

2019 TAX RETURN

Client Copy

**Client:** KONKANIC

**Prepared for:** KONKANI CHARITABLE FUND INC  
562 FALLEN LEAF CIRCLE  
SAN RAMON, CA 94583  
(631) 472-1418

**Prepared by:** DEV M KINI  
Perry Ptashnik, CPA  
21 W 38th St. 9th Fl  
NEW YORK, NY 10018  
7323224971

**Date:** November 15, 2020

**Comments:**

**Route to:** \_\_\_\_\_

CLIENT KONKANIC

**DEV KINI ASSOCIATES INC  
353 LEXINGTON AVE SUITE 1605  
NEW YORK, NY 10016  
7323224971**

November 13, 2020

KONKANI CHARITABLE FUND INC  
562 FALLEN LEAF CIRCLE  
SAN RAMON, CA 94583

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2019 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by November 16, 2020. Mail your California payment voucher, Form 3586, on or before November 16, 2020 to:

**FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0531**

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by November 16, 2020. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 16, 2020 to:

**REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470**

Please be sure to call us if you have any questions.

Sincerely,

DEV M KINI

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

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

**G Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2019

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

KONKANI CHARITABLE FUND INC

90-0482868

Name and title of officer

GOPAL BHANDARKAR

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 one line in Part I.

|   |  |                            |
|---|--|----------------------------|
| <b>1 a</b> Form 990 check here..... G <input checked="" type="checkbox"/> | <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)..... | <b>1 b</b> <u>307,182.</u> |
| <b>2 a</b> Form 990-EZ check here..... G <input type="checkbox"/>         | <b>b Total revenue,</b> if any (Form 990-EZ, line 9).....                      | <b>2 b</b> _____           |
| <b>3 a</b> Form 1120-POL check here..... G <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22).....                               | <b>3 b</b> _____           |
| <b>4 a</b> Form 990-PF check here..... G <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5).....    | <b>4 b</b> _____           |
| <b>5 a</b> Form 8868 check here..... G <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, line 3c).....                                 | <b>5 b</b> _____           |

## 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 2019 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 Perry Ptashnik, CPA to enter my PIN 15411 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 2019 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 G \_\_\_\_\_ Date G \_\_\_\_\_

## 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 13643108540  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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 G DEV M KINI Date G \_\_\_\_\_

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

**GFile a separate application for each return.**  
**GGo to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>KONKANI CHARITABLE FUND INC</b>                    | Taxpayer identification number (TIN)<br><b>90-0482868</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions.<br><b>562 FALLEN LEAF CIRCLE</b>            |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SAN RAMON, CA 94583</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

? The books are in the care of G GOPAL BHANDARKAR -----

Telephone No. G (631) 472-1418 ----- Fax No. G -----

? If the organization does not have an office or place of business in the United States, check this box .....  **G**

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box .....  **G** . If it is for part of the group, check this box .....  **G**  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

**G**  calendar year 2019 or

**G**  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |            |    |    |
|--|------------|----|----|
| <b>3 a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....                                  | <b>3 a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... | <b>3 b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....              | <b>3 c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

## Return of Organization Exempt From Income Tax

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

G Do not enter social security numbers on this form as it may be made public.  
G Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2019

**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning** , 2019, and ending ,

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b><br>KONKANI CHARITABLE FUND INC<br>562 FALLEN LEAF CIRCLE<br>SAN RAMON, CA 94583 | <b>D</b> Employer identification number<br>90-0482868   | <b>E</b> Telephone number<br>(631) 472-1418 |
| <b>F</b> Name and address of principal officer: <b>GOPAL BHANDARKAR</b><br>Same As C Above   |  | <b>G</b> Gross receipts \$ <b>307,182.</b>  |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>H</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |   |
| <b>J</b> Website: <b>G</b> N/A   |  | <b>H(c)</b> Group exemption number <b>G</b>   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>G</b>   |  | <b>L</b> Year of formation: <b>2009</b>   | <b>M</b> State of legal domicile: <b>CA</b> |

**Part I Summary**

|  |   |                                  |                     |
|--|---|----------------------------------|---------------------|
|  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>See Schedule 0</u>  |                                  |                     |
| <b>Activities &amp; Governance</b>                             | <b>2</b> Check this box <input type="checkbox"/> <b>G</b> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                  |                     |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | 8                   |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 0                   |
|  | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | <b>5</b>                         | 0                   |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 0                   |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | 0.                  |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 39   | <b>7b</b>                        | 0.                  |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   | 250,132.                         | 306,276.            |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 956.                             | 906.                |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                                  |                     |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 251,088.                         | 307,182.            |
|  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 365,252.                         | 315,000.            |
| <b>Expenses</b>  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                                  |                     |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |                                  |                     |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                                  |                     |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>G</b>   |                                  |                     |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 3,527.                           | 3,060.              |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 368,779.                         | 318,060.            |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 | -117,691.   | -10,878.                         |                     |
| <b>Net Assets or Fund Balances</b>                             | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 164,804.                         | 153,926.            |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 0.                               | 0.                  |
|  |   | 164,804.                         | 153,926.            |

**Part II Signature Block**

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

|                               |   |   |      |  |
|-------------------------------|---|---|------|--|
| <b>Sign Here</b>              | <b>A</b> _____<br>Signature of officer                              | _____<br>Date                             |      |  |
|                               | <b>A</b> <b>GOPAL BHANDARKAR</b><br>Type or print name and title    | <b>President</b>                          |      |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>DEV M KINI</b>                     | Preparer's signature<br><b>DEV M KINI</b> | Date | Check <input checked="" type="checkbox"/> if self-employed<br>PTIN<br><b>P01491378</b> |
|                               | Firm's name <b>G Perry Ptashnik, CPA</b>                            |   |      | Firm's EIN <b>G 22-4463753</b>   |
|                               | Firm's address <b>G 21 W 38th St. 9th Fl<br/>NEW YORK, NY 10018</b> |   |      | Phone no. <b>7323224971</b>  |

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code: ) (Expenses \$ 315,000. including grants of \$ ) (Revenue \$ )

7AMOUNT PAID TO OLDAGE HOME, EDUCATIONAL INSTITUTION AND HADICAPPED WELFARE ORGANIZATION.

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

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

4 d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses G 315,000.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....   | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....   | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....  |     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> .....   |     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .....            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .....   |     | X  |
| <b>b</b> Did the organization report an amount for investments * other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> .....  |     | X  |
| <b>c</b> Did the organization report an amount for investments * program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> .....  |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> .....   |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> .....   |     | X  |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i> .....  |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i> .....  |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....   |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> .....   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) .....  |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> .....   |     | X  |
| <b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....  |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....  |     | X  |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .....   |     | X  |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i> .....   |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....  |     |    |
| 25 a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .....  |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .....   |     | X  |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i> .....   |     | X  |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i> ..... |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV</i> .....  |     | X  |
| b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i> .....   |     | X  |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV</i> .....   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> .....   |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .....   |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> .....   |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> .....   |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> .....   |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |     | X  |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....   |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....  |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> .....  |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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



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

|  |  | Yes         | No |
|--|--|-------------|----|
| <b>2 a</b>   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |             |    |
|  | <b>2 a</b> 0   |             |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2 b</b>  |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |             |    |
| <b>3 a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3 a</b>  | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O  | <b>3 b</b>  |    |
| <b>4 a</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)? | <b>4 a</b>  | X  |
| <b>b</b>   | If 'Yes,' enter the name of the foreign country G<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |             |    |
| <b>5 a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5 a</b>  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5 b</b>  | X  |
| <b>c</b>   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | <b>5 c</b>  |    |
| <b>6 a</b>   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6 a</b>  | X  |
| <b>b</b>   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6 b</b>  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |             |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7 a</b>  | X  |
| <b>b</b>   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  | <b>7 b</b>  |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7 c</b>  | X  |
| <b>d</b>   | If 'Yes,' indicate the number of Forms 8282 filed during the year  | <b>7 d</b>  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7 e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7 f</b>  | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7 g</b>  |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7 h</b>  |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>    |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |             |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9 a</b>  |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9 b</b>  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |             |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10 a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10 b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |             |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11 a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11 b</b> |    |
| <b>12 a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12 a</b> |    |
| <b>b</b>   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  | <b>12 b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |             |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13 a</b> |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13 b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13 c</b> |    |
| <b>14 a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14 a</b> | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O  | <b>14 b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If 'Yes,' see instructions and file Form 4720, Schedule N.                   | <b>15</b>   | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If 'Yes,' complete Form 4720, Schedule O.   | <b>16</b>   | X  |

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1 a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1 a</b> 8<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>b</b>   | Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1 b</b>   |     |    |
| <b>2</b>   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>  |     | X  |
| <b>3</b>   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . <b>3</b>  |     | X  |
| <b>4</b>   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>   |     | X  |
| <b>5</b>   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>   |     | X  |
| <b>6</b>   | Did the organization have members or stockholders? . . . . . <b>6</b>   |     | X  |
| <b>7 a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7 a</b>   |     | X  |
| <b>b</b>   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7 b</b>  |     | X  |
| <b>8</b>   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>   | The governing body? . . . . . <b>8 a</b>  |     | X  |
| <b>b</b>   | Each committee with authority to act on behalf of the governing body? . . . . . <b>8 b</b>  |     | X  |
| <b>9</b>   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O . . . . . <b>9</b>   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|             |  | Yes | No |
|-------------|--|-----|----|
| <b>10 a</b> | Did the organization have local chapters, branches, or affiliates? . . . . . <b>10 a</b>   |     | X  |
| <b>b</b>    | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10 b</b>   |     |    |
| <b>11 a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11 a</b>  |     | X  |
| <b>b</b>    | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O . . . . . <b>11 b</b>   |     |    |
| <b>12 a</b> | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . . <b>12 a</b>  |     | X  |
| <b>b</b>    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12 b</b>  |     |    |
| <b>c</b>    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . . <b>12 c</b>   |     |    |
| <b>13</b>   | Did the organization have a written whistleblower policy? . . . . . <b>13</b>  |     | X  |
| <b>14</b>   | Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>   |     | X  |
| <b>15</b>   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>    | The organization's CEO, Executive Director, or top management official . . . . . <b>15 a</b>   |     | X  |
| <b>b</b>    | Other officers or key employees of the organization . . . . . <b>15 b</b>  |     | X  |
|             | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16 a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16 a</b>  |     | X  |
| <b>b</b>    | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16 b</b> |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed G None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records G  
 GOPAL BHANDARKAR 43 SPRAY COURT BAYPORT NY 11705 (631) 472-1418

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

? List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

? List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

? List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

? List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

? List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) GOPAL BHANDARKAR<br>-----<br>President   | 10<br>-----<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) VEENA KAMATH<br>-----<br>Secretary-Treas | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) VI JAY KUMAR RAO<br>-----<br>Director    | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) RAVI DRANATH SHENOY<br>-----<br>Director | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) SURENDRA SHENOY<br>-----<br>Director     | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) ARUNA ACHARYA<br>-----<br>Director       | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) GAJANAN SHANBHAG<br>-----<br>Director    | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) VASUDEV SHENOY<br>-----<br>Director      | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) -----                                    |  |   |                       |         |              |                              |        |  |   |   |
| (10) -----                                   |  |   |                       |         |              |                              |        |  |   |   |
| (11) -----                                   |  |   |                       |         |              |                              |        |  |   |   |
| (12) -----                                   |  |   |                       |         |              |                              |        |  |   |   |
| (13) -----                                   |  |   |                       |         |              |                              |        |  |   |   |
| (14) -----                                   |  |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) -----            |  |   |                       |         |              |                              |  |   |   |
| (16) -----            |  |   |                       |         |              |                              |  |   |   |
| (17) -----            |  |   |                       |         |              |                              |  |   |   |
| (18) -----            |  |   |                       |         |              |                              |  |   |   |
| (19) -----            |  |   |                       |         |              |                              |  |   |   |
| (20) -----            |  |   |                       |         |              |                              |  |   |   |
| (21) -----            |  |   |                       |         |              |                              |  |   |   |
| (22) -----            |  |   |                       |         |              |                              |  |   |   |
| (23) -----            |  |   |                       |         |              |                              |  |   |   |
| (24) -----            |  |   |                       |         |              |                              |  |   |   |
| (25) -----            |  |   |                       |         |              |                              |  |   |   |

|  |   |    |    |    |
|--|---|----|----|----|
| <b>1 b Subtotal</b> .....  | G | 0. | 0. | 0. |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... | G | 0. | 0. | 0. |
| <b>d Total (add lines 1b and 1c)</b> .....                           | G | 0. | 0. | 0. |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue              | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|---|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                 | <b>1 a</b> Federated campaigns . . . . .   | <b>1 a</b>  |   |   |  |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1 b</b>  |   |   |  |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1 c</b>  |   |   |  |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1 d</b>  |   |   |  |  |
|   | <b>e</b> Government grants (contributions) . . . . .   | <b>1 e</b>  |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above . . . . .   | <b>1 f</b> 306,276.   |   |   |  |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f . . . . .  | <b>1 g</b>  |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f. . . . .   | <b>G</b> 306,276.   |   |   |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> Business Code   |   |   |   |  |  |
|   | <b>b</b> -----   |   |   |   |  |  |
|   | <b>c</b> -----   |   |   |   |  |  |
|   | <b>d</b> -----   |   |   |   |  |  |
|   | <b>e</b> -----   |   |   |   |  |  |
|   | <b>f</b> All other program service revenue . . . . .   |   |   |   |  |  |
|   | <b>g Total.</b> Add lines 2a-2f. . . . .   | <b>G</b>  |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   | <b>G</b> 906.   |   |   | 906.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  | <b>G</b>  |   |   |  |  |
|   | <b>5</b> Royalties . . . . .   | <b>G</b>  |   |   |  |  |
|   | <b>6 a</b> Gross rents . . . . .   | <b>6 a</b>  | (i) Real  | (ii) Personal                           |  |  |
|   |  |   | <b>6 b</b> Less: rental expenses                                | <b>6 b</b>                              |  |  |
|   |  |   | <b>6 c</b> Rental income or (loss)                              | <b>6 c</b>                              |  |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   | <b>G</b>  |   |   |  |  |
|   | <b>7 a</b> Gross amount from<br>sales of assets<br>other than inventory  | <b>7 a</b>  | (i) Securities  | (ii) Other                              |  |  |
|   |  |   | <b>7 b</b> Less: cost or other basis<br>and sales expenses      | <b>7 b</b>                              |  |  |
|   |  |   | <b>7 c</b> Gain or (loss) . . . . .                             | <b>7 c</b>                              |  |  |
|   | <b>d</b> Net gain or (loss) . . . . .  | <b>G</b>  |   |   |  |  |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>8 a</b>  |   |   |  |  |
|   |  |   | <b>8 b</b> Less: direct expenses . . . . .                      | <b>8 b</b>                              |  |  |
|   |  |   | <b>c</b> Net income or (loss) from fundraising events . . . . . | <b>G</b>                                |  |  |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>9 a</b>   |   |   |   |  |  |
|   |  | <b>9 b</b> Less: direct expenses . . . . .                      | <b>9 b</b>  |   |  |  |
|   |  | <b>c</b> Net income or (loss) from gaming activities . . . . .  | <b>G</b>  |   |  |  |
| <b>10 a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>10 a</b>  |   |   |   |  |  |
|   |  | <b>10 b</b> Less: cost of goods sold . . . . .                  | <b>10 b</b>   |   |  |  |
|   |  | <b>c</b> Net income or (loss) from sales of inventory . . . . . | <b>G</b>  |   |  |  |
| <b>Miscellaneous<br/>Revenue</b>  | <b>11 a</b> Business Code  |   |   |   |  |  |
|   | <b>b</b> -----   |   |   |   |  |  |
|   | <b>c</b> -----   |   |   |   |  |  |
|   | <b>d</b> All other revenue . . . . .   |   |   |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d. . . . .   | <b>G</b>  |   |   |  |  |
| <b>12 Total revenue.</b> See instructions . . . . .                               | <b>G</b> 307,182.  | 0.  | 0.  | 906.                                    |  |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.   |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.  |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   | 315,000.                     | 315,000.                               |   |                                    |
| <b>4</b> Benefits paid to or for members.  |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.   | 0.                           | 0.                                     | 0.  | 0.                                 |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   | 0.                           | 0.                                     | 0.  | 0.                                 |
| <b>7</b> Other salaries and wages.   |                              |  |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).   |                              |  |   |                                    |
| <b>9</b> Other employee benefits.  |                              |  |   |                                    |
| <b>10</b> Payroll taxes.   |                              |  |   |                                    |
| <b>11</b> Fees for services (nonemployees):  |                              |  |   |                                    |
| <b>a</b> Management.   |                              |  |   |                                    |
| <b>b</b> Legal.  |                              |  |   |                                    |
| <b>c</b> Accounting.   |                              |  |   |                                    |
| <b>d</b> Lobbying.   |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17.  |                              |  |   |                                    |
| <b>f</b> Investment management fees.   |                              |  |   |                                    |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  |                              |  |   |                                    |
| <b>12</b> Advertising and promotion.   |                              |  |   |                                    |
| <b>13</b> Office expenses.   | 201.                         |  | 201.  |                                    |
| <b>14</b> Information technology.  |                              |  |   |                                    |
| <b>15</b> Royalties.   |                              |  |   |                                    |
| <b>16</b> Occupancy.   |                              |  |   |                                    |
| <b>17</b> Travel.  |                              |  |   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings.  |                              |  |   |                                    |
| <b>20</b> Interest.  |                              |  |   |                                    |
| <b>21</b> Payments to affiliates.  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization.   |                              |  |   |                                    |
| <b>23</b> Insurance.   | 2,720.                       |  | 2,720.  |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| <b>a</b> <u>BANK CHARGES</u>   | 89.                          |  | 89.   |                                    |
| <b>b</b> <u>BUSINESS REGISTRATION</u>  | 50.                          |  | 50.   |                                    |
| <b>c</b> _____   |                              |  |   |                                    |
| <b>d</b> _____   |                              |  |   |                                    |
| <b>e</b> All other expenses.   |                              |  |   |                                    |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e.   | 318,060.                     | 315,000.                               | 3,060.  | 0.                                 |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |          | (B)<br>End of year |          |
|------------------------------------|---|---|----------|--------------------|----------|
| <b>Assets</b>                      | 1   | Cash - non-interest-bearing   | 164,804. | 1                  | 153,926. |
|                                    | 2   | Savings and temporary cash investments  |          | 2                  |          |
|                                    | 3   | Pledges and grants receivable, net  |          | 3                  |          |
|                                    | 4   | Accounts receivable, net  |          | 4                  |          |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |          | 5                  |          |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |          | 6                  |          |
|                                    | 7   | Notes and loans receivable, net   |          | 7                  |          |
|                                    | 8   | Inventories for sale or use   |          | 8                  |          |
|                                    | 9   | Prepaid expenses and deferred charges   |          | 9                  |          |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |          | 10a                |          |
|                                    | b   | Less: accumulated depreciation  |          | 10b                | 10c      |
|                                    | 11  | Investments - publicly traded securities  |          | 11                 |          |
|                                    | 12  | Investments - other securities. See Part IV, line 11  |          | 12                 |          |
|                                    | 13  | Investments - program-related. See Part IV, line 11   |          | 13                 |          |
|                                    | 14  | Intangible assets   |          | 14                 |          |
|                                    | 15  | Other assets. See Part IV, line 11  |          | 15                 |          |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)                                | 164,804.  | 16       | 153,926.           |          |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   |          | 17                 |          |
|                                    | 18  | Grants payable  |          | 18                 |          |
|                                    | 19  | Deferred revenue  |          | 19                 |          |
|                                    | 20  | Tax-exempt bond liabilities   |          | 20                 |          |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |          | 21                 |          |
|                                    | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |          | 22                 |          |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties  |          | 23                 |          |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties  |          | 24                 |          |
|                                    | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |          | 25                 |          |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 0.       | 26                 | 0.       |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here G</b> <input checked="" type="checkbox"/> |   |          |                    |          |
|                                    | <b>and complete lines 27, 28, 32, and 33.</b>   |   |          |                    |          |
|                                    | 27  | Net assets without donor restrictions   | 164,804. | 27                 | 153,926. |
|                                    | 28  | Net assets with donor restrictions  |          | 28                 |          |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here G</b> <input type="checkbox"/>     |   |          |                    |          |
|                                    | <b>and complete lines 29 through 33.</b>  |   |          |                    |          |
|                                    | 29  | Capital stock or trust principal, or current funds  |          | 29                 |          |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund  |          | 30                 |          |
| 31                                 | Retained earnings, endowment, accumulated income, or other funds                                |   | 31       |                    |          |
| 32                                 | <b>Total net assets or fund balances</b>  | 164,804.  | 32       | 153,926.           |          |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>   | 164,804.  | 33       | 153,926.           |          |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 307,182. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 318,060. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -10,878. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 164,804. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |          |
| <b>7</b>  | Investment expenses  | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 153,926. |

**Part XII Financial Statements and Reporting**

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

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |     |    |
| <b>2 a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>2 b</b> | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| <b>2 c</b> | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |     |    |
| <b>3 a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| <b>3 b</b> | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  |     |    |



**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.

G Attach to Form 990 or Form 990-EZ.

G Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>KONKANI CHARITABLE FUND INC</b> | Employer identification number<br><b>90-0482868</b> |
|--|---|

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

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

**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) G  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   | 270,722. | 280,688. | 246,412. | 250,132. | 311,777. | 1,359,731. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |          |          |          |          |          | 0.         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.   |          |          |          |          |          | 0.         |
| 4 <b>Total.</b> Add lines 1 through 3.   | 270,722. | 280,688. | 246,412. | 250,132. | 311,777. | 1,359,731. |
| 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). |          |          |          |          |          | 0.         |
| 6 <b>Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 1,359,731. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) G  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total                  |
|--|----------|----------|----------|----------|----------|----------------------------|
| 7 Amounts from line 4.   | 270,722. | 280,688. | 246,412. | 250,132. | 311,777. | 1,359,731.                 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.   |          |          |          |          |          | 0.                         |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.  |          |          |          |          |          | 0.                         |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          | 0.                         |
| 11 <b>Total support.</b> Add lines 7 through 10.   |          |          |          |          |          | 1,359,731.                 |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 0.                         |
| 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> . |          |          |          |          |          | G <input type="checkbox"/> |

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

|   |    |          |
|---|----|----------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14                       | 15 | 100.00 % |

16a **33-1/3% support test' 2019.** 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. G

b **33-1/3% support test' 2018.** 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. G

17a **10%-facts-and-circumstances test' 2019.** 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. G

b **10%-facts-and-circumstances test' 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. G

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. G

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) G   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) G  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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** .....

G

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33-1/3% support tests' 2019.** 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 .....

G

**b 33-1/3% support tests' 2018.** 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 .....

G

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

G

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|    |   | Yes | No |
|----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| a  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| b  | A family member of a person described in (a) above?   |     |    |
| c  | A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| 2 | Activities Test. Answer (a) and (b) below.   |  |  |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>   |  |  |

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

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

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

| <b>Section B' Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|--|---|----------------|-----------------------------|
| 1                                      | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                      | Average monthly value of securities   | 1a             |                             |
| b                                      | Average monthly cash balances   | 1b             |                             |
| c                                      | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                      | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                      | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                      | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                      | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                      | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                      | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                      | Multiply line 5 by .035.  | 6              |                             |
| 7                                      | Recoveries of prior-year distributions  | 7              |                             |
| 8                                      | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C' Distributable Amount</b> |   |   | Current Year |
|--|---|---|--------------|
| 1                                      | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                      | Enter 85% of line 1.  | 2 |              |
| 3                                      | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                      | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                      | Income tax imposed in prior year  | 5 |              |
| 6                                      | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                      | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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Schedule A (Form 990 or 990-EZ) 2019

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

| Section D' Distributions   | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E' Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                                |  |   |
| a From 2014   |                                |  |   |
| b From 2015   |                                |  |   |
| c From 2016   |                                |  |   |
| d From 2017   |                                |  |   |
| e From 2018   |                                |  |   |
| f <b>Total</b> of lines 3a through e  |                                |  |   |
| g Applied to underdistributions of prior years  |                                |  |   |
| h Applied to 2019 distributable amount  |                                |  |   |
| i Carryover from 2014 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                |  |   |
| 4 Distributions for 2019 from Section D, line 7: \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| b Applied to 2019 distributable amount  |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                                |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                                |  |   |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                                |  |   |
| 7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.   |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a Excess from 2015  |                                |  |   |
| b Excess from 2016  |                                |  |   |
| c Excess from 2017  |                                |  |   |
| d Excess from 2018  |                                |  |   |
| e Excess from 2019  |                                |  |   |

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Schedule A (Form 990 or 990-EZ) 2019

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

KONKANI CHARITABLE FUND INC

Employer identification number

90-0482868

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[ ] 527 political organization

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |  |
|---|--|
| Name of organization<br>KONKANI CHARITABLE FUND INC | Employer identification number<br>90-0482868 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|------------|--|-------------------------------|--|
| 1          | SURENDRA SHENOY<br>1 HEATHER HILL LANE<br>OLIVETTE, MO 63132                 | \$ 5,450.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 2          | RAVI & ASHA BALIGA<br>718 LONG BRIDGE ST APT 1204<br>SAN FRANCISCO, CA 94539 | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 3          | GOPAL BHANDARKAR<br>43 SPRAY COURT<br>BAYPORT, NY 11705                      | \$ 40,699.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 4          | MOHAN & VASUMATI PAI<br>196-52 49TH AVENUE<br>FRESH MEADOWS, NY 11365        | \$ 10,001.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 5          | RAM & ARUNA ACHARYA<br>2142 SAN BENITO DR<br>FREEMONT, CA 94539              | \$ 15,712.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 6          | DR VASUDEVA & SHOBHA SHENOY<br>35 NORTH CREEK SIDE CT<br>HOUSTON, TX 78613   | \$ 7,950.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br>KONKANI CHARITABLE FUND INC | Employer identification number<br>90-0482868 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|--|-------------------------------|---|
| 7          | JANARDHANA & PADMA ACHARYA<br>20074 FERNRIDGE CREST<br>LANGLEY, BC V2Z1X4 Canada | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | DR VI JAY KUMAR & PREMA RAO<br>305 ASHLEY COURT<br>OAKBRI CK, IL 60523           | \$ 7,950.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | KALPANA & VINOD BHAT<br>7 3RD AVE<br>PORTWASHI NGTON, NY 11050                   | \$ 5,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | MUKAND G & SAREKHA PAI<br>33550 N BURR OAK DR<br>SOLON, OH 44139                 | \$ 8,100.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | RAVINDRANATH & POONAM SHENOY<br>6 APACHE WAY<br>MONTVILLE, NJ 07045              | \$ 10,450.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | DEEPAK & PROTIMA BHANDARKAR<br>521 CHERRYWOOD CT<br>SUNNYVALE, CA 94087          | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>KONKANI CHARITABLE FUND INC</b> | Employer identification number<br><b>90-0482868</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|---|-------------------------------|---|
| 13         | ANURADHA PAI<br>-----<br>3822 SAFLOWER TER<br>-----<br>OVIEDO, FL 32766<br>-----      | \$ 50,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | SURESH & SUMANA PAI<br>-----<br>1435 MARSAN CT<br>-----<br>CAMBELL, CA 95008<br>----- | \$ 6,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

Employer identification number

KONKANI CHARITABLE FUND INC

90-0482868

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| -----                     | N/A<br>-----<br>-----<br>-----               | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |

Name of organization: **KONKANI CHARITABLE FUND INC** Employer identification number: **90-0482868**

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

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        | N/A                    |                    |  |
| -----                  | -----                  | -----              | -----                                  |
| -----                  | -----                  | -----              | -----                                  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
| -----                  | -----                  | -----              | -----                                  |
| -----                  | -----                  | -----              | -----                                  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
| -----                  | -----                  | -----              | -----                                  |
| -----                  | -----                  | -----              | -----                                  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
| -----                  | -----                  | -----              | -----                                  |
| -----                  | -----                  | -----              | -----                                  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.  
G Attach to Form 990 or 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

KONKANI CHARITABLE FUND INC

Employer identification number

90-0482868

**Form 990, Part I, Line 1 - Organization Mission or Significant Activities**

To conduct activities for the benefit of needy Konkani speaking people in the US, India and worldwide, including : a) Holding cultural and social events, b) raising and disbursing funds for educational scholarships, c) funding and organizing health camps and food drives and d) Funding and assisting orphanages and old age homes in India.

**Form 990, Part III, Line 1 - Organization Mission**

To conduct activities for the benefit of needy Konkani speaking people in the US, India and worldwide, including : a) Holding cultural and social events, b) raising and disbursing funds for educational scholarships, c) funding and organizing health camps and food drives and d) Funding and assisting orphanages and old age homes in India.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

No review was or will be conducted.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

No other documents available to the public.

Voucher at bottom of page. 

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION  
TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** Corporations ' File and Pay by the 15th day of the 4th month following the close of the taxable year.  
S corporations ' File and Pay by the 15th day of the 3rd month following the close of the taxable year.  
Exempt organizations ' File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---  
**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

**2019**

**Payment Voucher for Corporations  
and Exempt Organizations e-filed Returns**

CALIFORNIA FORM

**3586 (e-file)**

3194877      KONK 90-0482868      000000000000      19      FORM 3  
TYB 01-01-19      TYE 12-31-19  
KONKANI CHARITABLE FUND INC  
GOPAL BHANDARKAR  
562 FALLEN LEAF CIRCLE  
SAN RAMON      CA 94583

(631) 472-1418

**AMOUNT OF PAYMENT      10.**



California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: KONKANI CHARITABLE FUND INC
California corporation number: 3194877
FEIN: 90-0482868
Street address: 562 FALLEN LEAF CIRCLE
City: SAN RAMON
State: CA
Zip code: 94583

A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method: 1 X Cash
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?

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

Table with 3 columns: Description, Code, Amount. Rows include Receipts and Revenues (Total gross receipts: 307,182), Expenses (Total expenses: 266,560), and Filing Fee (Balance due: 10).

Sign Here: Signature of officer G, Title PRESIDENT, Date, Telephone (631) 472-1418
Paid Preparer's Use Only: Preparer's signature G DEV M KINI, Firm's name PERRY PTASHNIK, CPA, Address 21 W 38TH ST. 9TH FL NEW YORK, NY 10018, Telephone 7323224971

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts ' complete Part II or furnish substitute information.**

|                             |    |  |                   |    |          |
|-----------------------------|----|--|-------------------|----|----------|
| Receipts from Other Sources | 1  | Gross sales or receipts from all business activities. See instructions   | @                 | 1  |          |
|                             | 2  | Interest   | @                 | 2  |          |
|                             | 3  | Dividends  | @                 | 3  |          |
|                             | 4  | Gross rents  | @                 | 4  |          |
|                             | 5  | Gross royalties  | @                 | 5  |          |
|                             | 6  | Gross amount received from sale of assets (See Instructions)   | @                 | 6  |          |
|                             | 7  | Other income. Attach schedule  | SEE STATEMENT 1 @ | 7  | 906.     |
|                             | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1 |                   | 8  | 906.     |
| Expenses and Disbursements  | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule  | SEE STATEMENT 2 @ | 9  | 263,500. |
|                             | 10 | Disbursements to or for members  | @                 | 10 |          |
|                             | 11 | Compensation of officers, directors, and trustees. Attach schedule   | SEE STMT 3 @      | 11 | 0.       |
|                             | 12 | Other salaries and wages   | @                 | 12 |          |
|                             | 13 | Interest   | @                 | 13 |          |
|                             | 14 | Taxes  | @                 | 14 |          |
|                             | 15 | Rents  | @                 | 15 |          |
|                             | 16 | Depreciation and depletion (See instructions)  | @                 | 16 |          |
|                             | 17 | Other Expenses and Disbursements. Attach schedule  | SEE STATEMENT 4 @ | 17 | 3,060.   |
|                             | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9                |                   | 18 | 266,560. |

| Schedule L Balance Sheet                             | Beginning of taxable year |          | End of taxable year |          |
|--|---------------------------|----------|---------------------|----------|
|  | (a)                       | (b)      | (c)                 | (d)      |
| <b>Assets</b>  |                           |          |                     |          |
| 1 Cash   |                           | 164,804. | @                   | 153,926. |
| 2 Net accounts receivable                            |                           |          | @                   |          |
| 3 Net notes receivable                               |                           |          | @                   |          |
| 4 Inventories  |                           |          | @                   |          |
| 5 Federal and state government obligations           |                           |          | @                   |          |
| 6 Investments in other bonds                         |                           |          | @                   |          |
| 7 Investments in stock                               |                           |          | @                   |          |
| 8 Mortgage loans                                     |                           |          | @                   |          |
| 9 Other investments. Attach schedule                 |                           |          | @                   |          |
| 10 a Depreciable assets                              |                           |          |                     |          |
| b Less accumulated depreciation                      |                           |          |                     |          |
| 11 Land  |                           |          | @                   |          |
| 12 Other assets. Attach schedule                     |                           |          | @                   |          |
| 13 <b>Total assets</b>                               |                           | 164,804. |                     | 153,926. |
| <b>Liabilities and net worth</b>                     |                           |          |                     |          |
| 14 Accounts payable                                  |                           |          | @                   |          |
| 15 Contributions, gifts, or grants payable           |                           |          | @                   |          |
| 16 Bonds and notes payable                           |                           |          | @                   |          |
| 17 Mortgages payable                                 |                           |          | @                   |          |
| 18 Other liabilities. Attach schedule                |                           |          |                     |          |
| 19 Capital stock or principal fund                   |                           | 164,804. | @                   | 153,926. |
| 20 Paid-in or capital surplus. Attach reconciliation |                           |          | @                   |          |
| 21 Retained earnings or income fund                  |                           |          | @                   |          |
| 22 <b>Total liabilities and net worth</b>            |                           | 164,804. |                     | 153,926. |

| Schedule M-1 Reconciliation of income per books with income per return                                |   |         |   |         |
|---|---|---------|---|---------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 |   |         |   |         |
| 1 Net income per books  | @ | 40,622. | 7 Income recorded on books this year not included in this return. Attach schedule | @       |
| 2 Federal income tax  | @ |         | 8 Deductions in this return not charged against book income this year.            |         |
| 3 Excess of capital losses over capital gains   | @ |         | Attach schedule   | @       |
| 4 Income not recorded on books this year. Attach schedule   | @ |         | 9 Total. Add line 7 and line 8  |         |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule                   | @ |         | 10 Net income per return.   |         |
| 6 Total. Add line 1 through line 5  |   | 40,622. | Subtract line 9 from line 6   | 40,622. |

Schedule B

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

Department of the Treasury Internal Revenue Service

California Copy Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

KONKANI CHARITABLE FUND INC

Employer identification number

90-0482868

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[ ] 527 political organization

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |  |
|---|--|
| Name of organization<br>KONKANI CHARITABLE FUND INC | Employer identification number<br>90-0482868 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|--|-------------------------------|---|
| 1          | SURENDRA SHENOY<br>1 HEATHER HILL LANE<br>OLIVETTE, MO 63132                 | \$ 5,450.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | RAVI & ASHA BALIGA<br>718 LONG BRIDGE ST APT 1204<br>SAN FRANCISCO, CA 94539 | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | GOPAL BHANDARKAR<br>43 SPRAY COURT<br>BAYPORT, NY 11705                      | \$ 40,699.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | MOHAN & VASUMATI PAI<br>196-52 49TH AVENUE<br>FRESH MEADOWS, NY 11365        | \$ 10,001.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | RAM & ARUNA ACHARYA<br>2142 SAN BENITO DR<br>FREEMONT, CA 94539              | \$ 15,712.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | DR VASUDEVA & SHOBHA SHENOY<br>35 NORTH CREEK SIDE CT<br>HOUSTON, TX 78613   | \$ 7,950.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br>KONKANI CHARITABLE FUND INC | Employer identification number<br>90-0482868 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|--|-------------------------------|---|
| 7          | JANARDHANA & PADMA ACHARYA<br>20074 FERNRIDGE CREST<br>LANGLEY, BC V2Z1X4 Canada | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | DR VI JAY KUMAR & PREMA RAO<br>305 ASHLEY COURT<br>OAKBRI CK, IL 60523           | \$ 7,950.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | KALPANA & VINOD BHAT<br>7 3RD AVE<br>PORTWASHI NGTON, NY 11050                   | \$ 5,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | MUKAND G & SAREKHA PAI<br>33550 N BURR OAK DR<br>SOLON, OH 44139                 | \$ 8,100.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | RAVINDRANATH & POONAM SHENOY<br>6 APACHE WAY<br>MONTVILLE, NJ 07045              | \$ 10,450.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | DEEPAK & PROTIMA BHANDARKAR<br>521 CHERRYWOOD CT<br>SUNNYVALE, CA 94087          | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>KONKANI CHARITABLE FUND INC</b> | Employer identification number<br><b>90-0482868</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|---|-------------------------------|---|
| 13         | ANURADHA PAI<br>-----<br>3822 SAFLOWER TER<br>-----<br>OVIEDO, FL 32766<br>-----      | \$ 50,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | SURESH & SUMANA PAI<br>-----<br>1435 MARSAN CT<br>-----<br>CAMBELL, CA 95008<br>----- | \$ 6,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

Employer identification number

KONKANI CHARITABLE FUND INC

90-0482868

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| -----                     | N/A<br>-----<br>-----<br>-----               | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |

Name of organization: **KONKANI CHARITABLE FUND INC** Employer identification number: **90-0482868**

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

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        | N/A                    |                    |  |
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |





**IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM**

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California corporation number, FEIN, or CA SOS file number and "2019 FTB 3539" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with the form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** Calendar year C corporations ' File and Pay by April 15, 2020  
 Calendar year S corporations ' File and Pay by March 16, 2020  
 Calendar year exempt organizations ' File and Pay by May 15, 2020  
 Employees' trust and IRA ' File and Pay by April 15, 2020  
 Fiscal year filers ' See instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Make payments online using Web Pay for Businesses. Corporations or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

**CAUTION:** You may be required to pay electronically, see instructions.

|              |  |                    |
|--------------|--|--------------------|
| TAXABLE YEAR | <b>Payment for Automatic Extension<br/>for Corporations and Exempt Organizations</b> | CALIFORNIA FORM    |
| <b>2019</b>  |  | <b>3539 (CORP)</b> |

3194877      KONK    90-0482868      000000000000      19      FORM 3  
 TYB 01-01-2019    TYE 12-31-2019  
 KONKANI CHARITABLE FUND INC  
 GOPAL BHANDARKAR  
 562 FALLEN LEAF CIRCLE  
 SAN RAMON                      CA 94583

(631) 472-1418

AMOUNT OF PAYMENT                      10.

## KONKANI CHARITABLE FUND INC

90-0482868

**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

|                              |    |             |
|------------------------------|----|-------------|
| Other Investment Income..... | \$ | 906.        |
| Total                        | \$ | <u>906.</u> |

**Statement 2**  
**Form 199, Part II, Line 9**  
**Contributions, Gifts, Grants, and Similar Amounts Paid**

|                           |                                   |            |
|---------------------------|-----------------------------------|------------|
| Class of Activity:        | OLD AGE HOME                      |            |
| Donee's Name:             | ANANDASHRAM SEVA TRUST            |            |
| Donee's Street Address:   | DARBE P O                         |            |
| Donee's City, State, ZIP: | PUTTUR D K KARNATAKA 574202 India |            |
| Relationship of Donee:    | NONE                              |            |
| Amount Given:             |                                   | \$ 23,000. |

|                           |                                   |        |
|---------------------------|-----------------------------------|--------|
| Class of Activity:        | EDUCATIONAL SCHOLARSHIP           |        |
| Donee's Name:             | CANARA HIGH SCHOOL ASSOC          |        |
| Donee's Street Address:   | ASRP ROAD KODIALBAIL              |        |
| Donee's City, State, ZIP: | MANAGALORE KARNATAKA 575003 India |        |
| Relationship of Donee:    | NONE                              |        |
| Amount Given:             |                                   | 6,000. |

|                           |                                    |         |
|---------------------------|------------------------------------|---------|
| Class of Activity:        | HANDICAP CHILDREN REHAB            |         |
| Donee's Name:             | SEVA BHARATHI                      |         |
| Donee's Street Address:   | BALAM ARUTHI VYAYAMA MANDALA VT RD |         |
| Donee's City, State, ZIP: | MANAGALORE KARNATAKA 575001 India  |         |
| Relationship of Donee:    | NONE                               |         |
| Amount Given:             |                                    | 34,000. |

|                           |                                |         |
|---------------------------|--------------------------------|---------|
| Class of Activity:        | CHILDRENS EDUCATION            |         |
| Donee's Name:             | SRI VALI TRUST                 |         |
| Donee's Street Address:   | CHI TRAPUR MUTT                |         |
| Donee's City, State, ZIP: | SHIRALI KARNATAKA 581354 India |         |
| Relationship of Donee:    | NONE                           |         |
| Amount Given:             |                                | 19,000. |

|                           |                                 |        |
|---------------------------|---------------------------------|--------|
| Class of Activity:        | SENIOR CENTER                   |        |
| Donee's Name:             | SGS SABHA CHARITABLE TRUST      |        |
| Donee's Street Address:   | 55 HABI BULLA ROAD              |        |
| Donee's City, State, ZIP: | CHENNAI TAMIL NADU 600017 India |        |
| Relationship of Donee:    | NONE                            |        |
| Amount Given:             |                                 | 5,000. |

|                           |  |         |
|---------------------------|--|---------|
| Donee's Name:             | ASRP MEMORIAL FUND                     |         |
| Donee's Street Address:   | AMMEMBAL SUBBAROA PAI ROAD             |         |
| Donee's City, State, ZIP: | DONGERKERY MANAGALORE, KARNATAK 575500 |         |
| Amount Given:             |  | 18,000. |

|                           |                                       |        |
|---------------------------|---------------------------------------|--------|
| Donee's Name:             | RAMAKRISHNA MISSION                   |        |
| Donee's Street Address:   | MANGALADEVI                           |        |
| Donee's City, State, ZIP: | MANGALORE S K KARNATAKA 575 001 India |        |
| Amount Given:             |                                       | 8,000. |

## KONKANI CHARITABLE FUND INC

90-0482868

**Statement 2 (continued)**  
**Form 199, Part II, Line 9**  
**Contributions, Gifts, Grants, and Similar Amounts Paid**

|                           |  |           |
|---------------------------|--|-----------|
| Donee's Name:             | SIDHI VINAYAK SCHOOL                   |           |
| Donee's Street Address:   | HATTINAGADY, KUNDAPUR TALUK            |           |
| Donee's City, State, ZIP: | UDUPI DIST KARNATAKA 576 283 India     |           |
| Amount Given:             |  | \$ 9,000. |
| Class of Activity:        | EDUCATION SCHOLARSHIP                  |           |
| Donee's Name:             | GSB SCHOLDARSHIP LEAGUE                |           |
| Donee's Street Address:   | DWARKANATH BHAVAN KATRAK ROAD          |           |
| Donee's City, State, ZIP: | WADALA MUMBAI MAHARASTRA 400031 India  |           |
| Relationship of Donee:    | NONE                                   |           |
| Amount Given:             |  | 24,000.   |
| Donee's Name:             | MANGALA SEVA SAMITHI TRUST             |           |
| Donee's Street Address:   | KODIALGUTHU EAST 2ND CROSS             |           |
| Donee's City, State, ZIP: | KODIALBAIL MANGALORE DK KARNATAKA 5750 |           |
| Relationship of Donee:    | NONE                                   |           |
| Amount Given:             |  | 10,000.   |
| Class of Activity:        | OLD AGE HOME                           |           |
| Donee's Name:             | ABHAYA ASHRAYA                         |           |
| Donee's Street Address:   | CAR STREET                             |           |
| Donee's City, State, ZIP: | MANAGALORE DK KARNATAKA India          |           |
| Relationship of Donee:    | OLD AGE HOME                           |           |
| Amount Given:             |  | 5,000.    |
| Donee's Name:             | GSB SABHA                              |           |
| Donee's Street Address:   | 101 SHRINIDHI 76 BHAI DAJI RD          |           |
| Donee's City, State, ZIP: | MATUNGA MUMBAI MAHARASTRA 400019 India |           |
| Amount Given:             |  | 4,000.    |
| Donee's Name:             | GSB SABHA CHARITABLE TRUST             |           |
| Donee's Street Address:   | 1/2 SHAKTI NAGAR CSC ROAD              |           |
| Donee's City, State, ZIP: | DAHISAR MUMBAI MAHARASTRA 400065 India |           |
| Amount Given:             |  | 20,000.   |
| Donee's Name:             | WORLD KONKANI CENTER                   |           |
| Donee's Street Address:   | MAIN STREET SHAKTI NAGAR               |           |
| Donee's City, State, ZIP: | MANAGALORE KARNATAKA 575016 India      |           |
| Amount Given:             |  | 10,000.   |
| Class of Activity:        | BLIND SCHOOL                           |           |
| Donee's Name:             | SEVA BHARATI LOBO SCHOOL FOR BLIND     |           |
| Donee's Street Address:   | 3 CROSS KOTIKANE ROAD KAPIKAD          |           |
| Donee's City, State, ZIP: | MANAGALORE KARNATAKA 575002 India      |           |
| Amount Given:             |  | 20,000.   |
| Donee's Name:             | GSB MEDICAL TRUST                      |           |
| Donee's Street Address:   | MMGS MARG                              |           |
| Donee's City, State, ZIP: | DADAR MUMBAI MAHARASTRA 400014 India   |           |
| Amount Given:             |  | 7,500.    |
| Donee's Name:             | KONKAN EDUCATION TRUST                 |           |
| Donee's Street Address:   | VIDYAGIRI                              |           |
| Donee's City, State, ZIP: | KALBAG KUMTA KARNATAKA 566001 India    |           |
| Amount Given:             |  | 3,500.    |

## KONKANI CHARITABLE FUND INC

90-0482868

**Statement 2 (continued)**  
**Form 199, Part II, Line 9**  
**Contributions, Gifts, Grants, and Similar Amounts Paid**

|                           |  |                    |
|---------------------------|--|--------------------|
| Donee's Name:             | KANARA SAWASWAT ASSOCIATION              |                    |
| Donee's Street Address:   | BUILDING 1 2 TALMAKI VADI                |                    |
| Donee's City, State, ZIP: | MUMBAI MAHARASTRA 400007 India           |                    |
| Amount Given:             |  | \$ 1,000.          |
| Donee's Name:             | CHITRAPUR SARASWAT EDUCATION & RELIEF SO |                    |
| Donee's Street Address:   | SANTACRUZ                                |                    |
| Donee's City, State, ZIP: | MUMBAI MAHARASTRA 400054 India           |                    |
| Amount Given:             |  | 1,000.             |
| Donee's Name:             | SARASWATI VIDYA MANDIR                   |                    |
| Donee's Street Address:   | YNP TRUST COMPOUND                       |                    |
| Donee's City, State, ZIP: | KOORAPPADAM KOCHI KERALA 682002 INI      |                    |
| Amount Given:             |  | 4,000.             |
| Donee's Name:             | GSSS CHARITABLE FOUNDATION               |                    |
| Donee's Street Address:   | 8TH MAIN MALLESWARAM                     |                    |
| Donee's City, State, ZIP: | BANGALORE KARNATAKA 560055 India         |                    |
| Amount Given:             |  | 6,000.             |
| Donee's Name:             | RK SANJIV RAO EDUCATIONAL & CULTURAL ACA |                    |
| Donee's Street Address:   | VITTAL SADAN                             |                    |
| Donee's City, State, ZIP: | KHAMBADA KONE KARNATAKA 576219 India     |                    |
| Amount Given:             |  | 5,000.             |
| Donee's Name:             | TAMAHAR TRUST                            |                    |
| Donee's Street Address:   | 11 B CROSS RD 11TH MAIN                  |                    |
| Donee's City, State, ZIP: | MALLESWARAM WEST BAN KARNATAKA 560003    |                    |
| Amount Given:             |  | 9,000.             |
| Donee's Name:             | HATTIANGADI SRI SIDDHI VINAYA KHETRA DEV |                    |
| Donee's Street Address:   | HATTANGADI                               |                    |
| Donee's City, State, ZIP: | HATTANGADI KARNATAKA 576283 India        |                    |
| Amount Given:             |  | 5,500.             |
| Donee's Name:             | MAHILA DAKSHITA SAMITHI                  |                    |
| Donee's Street Address:   | CA 4 1ST MAIN BELL LAYOUT                |                    |
| Donee's City, State, ZIP: | BANGALORE KARNATAKA 560097 India         |                    |
| Amount Given:             |  | 4,000.             |
| Donee's Name:             | VI VEKANANDA VI DYAVAR SANGHA            |                    |
| Donee's Street Address:   | NEHRU NAGAR                              |                    |
| Donee's City, State, ZIP: | PUTTUR KARNATAKA 574203 India            |                    |
| Amount Given:             |  | 2,000.             |
|                           | Total                                    | \$ <u>263,500.</u> |

## KONKANI CHARITABLE FUND INC

90-0482868

**Statement 3**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

| Name and Address   | Title and<br>Average Hours<br>Per Week Devoted | Total<br>Compen-<br>sation | Contri-<br>bution to<br>EBP & DC | Expense<br>Account/<br>Other |
|--|--|----------------------------|----------------------------------|------------------------------|
| GOPAL BHANDARKAR<br>43 SPRAY COURT<br>BAYPORT, NY 11705      | President<br>10.00                             | \$ 0.                      | \$ 0.                            | \$ 0.                        |
| VEENA KAMATH<br>20413 CAMEO RD<br>APPLE VALLEY, CA 92308     | Secretary-Treas<br>5.00                        | 0.                         | 0.                               | 0.                           |
| VIJAY KUMAR RAO<br>305 ASHLEY COURT<br>OAK BROOK, IL 60523   | Director<br>5.00                               | 0.                         | 0.                               | 0.                           |
| RAVI DRANATH SHENOY<br>43 SPRAY COURT<br>BAYPORT, NY 11705   | Director<br>5.00                               | 0.                         | 0.                               | 0.                           |
| SURENDRA SHENOY<br>1 HEATHER HILL LANE<br>OLIVETTE, MO 63132 | Director<br>5.00                               | 0.                         | 0.                               | 0.                           |
| ARUNA ACHARYA<br>2142 SAN BENITO DR<br>FREEMONT, CA 94539    | Director<br>5.00                               | 0.                         | 0.                               | 0.                           |
| GAJANAN SHANBHAG<br>43 SPRAY COURT<br>BAYPORT, NY 11705      | Director<br>5.00                               | 0.                         | 0.                               | 0.                           |
| VASUDEV SHENOY<br>35 N CREEK SIDE CT<br>HOUSTON, TX 78613    | Director<br>5.00                               | 0.                         | 0.                               | 0.                           |
| <b>Total</b>   |  | <u>\$ 0.</u>               | <u>\$ 0.</u>                     | <u>\$ 0.</u>                 |

**Statement 4**  
**Form 199, Part II, Line 17**  
**Other Expenses**

|                             |                  |
|-----------------------------|------------------|
| BANK CHARGES .....          | \$ 89.           |
| BUSINESS REGISTRATION ..... | 50.              |
| Insurance .....             | 2,720.           |
| Office Expenses .....       | 201.             |
| <b>Total</b>                | <u>\$ 3,060.</u> |



MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
(916) 210-6400

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

|   |   |
|---|---|
| <p><b>KONKANI CHARITABLE FUND INC</b><br/>Name of Organization</p> <p>List all DBAs and names the organization uses or has used<br/><b>562 FALLEN LEAF CIRCLE</b><br/>Address (Number and Street)</p> <p><b>SAN RAMON, CA 94583</b><br/>City or Town, State and ZIP Code</p> <p><b>(631) 472-1418</b><br/>Telephone Number</p> <p style="text-align: right;">E-mail Address</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. <b>3194877</b></p> <p>Federal Employer ID No. <b>90-0482868</b></p> |
|---|---|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A ' ACTIVITIES**

For your most recent full accounting period (beginning 1/01/19 ending 12/31/19) list:

Gross Annual Revenue \$ 307,182. Noncash Contributions \$ 0. Total Assets \$ 153,926.

Program Expenses \$ 315,000. Total Expenses \$ 318,060.

**PART B ' STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

|   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, did the organization receive any governmental funding?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

|  |  |                        |                       |
|--|--|------------------------|-----------------------|
| <p><b>GOPAL BHANDARKAR</b><br/>Signature of Authorized Agent</p> | <p><b>PRESIDENT</b><br/>Printed Name</p> | <p>_____<br/>Title</p> | <p>_____<br/>Date</p> |
|--|--|------------------------|-----------------------|

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

**GFile a separate application for each return.**  
**GGo to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>KONKANI CHARITABLE FUND INC</b>                    | Taxpayer identification number (TIN)<br><b>90-0482868</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions.<br><b>562 FALLEN LEAF CIRCLE</b>            |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SAN RAMON, CA 94583</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

? The books are in the care of G GOPAL BHANDARKAR -----

Telephone No. G (631) 472-1418 ----- Fax No. G -----

? If the organization does not have an office or place of business in the United States, check this box .....  **G**

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box .....  **G** . If it is for part of the group, check this box .....  **G**  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

**G**  calendar year 2019 or

**G**  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |            |    |    |
|--|------------|----|----|
| <b>3 a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....                                  | <b>3 a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... | <b>3 b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....              | <b>3 c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

G Do not enter social security numbers on this form as it may be made public.  
G Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning** , 2019, and ending ,

|  |   |   |
|--|---|---|
| <p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <p><b>C</b> <b>KONKANI CHARITABLE FUND INC</b><br/>                 562 FALLEN LEAF CIRCLE<br/>                 SAN RAMON, CA 94583</p> <p><b>F</b> Name and address of principal officer: <b>GOPAL BHANDARKAR</b><br/>                 Same As C Above</p> | <p><b>D</b> Employer identification number<br/>                 90-0482868</p> <p><b>E</b> Telephone number<br/>                 (631) 472-1418</p> <p><b>G</b> Gross receipts \$ <b>307,182.</b></p> <p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number <b>G</b></p> |
| <p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>H</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>   |   |   |
| <p><b>J</b> Website: <b>G</b> <b>N/A</b></p>   |   |   |
| <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>G</b></p>  |   | <p><b>L</b> Year of formation: <b>2009</b> <b>M</b> State of legal domicile: <b>CA</b></p>  |

**Part I Summary**

|  |  |           |                           |          |
|--|--|-----------|---------------------------|----------|
|  | <p><b>1</b> Briefly describe the organization's mission or most significant activities: <u>See Schedule 0</u></p>  |           |                           |          |
| <b>Activities &amp; Governance</b>                             | <p><b>2</b> Check this box <input type="checkbox"/> <b>G</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> |           |                           |          |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>  |                           | 8        |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>  |                           | 0        |
|  | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>  |                           | 0        |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>  |                           | 0        |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b> |                           | 0.       |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 39  | <b>7b</b> |                           | 0.       |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | 250,132.  | Prior Year                | 306,276. |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  |           | Current Year              |          |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 956.      |                           | 906.     |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |           |                           |          |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 251,088.  |                           | 307,182. |
|  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 365,252.  |                           | 315,000. |
| <b>Expenses</b>  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |           |                           |          |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |           |                           |          |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |           |                           |          |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>G</b>  |           |                           |          |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 3,527.    |                           | 3,060.   |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 368,779.  |                           | 318,060. |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 | -117,691.  |           | -10,878.                  |          |
| <b>Net Assets or Fund Balances</b>                             | <b>20</b> Total assets (Part X, line 16)   | 164,804.  | Beginning of Current Year | 153,926. |
|  | <b>21</b> Total liabilities (Part X, line 26)  | 0.        | End of Year               | 0.       |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 164,804.  |                           | 153,926. |

**Part II Signature Block**

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

|                               |   |   |  |
|-------------------------------|---|---|--|
| <b>Sign Here</b>              | <p><b>A</b> _____<br/>Signature of officer</p>                                    | <p>_____ Date</p>                                 |  |
|                               | <p><b>A</b> <b>GOPAL BHANDARKAR</b><br/>Type or print name and title</p>          | <p>President</p>                                  |  |
| <b>Paid Preparer Use Only</b> | <p>Print/Type preparer's name<br/><b>DEV M KINI</b></p>                           | <p>Preparer's signature<br/><b>DEV M KINI</b></p> | <p>Date</p>  |
|                               | <p>Firm's name <b>G Perry Ptashnik, CPA</b></p>                                   |   | <p>Check <input checked="" type="checkbox"/> if self-employed <b>PTIN</b><br/><b>P01491378</b></p> |
|                               | <p>Firm's address <b>G 21 W 38th St. 9th Fl</b><br/><b>NEW YORK, NY 10018</b></p> |   | <p>Firm's EIN <b>G 22-4463753</b></p> <p>Phone no. <b>7323224971</b></p>                           |

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



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code: ) (Expenses \$ 315,000. including grants of \$ ) (Revenue \$ )

7AMOUNT PAID TO OLDAGE HOME, EDUCATIONAL INSTITUTION AND HADICAPPED WELFARE ORGANIZATION.

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

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

4 d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses G 315,000.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....   | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> .....   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i> .....   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .....  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .....  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .....            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....  |     | X  |
| 11  | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .....   |     | X  |
| b   | Did the organization report an amount for investments * other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> .....  |     | X  |
| c   | Did the organization report an amount for investments * program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> .....  |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> .....   |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> .....   |     | X  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i> .....  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i> .....  |     | X  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> ..... |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> .....  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .....  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) .....   |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> .....   |     | X  |
| b   | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....   |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....  |     | X  |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .....   |     | X  |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i> .....   |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....  |     |    |
| 25 a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .....  |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .....   |     | X  |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i> .....   |     | X  |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i> ..... |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV</i> .....  |     | X  |
| b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i> .....   |     | X  |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV</i> .....   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> .....   |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .....   |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> .....   |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> .....   |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> .....   |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |     | X  |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....   |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....  |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> .....  |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

|  |  | Yes         | No |
|--|--|-------------|----|
| <b>2 a</b>   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |             |    |
|  | <b>2 a</b> 0   |             |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2 b</b>  |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |             |    |
| <b>3 a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3 a</b>  | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O  | <b>3 b</b>  |    |
| <b>4 a</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)? | <b>4 a</b>  | X  |
| <b>b</b>   | If 'Yes,' enter the name of the foreign country G<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |             |    |
| <b>5 a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5 a</b>  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5 b</b>  | X  |
| <b>c</b>   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | <b>5 c</b>  |    |
| <b>6 a</b>   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6 a</b>  | X  |
| <b>b</b>   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6 b</b>  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |             |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7 a</b>  | X  |
| <b>b</b>   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  | <b>7 b</b>  |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7 c</b>  | X  |
| <b>d</b>   | If 'Yes,' indicate the number of Forms 8282 filed during the year  | <b>7 d</b>  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7 e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7 f</b>  | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7 g</b>  |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7 h</b>  |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>    |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |             |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9 a</b>  |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9 b</b>  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |             |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10 a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10 b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |             |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11 a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11 b</b> |    |
| <b>12 a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12 a</b> |    |
| <b>b</b>   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  | <b>12 b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |             |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13 a</b> |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13 b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13 c</b> |    |
| <b>14 a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14 a</b> | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O  | <b>14 b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If 'Yes,' see instructions and file Form 4720, Schedule N.                   | <b>15</b>   | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If 'Yes,' complete Form 4720, Schedule O.   | <b>16</b>   | X  |

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1 a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1 a</b> 8   |     |    |
|            | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                    |     |    |
| <b>1 b</b> | Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1 b</b>  |     |    |
| <b>2</b>   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>   |     | X  |
| <b>3</b>   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . <b>3</b> |     | X  |
| <b>4</b>   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>  |     | X  |
| <b>5</b>   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>  |     | X  |
| <b>6</b>   | Did the organization have members or stockholders? . . . . . <b>6</b>  |     | X  |
| <b>7 a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7 a</b>  |     | X  |
| <b>7 b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7 b</b>   |     | X  |
| <b>8</b>   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8 a</b> | a The governing body? . . . . . <b>8 a</b>   |     | X  |
| <b>8 b</b> | b Each committee with authority to act on behalf of the governing body? . . . . . <b>8 b</b>   |     | X  |
| <b>9</b>   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O . . . . . <b>9</b>      |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|             |  | Yes | No |
|-------------|--|-----|----|
| <b>10 a</b> | Did the organization have local chapters, branches, or affiliates? . . . . . <b>10 a</b>   |     | X  |
| <b>10 b</b> | b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10 b</b>   |     |    |
| <b>11 a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11 a</b>  |     | X  |
| <b>11 b</b> | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O   |     |    |
| <b>12 a</b> | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . . <b>12 a</b>  |     | X  |
| <b>12 b</b> | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12 b</b>  |     |    |
| <b>12 c</b> | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . . <b>12 c</b>   |     |    |
| <b>13</b>   | Did the organization have a written whistleblower policy? . . . . . <b>13</b>  |     | X  |
| <b>14</b>   | Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>   |     | X  |
| <b>15</b>   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15 a</b> | a The organization's CEO, Executive Director, or top management official . . . . . <b>15 a</b>   |     | X  |
| <b>15 b</b> | b Other officers or key employees of the organization . . . . . <b>15 b</b>  |     | X  |
|             | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16 a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16 a</b>  |     | X  |
| <b>16 b</b> | b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16 b</b> |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed G None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records G  
 GOPAL BHANDARKAR 43 SPRAY COURT BAYPORT NY 11705 (631) 472-1418

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

? List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

? List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

? List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

? List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

? List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) GOPAL BHANDARKAR<br>-----<br>President   | 10<br>-----<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) VEENA KAMATH<br>-----<br>Secretary-Treas | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) VI JAY KUMAR RAO<br>-----<br>Director    | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) RAVI DRANATH SHENOY<br>-----<br>Director | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) SURENDRA SHENOY<br>-----<br>Director     | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) ARUNA ACHARYA<br>-----<br>Director       | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) GAJANAN SHANBHAG<br>-----<br>Director    | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) VASUDEV SHENOY<br>-----<br>Director      | 5<br>-----<br>0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) -----                                    |  |   |                       |         |              |                              |        |  |   |   |
| (10) -----                                   |  |   |                       |         |              |                              |        |  |   |   |
| (11) -----                                   |  |   |                       |         |              |                              |        |  |   |   |
| (12) -----                                   |  |   |                       |         |              |                              |        |  |   |   |
| (13) -----                                   |  |   |                       |         |              |                              |        |  |   |   |
| (14) -----                                   |  |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) -----            |  |   |                       |         |              |                              |  |   |   |
| (16) -----            |  |   |                       |         |              |                              |  |   |   |
| (17) -----            |  |   |                       |         |              |                              |  |   |   |
| (18) -----            |  |   |                       |         |              |                              |  |   |   |
| (19) -----            |  |   |                       |         |              |                              |  |   |   |
| (20) -----            |  |   |                       |         |              |                              |  |   |   |
| (21) -----            |  |   |                       |         |              |                              |  |   |   |
| (22) -----            |  |   |                       |         |              |                              |  |   |   |
| (23) -----            |  |   |                       |         |              |                              |  |   |   |
| (24) -----            |  |   |                       |         |              |                              |  |   |   |
| (25) -----            |  |   |                       |         |              |                              |  |   |   |

|  |   |    |    |    |
|--|---|----|----|----|
| <b>1 b Subtotal</b> .....  | G | 0. | 0. | 0. |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... | G | 0. | 0. | 0. |
| <b>d Total (add lines 1b and 1c)</b> .....                           | G | 0. | 0. | 0. |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue              | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|---|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                 | <b>1 a</b> Federated campaigns . . . . .   | <b>1 a</b>  |   |   |  |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1 b</b>  |   |   |  |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1 c</b>  |   |   |  |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1 d</b>  |   |   |  |  |
|   | <b>e</b> Government grants (contributions) . . . . .   | <b>1 e</b>  |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above . . . . .   | <b>1 f</b> 306,276.   |   |   |  |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f . . . . .  | <b>1 g</b>  |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f. . . . .   | <b>G</b> 306,276.   |   |   |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> Business Code   |   |   |   |  |  |
|   | <b>b</b> -----   |   |   |   |  |  |
|   | <b>c</b> -----   |   |   |   |  |  |
|   | <b>d</b> -----   |   |   |   |  |  |
|   | <b>e</b> -----   |   |   |   |  |  |
|   | <b>f</b> All other program service revenue . . . . .   |   |   |   |  |  |
|   | <b>g Total.</b> Add lines 2a-2f. . . . .   | <b>G</b>  |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   | <b>G</b> 906.   |   |   | 906.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  | <b>G</b>  |   |   |  |  |
|   | <b>5</b> Royalties . . . . .   | <b>G</b>  |   |   |  |  |
|   | <b>6 a</b> Gross rents . . . . .   | <b>6 a</b>  | (i) Real  | (ii) Personal                           |  |  |
|   |  |   | <b>6 b</b> Less: rental expenses                                | <b>6 b</b>                              |  |  |
|   |  |   | <b>6 c</b> Rental income or (loss)                              | <b>6 c</b>                              |  |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   | <b>G</b>  |   |   |  |  |
|   | <b>7 a</b> Gross amount from<br>sales of assets<br>other than inventory  | <b>7 a</b>  | (i) Securities  | (ii) Other                              |  |  |
|   |  |   | <b>7 b</b> Less: cost or other basis<br>and sales expenses      | <b>7 b</b>                              |  |  |
|   |  |   | <b>7 c</b> Gain or (loss) . . . . .                             | <b>7 c</b>                              |  |  |
|   | <b>d</b> Net gain or (loss) . . . . .  | <b>G</b>  |   |   |  |  |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>8 a</b>  |   |   |  |  |
|   |  |   | <b>8 b</b> Less: direct expenses . . . . .                      | <b>8 b</b>                              |  |  |
|   |  |   | <b>c</b> Net income or (loss) from fundraising events . . . . . | <b>G</b>                                |  |  |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>9 a</b>   |   |   |   |  |  |
|   |  | <b>9 b</b> Less: direct expenses . . . . .                      | <b>9 b</b>  |   |  |  |
|   |  | <b>c</b> Net income or (loss) from gaming activities . . . . .  | <b>G</b>  |   |  |  |
| <b>10 a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>10 a</b>  |   |   |   |  |  |
|   |  | <b>10 b</b> Less: cost of goods sold . . . . .                  | <b>10 b</b>   |   |  |  |
|   |  | <b>c</b> Net income or (loss) from sales of inventory . . . . . | <b>G</b>  |   |  |  |
| <b>Miscellaneous<br/>Revenue</b>  | <b>11 a</b> Business Code  |   |   |   |  |  |
|   | <b>b</b> -----   |   |   |   |  |  |
|   | <b>c</b> -----   |   |   |   |  |  |
|   | <b>d</b> All other revenue . . . . .   |   |   |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d. . . . .   | <b>G</b>  |   |   |  |  |
| <b>12 Total revenue.</b> See instructions . . . . .                               | <b>G</b> 307,182.  | 0.  | 0.  | 906.                                    |  |  |



**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  | 315,000.                     | 315,000.                               |   |                                    |
| <b>4</b> Benefits paid to or for members.   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 0.                           | 0.                                     | 0.  | 0.                                 |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  | 0.                           | 0.                                     | 0.  | 0.                                 |
| <b>7</b> Other salaries and wages.  |                              |  |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  |                              |  |   |                                    |
| <b>9</b> Other employee benefits.   |                              |  |   |                                    |
| <b>10</b> Payroll taxes.  |                              |  |   |                                    |
| <b>11</b> Fees for services (nonemployees):   |                              |  |   |                                    |
| <b>a</b> Management.  |                              |  |   |                                    |
| <b>b</b> Legal.   |                              |  |   |                                    |
| <b>c</b> Accounting.  |                              |  |   |                                    |
| <b>d</b> Lobbying.  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   |                              |  |   |                                    |
| <b>f</b> Investment management fees.  |                              |  |   |                                    |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   |                              |  |   |                                    |
| <b>12</b> Advertising and promotion.  |                              |  |   |                                    |
| <b>13</b> Office expenses.  | 201.                         |  | 201.  |                                    |
| <b>14</b> Information technology.   |                              |  |   |                                    |
| <b>15</b> Royalties.  |                              |  |   |                                    |
| <b>16</b> Occupancy.  |                              |  |   |                                    |
| <b>17</b> Travel.   |                              |  |   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings.   |                              |  |   |                                    |
| <b>20</b> Interest.   |                              |  |   |                                    |
| <b>21</b> Payments to affiliates.   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization.  |                              |  |   |                                    |
| <b>23</b> Insurance.  | 2,720.                       |  | 2,720.  |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                              |  |   |                                    |
| <b>a</b> BANK CHARGES   | 89.                          |  | 89.   |                                    |
| <b>b</b> BUSINESS REGISTRATION  | 50.                          |  | 50.   |                                    |
| <b>c</b> _____  |                              |  |   |                                    |
| <b>d</b> _____  |                              |  |   |                                    |
| <b>e</b> All other expenses.  |                              |  |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 318,060.                     | 315,000.                               | 3,060.  | 0.                                 |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |          | (B)<br>End of year |          |
|------------------------------------|---|---|----------|--------------------|----------|
| <b>Assets</b>                      | 1   | Cash - non-interest-bearing   | 164,804. | 1                  | 153,926. |
|                                    | 2   | Savings and temporary cash investments  |          | 2                  |          |
|                                    | 3   | Pledges and grants receivable, net  |          | 3                  |          |
|                                    | 4   | Accounts receivable, net  |          | 4                  |          |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |          | 5                  |          |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |          | 6                  |          |
|                                    | 7   | Notes and loans receivable, net   |          | 7                  |          |
|                                    | 8   | Inventories for sale or use   |          | 8                  |          |
|                                    | 9   | Prepaid expenses and deferred charges   |          | 9                  |          |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |          | 10a                |          |
|                                    | b   | Less: accumulated depreciation  |          | 10b                | 10c      |
|                                    | 11  | Investments - publicly traded securities  |          | 11                 |          |
|                                    | 12  | Investments - other securities. See Part IV, line 11  |          | 12                 |          |
|                                    | 13  | Investments - program-related. See Part IV, line 11   |          | 13                 |          |
|                                    | 14  | Intangible assets   |          | 14                 |          |
|                                    | 15  | Other assets. See Part IV, line 11  |          | 15                 |          |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)                                | 164,804.  | 16       | 153,926.           |          |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   |          | 17                 |          |
|                                    | 18  | Grants payable  |          | 18                 |          |
|                                    | 19  | Deferred revenue  |          | 19                 |          |
|                                    | 20  | Tax-exempt bond liabilities   |          | 20                 |          |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |          | 21                 |          |
|                                    | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |          | 22                 |          |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties  |          | 23                 |          |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties  |          | 24                 |          |
|                                    | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |          | 25                 |          |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 0.       | 26                 | 0.       |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here G</b> <input checked="" type="checkbox"/> |   |          |                    |          |
|                                    | <b>and complete lines 27, 28, 32, and 33.</b>   |   |          |                    |          |
|                                    | 27  | Net assets without donor restrictions   | 164,804. | 27                 | 153,926. |
|                                    | 28  | Net assets with donor restrictions  |          | 28                 |          |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here G</b> <input type="checkbox"/>     |   |          |                    |          |
|                                    | <b>and complete lines 29 through 33.</b>  |   |          |                    |          |
|                                    | 29  | Capital stock or trust principal, or current funds  |          | 29                 |          |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund  |          | 30                 |          |
| 31                                 | Retained earnings, endowment, accumulated income, or other funds                                |   | 31       |                    |          |
| 32                                 | <b>Total net assets or fund balances</b>  | 164,804.  | 32       | 153,926.           |          |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>   | 164,804.  | 33       | 153,926.           |          |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 307,182. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 318,060. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -10,878. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 164,804. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |          |
| <b>7</b>  | Investment expenses  | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 153,926. |

**Part XII Financial Statements and Reporting**

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

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |     |    |
| <b>2 a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>2 b</b> | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| <b>2 c</b> | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |     |    |
| <b>3 a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| <b>3 b</b> | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  |     |    |

**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.

G Attach to Form 990 or Form 990-EZ.

G Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>KONKANI CHARITABLE FUND INC</b> | Employer identification number<br><b>90-0482868</b> |
|--|---|

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

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

**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) G  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   | 270,722. | 280,688. | 246,412. | 250,132. | 311,777. | 1,359,731. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |          |          |          |          |          | 0.         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.   |          |          |          |          |          | 0.         |
| 4 <b>Total.</b> Add lines 1 through 3.   | 270,722. | 280,688. | 246,412. | 250,132. | 311,777. | 1,359,731. |
| 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). |          |          |          |          |          | 0.         |
| 6 <b>Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 1,359,731. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) G  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total                  |
|--|----------|----------|----------|----------|----------|----------------------------|
| 7 Amounts from line 4.   | 270,722. | 280,688. | 246,412. | 250,132. | 311,777. | 1,359,731.                 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.   |          |          |          |          |          | 0.                         |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.  |          |          |          |          |          | 0.                         |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          | 0.                         |
| 11 <b>Total support.</b> Add lines 7 through 10.   |          |          |          |          |          | 1,359,731.                 |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 0.                         |
| 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> . |          |          |          |          |          | G <input type="checkbox"/> |

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

|   |    |          |
|---|----|----------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14                       | 15 | 100.00 % |

16a **33-1/3% support test' 2019.** 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. G

b **33-1/3% support test' 2018.** 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. G

17a **10%-facts-and-circumstances test' 2019.** 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. G

b **10%-facts-and-circumstances test' 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. G

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. G

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) G   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) G  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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** ..... G

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33-1/3% support tests' 2019.** 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 ..... G

**b 33-1/3% support tests' 2018.** 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 ..... G

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>  | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |           | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |



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

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

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

| <b>Section B ' Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035.  | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C ' Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1.  | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

BAA

Schedule A (Form 990 or 990-EZ) 2019



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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

KONKANI CHARITABLE FUND INC

Employer identification number

90-0482868

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[ ] 527 political organization

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |  |
|---|--|
| Name of organization<br>KONKANI CHARITABLE FUND INC | Employer identification number<br>90-0482868 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|--|-------------------------------|---|
| 1          | SURENDRA SHENOY<br>1 HEATHER HILL LANE<br>OLIVETTE, MO 63132                 | \$ 5,450.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | RAVI & ASHA BALIGA<br>718 LONG BRIDGE ST APT 1204<br>SAN FRANCISCO, CA 94539 | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | GOPAL BHANDARKAR<br>43 SPRAY COURT<br>BAYPORT, NY 11705                      | \$ 40,699.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | MOHAN & VASUMATI PAI<br>196-52 49TH AVENUE<br>FRESH MEADOWS, NY 11365        | \$ 10,001.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | RAM & ARUNA ACHARYA<br>2142 SAN BENITO DR<br>FREEMONT, CA 94539              | \$ 15,712.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | DR VASUDEVA & SHOBHA SHENOY<br>35 NORTH CREEK SIDE CT<br>HOUSTON, TX 78613   | \$ 7,950.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br>KONKANI CHARITABLE FUND INC | Employer identification number<br>90-0482868 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|--|-------------------------------|---|
| 7          | JANARDHANA & PADMA ACHARYA<br>20074 FERNRIDGE CREST<br>LANGLEY, BC V2Z1X4 Canada | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | DR VI JAY KUMAR & PREMA RAO<br>305 ASHLEY COURT<br>OAKBRI CK, IL 60523           | \$ 7,950.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | KALPANA & VINOD BHAT<br>7 3RD AVE<br>PORTWASHI NGTON, NY 11050                   | \$ 5,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | MUKAND G & SAREKHA PAI<br>33550 N BURR OAK DR<br>SOLON, OH 44139                 | \$ 8,100.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | RAVINDRANATH & POONAM SHENOY<br>6 APACHE WAY<br>MONTVILLE, NJ 07045              | \$ 10,450.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | DEEPAK & PROTIMA BHANDARKAR<br>521 CHERRYWOOD CT<br>SUNNYVALE, CA 94087          | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>KONKANI CHARITABLE FUND INC</b> | Employer identification number<br><b>90-0482868</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|---|-------------------------------|---|
| 13         | ANURADHA PAI<br>-----<br>3822 SAFLOWER TER<br>-----<br>OVIEDO, FL 32766<br>-----      | \$ 50,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | SURESH & SUMANA PAI<br>-----<br>1435 MARSAN CT<br>-----<br>CAMBELL, CA 95008<br>----- | \$ 6,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----<br>-----<br>-----<br>-----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

Employer identification number

KONKANI CHARITABLE FUND INC

90-0482868

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| -----                     | N/A<br>-----<br>-----<br>-----               | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |
| -----                     | -----<br>-----<br>-----                      | \$<br>-----                                     | -----                |



Name of organization: **KONKANI CHARITABLE FUND INC** Employer identification number: **90-0482868**

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

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        | N/A                    |                    |  |
| -----                  | -----                  | -----              | -----                                  |
| -----                  | -----                  | -----              | -----                                  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
| -----                  | -----                  | -----              | -----                                  |
| -----                  | -----                  | -----              | -----                                  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
| -----                  | -----                  | -----              | -----                                  |
| -----                  | -----                  | -----              | -----                                  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
| -----                  | -----                  | -----              | -----                                  |
| -----                  | -----                  | -----              | -----                                  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.  
G Attach to Form 990 or 990-EZ.

G Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

KONKANI CHARITABLE FUND INC

Employer identification number

90-0482868

**Form 990, Part I, Line 1 - Organization Mission or Significant Activities**

To conduct activities for the benefit of needy Konkani speaking people in the US, India and worldwide, including : a) Holding cultural and social events, b) raising and disbursing funds for educational scholarships, c) funding and organizing health camps and food drives and d) Funding and assisting orphanages and old age homes in India.

**Form 990, Part III, Line 1 - Organization Mission**

To conduct activities for the benefit of needy Konkani speaking people in the US, India and worldwide, including : a) Holding cultural and social events, b) raising and disbursing funds for educational scholarships, c) funding and organizing health camps and food drives and d) Funding and assisting orphanages and old age homes in India.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

No review was or will be conducted.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

No other documents available to the public.

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2019

8453-EO

Exempt Organization name

KONKANI CHARITABLE FUND INC

Identifying number

90-0482868

## Part I Electronic Return Information (whole dollars only)

|   |   |   |          |
|---|---|---|----------|
| 1 | Total gross receipts (Form 199, line 4)             | 1 | 307,182. |
| 2 | Total gross income (Form 199, line 8)               | 2 | 307,182. |
| 3 | Total expenses and disbursements (Form 199, Line 9) | 3 | 266,560. |

## Part II Settle Your Account Electronically for Taxable Year 2019

4  Electronic funds withdrawal    4a Amount \_\_\_\_\_    4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

## Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
6 Account number \_\_\_\_\_    7 Type of account:  Checking     Savings

## Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here    A \_\_\_\_\_    Date \_\_\_\_\_    A PRESIDENT    Title

## Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|               |   |   |      |                             |                                     |                        |                                     |             |            |
|---------------|---|---|------|-----------------------------|-------------------------------------|------------------------|-------------------------------------|-------------|------------|
| ERO Must Sign | ERO's signature                                     | A DEV M KINI  | Date | Check if also paid preparer | <input checked="" type="checkbox"/> | Check if self-employed | <input checked="" type="checkbox"/> | ERO's PTIN  | P01491378  |
|               | Firm's name (or yours if self-employed) and address | A PERRY PTASHNIK, CPA<br>21 W 38TH ST. 9TH FL<br>NEW YORK |      |                             |                                     |                        |                                     | Firm's FEIN | 22-4463753 |
|               |   |   |      |                             |                                     |                        |                                     | ZIP code    | 10018      |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                         |   |         |      |                        |                          |                      |  |
|-------------------------|---|---------|------|------------------------|--------------------------|----------------------|--|
| Paid Preparer Must Sign | Paid preparer's signature                           | A _____ | Date | Check if self-employed | <input type="checkbox"/> | Paid preparer's PTIN |  |
|                         | Firm's name (or yours if self-employed) and address | A _____ |      |                        |                          | Firm's FEIN          |  |
|                         |   |         |      |                        |                          | ZIP code             |  |

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