

ANJ 35

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 005)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.charitiesnys.com	2010 Open to Public Inspection
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1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) / 2010 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

2. Certification - Two Signatures Required			
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	Valundhar Printed Name	President of India Home Title
		11/01/11 Date	
b. Chief Financial Officer or Treas.	 Signature	KIRAN DAVE Printed Name	board member Title
		11/1/11 Date	

3. Annual Report Exemption Information	
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. NOTE: 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.	

4. Article 7-A Schedules	
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 type="checkbox"/> Yes * <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.	
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"	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ►►►
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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 part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part 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 parts a and 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 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)

India Home Inc.

Statement of Activities and Changes in Net Assets

Year Ended December 31, 2010

(with summarized financial information for the year ended December 31, 2009)

	<u>2010</u>	<u>2009</u>
Revenue and other support:		
Contributions	\$ 91,171	\$ 47,483
Fundraising revenue	<u>\$ 30,660</u>	<u>\$ -</u>
Total revenue and other support	<u>\$ 121,831</u>	<u>\$ 47,483</u>
Expenses:		
Program services	\$ 122,839	\$ 124,094
Support services	\$ 11,178	\$ 5,713
Fundraising expenses	<u>\$ 5,327</u>	<u>\$ -</u>
Total expenses	<u>\$ 139,344</u>	<u>\$ 129,807</u>
Decrease in net assets	<u>\$ (17,513)</u>	<u>\$ (82,324)</u>
Net assets at the beginning of the year	<u>\$ (64,191)</u>	<u>\$ 18,133</u>
Net assets at the end of the year	<u>\$ (81,704)</u>	<u>\$ (64,191)</u>

India Home Inc.

Balance Sheet

December 31, 2010

(with comparative financial information as of December 31, 2009)

	<u>2010</u>	<u>2009</u>
ASSETS		
Cash and cash equivalents	\$ 55	\$ 9,940
Fixed assets (see note 3)	\$ 21,442	\$ 30,631
Other assets	<u>\$ 408</u>	<u>\$ 6,308</u>
Total assets	<u>\$ 21,905</u>	<u>\$ 46,879</u>
LIABILITIES & NET ASSETS		
Liabilities		
Loans (see note 4)	\$ 90,000	\$ 94,212
Other payables & liabilities	<u>\$ 13,609</u>	<u>\$ 16,858</u>
Total liabilities	<u>\$ 103,609</u>	<u>\$ 111,070</u>
Net assets		
Net assets	<u>\$ (81,704)</u>	<u>\$ (64,191)</u>
Total net assets	<u>\$ (81,704)</u>	<u>\$ (64,191)</u>
Total liabilities and net assets	<u>\$ 21,905</u>	<u>\$ 46,879</u>

India Home Inc.

COPY OF WITHIN PAPER
RECEIVED

NOV 07 2011

NYS OFFICE OF THE ATTORNEY GENERAL
CHARITIES BUREAU

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

- 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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2010 calendar year, or tax year beginning**

, 2010, 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)

Room/suite

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**J Tax-exempt status (check only one) -** ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**H Check** ☐ if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting 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**

► \$

121,831

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	121,831
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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	121,831	
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	63,306
	13	Professional fees and other payments to independent contractors	13	2,800
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	500
	16	Other expenses (describe in Schedule O)	16	66,600
17	Total expenses. Add lines 10 through 16	17	133,206	
A s s e t s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(11,375)
	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	(57,137)
	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	(68,512)

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	9,940	22 55
23 Land and buildings	37,684	23 34,634
24 Other assets (describe in Schedule O)	6,308	24 408
25 Total assets	53,932	25 35,097
26 Total liabilities (describe in Schedule O)	111,069	26 103,609
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(57,137)	27 (68,512)

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 what was achieved in carrying out the organization's exempt purposes. 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 SERVED SENIORS BY PROVIDING PROGRAMS THAT INCLUDED: YOGA, MEDITATION, SPIRITUAL DISCUSSIONS, ENGLISH, COMPUTERS AND CITIZENSHIP CLASSES, RECREATIONAL ACTIVITIES, (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 116,700
29 SERVED 150-200 SENIORS / WEEK AT 3 CENTERS. CAREGIVER PROGRAM WAS STARTED IN JULY 2010 IN COLLABORATION WITH SUNNYSIDE COMMUNITY SERVICES. (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)	32 116,700

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) Compensation (if not paid, enter -0-)	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
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 SERVICE 10	0	0	0
PAULOSE ARIKUPURATHI 1620 HILLSIDE AVE, NEW HYDE PARK NY 11040	PUBLIC RELATION 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 10	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 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 activity not previously reported to the IRS? If "Yes," attach 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 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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	26,953
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 ; section 4912 ; section 4955		
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
		11577
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	

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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)	45a	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	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 ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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.

Sign Here	VASUNDHARA KALASAPUDI			
	Signature of officer		Date	
Paid Preparer Use Only	VASUNDHARA KALASAPUDI, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	NEETU SOLANKI CPA		10-28-2011	
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		
	Williston Park NY 11596		516-742-4145	

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

2010

**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) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		8,650	36,965	47,483	121,831	214,929
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 Total. Add lines 1 through 3		8,650	36,965	47,483	121,831	214,929
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)						87,916
6 Public support. Subtract line 5 from line 4						127,013

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4		8,650	36,965	47,483	121,831	214,929
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 Total support. Add lines 7 through 10						214,929

12 Gross receipts from related activities, etc. (see instructions)	12	
13 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	<input checked="" type="checkbox"/>	

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.00	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2010. 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	<input type="checkbox"/>		
b 33 1/3% support test - 2009. 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	<input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2010. 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 stop here. 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 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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

INDIA HOME INC

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

2010

**Open to Public
Inspection**

Employer identification number

20-8747291

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	15,946	X		X		X	
(2) WORKING CAPITAL										
(3) DR KIRAN DAVE	X		10,000	11,007	X		X		X	
(4) WORKING CAPITAL										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ▶ \$				26,953						

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) 2010

Part IV Business Transactions Involving Interested Persons.

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)					

Part V	Supplemental Information
---------------	---------------------------------

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIA HOME INC

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

2010

**Open to Public
Inspection**

Employer identification number

20-8747291

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

DESCRIPTION	AMOUNT
BANK CHARGES	435
POSTAGE	178
TELEPHONE	4,874
ADVERTISING & PROMOTION	2,439
NYS DEPT OF LAW	35
MEMBERSHIP DUES	390
CONFERENCES	985
FINANCE CHARGES	4,436
INSURANCE	9,406
FICA	3,745
SUTA	406
PROGRAM EXPENSES	28,947
FUNDRAISING EXPENSES	5,327
DEPRECIATION	3,050
DONATIONS	1,200
MCTMT	167
MISC EXPENSES	580

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

CATEGORY	BEGINNING	
	OF YEAR	END OF YEAR
PAYROLL TAXES	2,308	408
ARCHITECT FEE	4,000	0

Name of the organization

Employer identification number

INDIA HOME INC

20-8747291

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

BEGINNING

CATEGORY	OF YEAR	END OF YEAR
PAYROLL TAXES PAYABLE	3,109	405
CREDIT CARDS PAYABLE	13,748	12,157
BANK OVERDRAWN	0	1,047
LOANS	94,212	90,000

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2010Attachment
Sequence No. 67

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 the 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 2009 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 2011. 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 2010	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 2010 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
19a 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 2010 Tax Year Using the Alternative Depreciation System

(a) Class life	(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
20a Class life					S/L	
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	3,050
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	3,050
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			
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:											
VAN	20080422	100 %	45,944	45,944	5	200 DB-HY	3,050				
		%									
		%									
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, page 1								28	3,050		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

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 (do not 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						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 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).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 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
42 Amortization of costs that begins during your 2010 tax year (see instructions):					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

2010

(Keep for your records)

Name of the organization

INDIA HOME INC

Employer identification number

20-8747291

2% of the amount on Schedule A, part II, line 11, column (f)

4,299

Name	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
DR RAO & DR KALASAPUDI		1,000	10,500	16,800	29,412	57,712	53,413
INNOVATIVE OPERATIONS SOLUTIONS LLC					11,500	11,500	7,201
DOSHI FAMILY FOUNDATION					25,000	25,000	20,701
AMIT & DEEPIKA SOOD			500	3,500	6,900	10,900	6,601

TOTAL

87,916

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services

For your records only

2010

PAGE 1

Name(s) as shown on return

Social security number/EIN

INDIA HOME INC

20-8747291

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	VAN	20080422	45,944		100.00		45,944	5	200 DB HY	19.2	3,050	11,310			3,050
Totals			45,944				45,944				3,050	11,310			3,050

Land Amount
Net Depreciable Cost

ST ADJ:

Neetu Jain, CPA

99 Mayflower Ave.
Williston Park, NY 11596

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

Independent Auditors' Report

The Board of Directors
India Home Inc.

We have audited the accompanying balance sheets – cash basis of India Home Inc. as of December 31, 2010 and 2009 and the related statements of activities and changes in net assets – cash basis 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 generally accepted 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 balance sheets and the related statements of activities and changes in net assets are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the balance sheets and the related statements of activities and changes in net assets. An audit also includes assessing the accounting principles used by management, as well as evaluating the overall presentation of the balance sheets and the related statements of activities and changes in net assets. 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.

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, 2010 and 2009 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
October 13, 2011

India Home Inc.

Balance Sheet

December 31, 2010

(with comparative financial information as of December 31, 2009)

	<u>2010</u>	<u>2009</u>
ASSETS		
<i>Cash and cash equivalents</i>	\$ 55	\$ 9,940
<i>Fixed assets (see note 3)</i>	\$ 21,442	\$ 30,631
<i>Other assets</i>	<u>\$ 408</u>	<u>\$ 6,308</u>
<i>Total assets</i>	<u>\$ 21,905</u>	<u>\$ 46,879</u>
 LIABILITIES & NET ASSETS		
<i>Liabilities</i>		
<i>Loans (see note 4)</i>	\$ 90,000	\$ 94,212
<i>Other payables & liabilities</i>	<u>\$ 13,609</u>	<u>\$ 16,858</u>
<i>Total liabilities</i>	<u>\$ 103,609</u>	<u>\$ 111,070</u>
 <i>Net assets</i>		
<i>Net assets</i>	<u>\$ (81,704)</u>	<u>\$ (64,191)</u>
<i>Total net assets</i>	<u>\$ (81,704)</u>	<u>\$ (64,191)</u>
<i>Total liabilities and net assets</i>	<u>\$ 21,905</u>	<u>\$ 46,879</u>

India Home Inc.

Statement of Activities and Changes in Net Assets

Year Ended December 31, 2010

(with summarized financial information for the year ended December 31, 2009)

	<u>2010</u>	<u>2009</u>
Revenue and other support:		
<i>Contributions</i>	\$ 91,171	\$ 47,483
<i>Fundraising revenue</i>	<u>\$ 30,660</u>	<u>\$ -</u>
<i>Total revenue and other support</i>	<u>\$ 121,831</u>	<u>\$ 47,483</u>
Expenses:		
<i>Program services</i>	\$ 122,839	\$ 124,094
<i>Support services</i>	\$ 11,178	\$ 5,713
<i>Fundraising expenses</i>	<u>\$ 5,327</u>	<u>\$ -</u>
<i>Total expenses</i>	<u>\$ 139,344</u>	<u>\$ 129,807</u>
<i>Decrease in net assets</i>	<u>\$ (17,513)</u>	<u>\$ (82,324)</u>
<i>Net assets at the beginning of the year</i>	<u>\$ (64,191)</u>	<u>\$ 18,133</u>
Net assets at the end of the year	<u>\$ (81,704)</u>	<u>\$ (64,191)</u>

India Home Inc.

Notes to Balance Sheet and

Statement of Activities and Changes in Net Assets

For the Year Ended December 31, 2010

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 care and 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. Fixed assets and depreciation – Fixed assets are recorded at cost. Depreciation is computed using straight-line and accelerated methods over the estimated useful lives of the assets.*

India Home Inc.

Notes to Balance Sheet and

Statement of Activities and Changes in Net Assets

For the Year Ended December 31, 2010

Note 3: Fixed Assets

Fixed assets at December 31, 2010 and 2009 consist of the following:

	2010	2009
<i>Vehicle - estimated useful life 5 years</i>	<i>\$ 45,944</i>	<i>\$ 45,944</i>
<i>Accumulated depreciation</i>	<i>\$ (24,502)</i>	<i>\$ (15,313)</i>
	\$ 21,442	\$ 30,631

Note 4: Related party disclosure

Of the total principal amount of loans of \$90,000, \$ 25,000 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 \$20,000 from members of Board of Directors and \$65,000 from third parties carry an interest rate of 8%. 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.

No interest payment has been made until December 31, 2010. The unpaid interest due to members of Board of Directors is \$ 1,953 and \$7,714 to third parties.