to reconcile changes in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization expenses	\$ 9,188	\$ 9,188
Changes in:		
Prepaid Expenses	\$ 408	\$ 1,899
Payroll Liabilities	\$ 1,158	\$ (2,703)
Net cash provided by (used in) operating activities	<u>\$ 27,706</u>	<u>\$ (9,129)</u>
Cash flows from investing activities:		
Changes in other assets	<u>\$ -</u>	<u>\$ 4,000</u>
Net cash provided by (used in) investing activities	<u>\$ -</u>	<u>\$ 4,000</u>
Cash flow from financing activities		
Bank Overdraft	\$ 893	\$ 1,047
Other Loans	<u>\$ (17,808)</u>	<u>\$ (5,803)</u>
Net cash provided by (used in) financing activities	<u>\$ (16,915)</u>	<u>\$ (4,756)</u>
Net decrease in cash and cash equivalents	\$ 10,791	\$ (9,885)
Cash and cash equivalents, beginning	<u>\$ 55</u>	<u>\$ 9,940</u>
Cash and cash equivalents, ending	<u>\$ 10,846</u>	<u>\$ 55</u>

See independent auditor's report.  
The accompanying notes are an integral part of these statements.



# **India Home Inc.**

## **Notes to Balance Sheet and Statement of Activities and Changes in Net Assets For the Year Ended December 31, 2011**

### **Note 1: Nature of Organization**

- a. India Home Inc. is a not for profit organization incorporated in New York in 2007. It is exempt from U.S. federal income taxes under Section 501 ©(3) of the Internal Revenue Code and from state income tax under comparable law.
- b. The objective of the organization is to make a difference in the quality of life for seniors and people with special needs by providing quality care in a culturally sensitive environment by collaborating with other not for profit organizations, for profit organizations, community members, health care professionals, community organizations and Government organizations.

India Home Inc. provides services for seniors which include yoga and meditation, spiritual lectures and discussions, medical, social and legal information, English, computers and citizenship classes, recreational activities including movies, music and games, festival and birthday celebrations, activities including arts, crafts and group discussions, trips to parks, museums and beaches etc.

India home inc. seeks to provide community health and social services, home care services, adult social day program, adult day health care center, dementia adult day care center, transportation services, development of senior housing and retirement communities, assisted living facilities and enhanced assisted living facilities, nursing homes for sub acute care, long term car, respite care and hospice care.

### **Note 2: Significant Accounting Policies**

- a. Basis of accounting

The accompanying financial statements have been prepared on the cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Non-cash transactions are not recognized in the financial statements. The cash basis differs from generally accepted accounting principles primarily due to the effects of accounts receivable and accounts payable not being reflected in the accompanying financial statements.

- b. Financial Statement Presentation

Financial statement presentation follows the requirements of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards, *Financial Statements of Not-for-Profit Organization SFAS No. 117*. Under *SFAS No.117*, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

*Unrestricted Net Assets* - consists of assets, public support, program revenues and investment earnings which are available and used for charitable activities, operations

# India Home Inc.

## Notes to Balance Sheet and

## Statement of Activities and Changes in Net Assets

For the Year Ended December 31, 2011

### Summary of Significant Accounting Policies (Continued)

#### Financial Statement Presentation (Continued)

and programs. Unrestricted net assets represent the portion of net assets of the Organization that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations. Contributions are considered available for unrestricted use unless specifically restricted by the donor..

*Temporarily Restricted Net Assets*---includes funds with donor---imposed restrictions that permit the donee organization to expend the assets as specified and are satisfied either by passage of time or by actions of the Organization. Resources of this nature originate from gifts, grants, bequests and investment income earned on restricted funds.

*Permanently Restricted Net Assets* - includes resources, which have a permanent donor-imposed restriction which stipulates that the assets are to be maintained permanently, but permits the Organization to expend part or all of the ncome derived from the donated assets.

#### c. Functional Expenses

The Organization allocates their expenses on a functional basis among its various programs and support services. Expenses that can be identified with a specific program and/or support service are allocated directly according to their natural expenditure classification.

#### d. Contributions, Gifts, and Grants

The Organization follows the requirements of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards, Accounting for Contributions Received and Contributions Made. This financial accounting standard requires that contributions be recorded as receivables and revenues and requires the Organization to distinguish between contributions received for each net asset category in accordance with donor-imposed restrictions. Contributions may include gifts of cash, collection items, or promises to give. Contributions, including unconditional promises to give, are recognized as revenues in the period received. Conditional promises to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met. Contributions of assets other than cash are reported at their estimated fair value. Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risk involved, when such amounts are considered material. Support that is restricted by the donor is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction until restriction conditions are satisfied, at which time temporarily restricted net assets are reclassified to unrestricted net assets.

# India Home Inc.

## Notes to Balance Sheet and Statement of Activities and Changes in Net Assets For the Year Ended December 31, 2011

### Summary of Significant Accounting Policies (Continued)

### Financial Statement Presentation (Continued)

#### e. Revenue Recognition

The Organization reports gifts of land, building, and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support.

#### f. Cash and Cash Equivalents

The Organization considers as cash equivalents all highly liquid investments, which can be converted into known amounts of cash and have a maturity period of ninety days or less at the time of purchase. Excluded from this definition of cash equivalents are such amounts that represent funds that have been designated by the Board for investment. Money market deposits maintained in checking and saving accounts that are available for current operations.

#### g. Fixed assets and depreciation

The Organization capitalizes at cost, if purchased, or if donated, at fair market value at the date of receipt. Expenditures for maintenance, repairs and renewals are charged to expenses as incurred; whereas major betterments are capitalized as additions to property and equipment. Depreciation of property and equipment is computed using the straight-line method over the estimated useful lives of the assets as follows:

Vehicle 5 Yrs

Fixed assets at December 31, 2011 and 2010 consist of the following:

	<b>2011</b>	<b>2010</b>
Vehicle - estimated useful life 5 years	\$ 45,944	\$ 45,944
Accumulated depreciation	\$ (33,691)	\$ (24,502)
	<b>\$ 12,253</b>	<b>\$ 21,442</b>

Depreciation for the years ended December 31, 2011 and 2010 were \$9,189 per year.

# India Home Inc.

## Notes to Balance Sheet and

## Statement of Activities and Changes in Net Assets

For the Year Ended December 31, 2011

### Note 4: Related party disclosure

Of the total principal amount of loans of \$75,000, \$ 30,000 represents principal amount due to individuals who are members of Board of Directors. Of these, \$5,000 does not carry any interest and is payable on demand. The balance of loans in the amount of \$25,000 carry an interest rate of 8%. As per the original terms of the loan, the interest is payable at the end of each year for the first three years and the entire principal amount of loan is payable on or before a day which is three years from the date on which the loan is made. The loan agreement has been modified and the loan term has been extended to five years.

No interest payment has been made until December 31, 2011. The unpaid interest due to members of Board of Directors is \$ 4,317.

### Note 5: Loans

The principal amount outstanding on loans payable as of December 31, 2010 was \$90,000. \$15,000 of third party loans was repaid in full during the year 2011. No interest was paid on these loans. Imputed interest is immaterial and has not been recorded.

The principal amount outstanding as of December 31, 2011 was \$75,000. The loans in the amount of \$25,000 from members of Board of Directors and \$45,000 from third parties carry an interest rate of 8%. As per the original terms of the loan, the interest is payable at the end of each year for the first three years and the entire principal amount of loan is payable on or before a day which is three years from the date on which the loan is made. The loan agreement has been modified and principal amount of loan and interest is payable on or before a day which is five years from the date on which the loan is made.

No interest payment has been made until December 31, 2011. The unpaid interest due to members of Board of Directors is \$ 4,317 and \$9,533 to third parties.

### Note 6: Subsequent Events

Subsequent events have been evaluated through July 12, 2012, which is the date the financial statements were available to be issued.

COPY OF WITHIN PAPER  
RECEIVED

AUG 15 2012

NYS OFFICE OF THE ATTORNEY GENERAL  
CHARITIES BUREAU

# TATIYA ACCOUNTAX INC.

99 Mayflower Ave.  
Williston Park, NY 11596

Tel: (516) 742-4145  
(516) 841-8485

www.tatiyacpa.com  
Jain\_hemant@hotmail.com

Fax: (516) 908-4378  
neetu@tatiyacpa.com

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July 13, 2012

India Home Inc  
208 Parkway Dr  
Roslyn Heights, NY 11577

India Home Inc:

We have prepared the enclosed 2011 federal return for a tax-exempt organization, for India Home Inc from the information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. If the returns are examined, requests may be made for supporting documentation. Please retain all pertinent supporting documents for at least seven years.

Please follow the signing and filing instructions carefully. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Enclosed is the 2011 New York Privilege Tax & Annual Report return for India Home Inc, prepared from the information provided. The original should be signed and dated, and mailed on or before May 15, 2012, to the following address:

Charities Bureau  
Registration Section  
120 Broadway  
New York, NY 10271  
(Payable to New York Department of Law)

The organization's New York Privilege Tax & Annual Report return reflects a balance due of \$35. Mail a payment for this amount to the following address:

Charities Bureau  
Registration Section  
120 Broadway  
New York, NY 10271  
(Payable to New York Department of Law)

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (516)742-4145.

Sincerely,

Neetu Solanki  
TATIYA ACCOUNTAX INC

# TATIYA ACCOUNTAX INC.

99 Mayflower Ave.  
Williston Park, NY 11596

Tel: (516) 742-4145  
(516) 841-8485

www.tatiyacpa.com  
Jain\_hemant@hotmail.com

Fax: (516) 908-4378  
neetu@tatiyacpa.com

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July 13, 2012

India Home Inc  
208 Parkway Dr  
Roslyn Heights, NY 11577

Subject: Preparation of 2011 Tax Returns

India Home Inc:

Thank you for choosing TATIYA ACCOUNTAX INC to assist with the 2011 taxes for India Home Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2011 federal and state income tax returns for India Home Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of course, inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of India Home Inc, the alternative selected by management.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2011 tax returns will conclude with the delivery of the completed returns to management (if paper filing) or the signing by the tax matters partner, and the subsequent submittal, of the tax return (if e-filing). If management has not selected to e-file the



returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

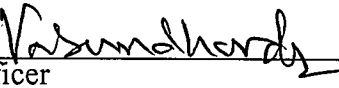
To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,

Neetu Solanki  
TATIYA ACCOUNTAX INC

Accepted By:

  
\_\_\_\_\_  
Officer

\_\_\_\_\_  
Date

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

▶ See instructions.

2011

Name of exempt organization

INDIA HOME INC

Employer identification number

20-8747291

Name and title of officer

VASUNDHARA KALASAPUDI, PRESIDENT

**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	179,464
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II** Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize TATIYA ACCOUNTAX INC to enter my PIN 22222 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 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.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 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.

Officer's signature

Date ▶ 05-10-2012

**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.

114505 11353

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization 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 ▶ NEETU SOLANKI

Date ▶ 07-13-2012

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So