

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

u The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011**Open to Public
Inspection****A For the 2011 calendar year, or tax year beginning , and ending****B** Check if applicable:

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

C Name of organization**The Sundari Foundation, Inc.**Doing Business As **Lotus House Women's Shelter**

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

217 NW 15 Street

Room/suite

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

Miami**FL 33136****D** Employer identification number**81-0652266****E** Telephone number**305-613-1573****G** Gross receipts \$ **2,424,525****F** Name and address of principal officer:**Constance Collins****1514 NW 2nd Ave****Miami****FL 33136****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () t (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **u www.lotushouseshelter.org****H(c)** Group exemption number **u****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u****L** Year of formation: **2004****M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	49
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,919,815	Current Year 2,127,543
	9 Program service revenue (Part VIII, line 2g)	167,193	185,531
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,075	762
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,342	15,896
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,085,741	2,329,732
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	423,821
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		520,707	626,409
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) u 26,676			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		599,777	708,492
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,544,305	1,334,901
19 Revenue less expenses. Subtract line 18 from line 12		541,436	994,831
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year 1,426,574
	21 Total liabilities (Part X, line 26)	20,293	20,883
	22 Net assets or fund balances. Subtract line 21 from line 20	1,406,281	1,600,153

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	Constance Collins Type or print name and title		President	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	Maria R. Millares, CPA		08/15/12	P01413925
	Firm's name	Firm's EIN		
	Millares & Company, P.A.	65-0551936		
	Firm's address	Phone no.		
	500 South Dixie Highway, Suite 201	305-662-9649		
	Coral Gables, FL 33146			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,025,593** including grants of\$) (Revenue \$)
Operation of residential facility and resource center, known as Lotus House Women's Shelter, providing free shelter, holistic support services and access to wide range of community resources for homeless women and children, including : food, clothing, counseling, job readiness training and educational workshops, access to medical and mental health treatment, pre-natal care, birthing and parenting classes, infant supplies, and a host of enrichment of activities. Facility serves approximately 190 homeless women and children each year. After its initial formation, the Foundation concentrated

4b (Code:) (Expenses \$ **175,158** including grants of\$) (Revenue \$ **185,531**)
Through its wholly owned subsidiary Lotus House Thrift, LLC, the Foundation is establishing a work program and community outreach thrift shop benefiting Lotus House Women's Shelter, providing job training, clothing and furnishings for homeless, poor, distressed and disadvantaged women in furtherance of the Foundation's charitable and educational purposes.

4c (Code:) (Expenses \$ **9,265** including grants of\$) (Revenue \$)
Through its wholly owned subsidiary Art Live Fair, LLC (fka Wynwood Art Fair, LLC), the Foundation is establishing a community based, public art fair benefiting Lotus House Women's Shelter, as a grass roots, public awareness and fundraising initiative and community outreach for the Foundation's charitable and educational purposes.

4d Other program services. (Describe in Schedule O.)(Expenses \$ **434** including grants of\$) (Revenue \$)**4e Total program service expenses u 1,210,450**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	49
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15a	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?	X	
15b	The organization's CEO, Executive Director, or top management official	X	
16a	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **uNY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u Constance Collins** **1514 NW 2nd Ave**

Miami**FL 33136****305-438-0556**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Constance Collins President	50.00	X		X				0	0	0
(2) Burton Hersh VP	1.00	X		X				0	0	0
(3) Marti Mang Treasurer	1.00	X		X				0	0	0
(4) Cynthia Bell Director	1.00	X						0	0	0
(5) Sydney Cohen Director	1.00	X						0	0	0
(6) Susan Lerner Director	1.00	X						0	0	0
(7) Anna Frusciante Director	1.00	X						0	0	0
(8) Natasha Duwin Director	1.00	X						0	0	0
(9) Grettel Singer Director	1.00	X						0	0	0
(10) Harumi Abe Director	1.00	X						0	0	0
(11) Vandilla McClendon Director	1.00	X						0	0	0
(12) Lindsey Merrill Secretary	40.00			X				40,000	0	0
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							u	40,000		
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	40,000		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
The Corner Muse, Inc. Coral Gables FL 33146	517 Cadagua Avenue Catering Servic	170,867

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 **u**

1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	443,111			
	d Related organizations	1d				
	e Government grants (contributions) ..	1e	223,233			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,461,199			
	g Noncash contributions included in lines 1a-1f: \$		896,715			
	h Total. Add lines 1a-1f	u	2,127,543			
Program Service Revenue	2a Thrift shop sales	Busn. Code	185,531	185,531		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	185,531			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	762	762	
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
		(i) Real	(ii) Personal			
6a Gross rents						
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)		u				
8a Gross income from fundraising events (not including \$ 443,111 of contributions reported on line 1c). See Part IV, line 18		a	109,800			
b Less: direct expenses		b	94,793			
c Net income or (loss) from fundraising events		u	15,007			
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities		u				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a Sales tax allowance			860	860		
b Miscellaneous			29	29		
c						
d All other revenue						
e Total. Add lines 11a-11d	u		889			
12 Total revenue. See instructions.	u		2,329,732	187,182	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	527,508	489,048	19,230	19,230
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	47,570	44,102	1,735	1,733
10 Payroll taxes	51,331	47,588	1,872	1,871
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	43,306		43,306	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	45,255	13,665	31,590	
14 Information technology				
15 Royalties				
16 Occupancy	37,650	37,650		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,536	5,536		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,126	34,126		
23 Insurance	32,848	32,848		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supportive services	308,208	308,208		
b Utilities	71,400	71,400		
c Capital outlay	54,552	54,552		
d Public awareness/outreach	18,970	18,970		
e All other expenses	56,641	52,757	42	3,842
25 Total functional expenses. Add lines 1 through 24e	1,334,901	1,210,450	97,775	26,676
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	849,951	1	777,294
	2 Savings and temporary cash investments	205,305	2	481,717
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	27,769	4	67,686
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,616	9	27,078
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 382,340		
	b Less: accumulated depreciation	10b 123,138	10c 247,193	259,202
	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	76,740	15	8,059
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,426,574	16	1,621,036	
Liabilities	17 Accounts payable and accrued expenses	15,020	17	15,381
	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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	5,273	25	5,502
	26 Total liabilities. Add lines 17 through 25	20,293	26	20,883
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,406,281	27	1,600,153
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,406,281	33	1,600,153
34 Total liabilities and net assets/fund balances	1,426,574	34	1,621,036	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,329,732
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,334,901
3	Revenue less expenses. Subtract line 2 from line 1	3	994,831
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,406,281
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-800,959
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,600,153

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
2b Were the organization's financial statements audited by an independent accountant?	X	
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a 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 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2011)

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.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

The Sundari Foundation, Inc.

Employer identification number

81-0652266**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	798,571	657,926	1,213,383	1,919,815	2,127,543	6,717,238
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	798,571	657,926	1,213,383	1,919,815	2,127,543	6,717,238
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)						114,239
6 Public support. Subtract line 5 from line 4						6,602,999

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	798,571	657,926	1,213,383	1,919,815	2,127,543	6,717,238
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,140	10,514	6,269	2,075	762	39,760
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	74,833	345,564	64,093	-3,342	15,894	497,042
11 Total support. Add lines 7 through 10						7,254,040
12 Gross receipts from related activities, etc. (see instructions)					12	446,962
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	91.03 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	87.30 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Net income from special events \$ **488,920**

Other revenue \$ **8,122**

Taxpayer's Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2011

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

The Sundari Foundation, Inc.

81-0652266

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization The Sundari Foundation, Inc.	Employer identification number 81-0652266
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Anonymous donor	\$ 131,695	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Miami Dade County Homeless Trust 111 NW 1st Street Miami FL 33128	\$ 142,601	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Bank of America Charitable Found 100 SE 2nd Street 15th Fl. Miami FL 33131	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	City of Miami - CDBG P.O. Box 330708 Miami FL 33233	\$ 80,632	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****u** Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990. **u** See separate instructions.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Name of the organization

Employer identification number

The Sundari Foundation, Inc.**81-0652266****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located **u**

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **u**

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **u** \$

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 **u** \$

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 **u** \$

b Assets included in Form 990, Part X **u** \$

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment **u** %
b Permanent endowment **u** %
c Temporarily restricted endowment **u** %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		157,526	19,805	137,721
d Equipment		97,107	58,141	38,966
e Other		127,707	45,192	82,515
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) u				259,202

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Sales tax payable	2,558	
(3) Payroll tax payable	2,085	
(4) Unemployment taxes payable	859	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	5,502	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,329,732
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,334,901
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	994,831
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-733,244
9	Total adjustments (net). Add lines 4 through 8	9	-733,244
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	261,587

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

1	Total revenue, gains, and other support per audited financial statements	1	2,643,685
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	217,004
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	96,949
e	Add lines 2a through 2d	2e	313,953
3	Subtract line 2e from line 1	3	2,329,732
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,329,732

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

1	Total expenses and losses per audited financial statements	1	2,382,098
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	217,004
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	830,193
e	Add lines 2a through 2d	2e	1,047,197
3	Subtract line 2e from line 1	3	1,334,901
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,334,901

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

Special events expenses	\$	94,793
Income from Lotus House Thrift not reported on form 990	\$	2,156
Special events expenses	\$	-94,793
Non-cash donations of goods	\$	-735,400

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

Part XIV Supplemental Information (continued)

Special events expenses \$ 94,793

Income from Lotus House Thrift not reported on form 990 \$ 2,156

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Special events expenses \$ 94,793

Non-cash donations of goods \$ 735,400

Taxpayer's Copy

**SCHEDULE G
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding
Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
u Attach to Form 990 or Form 990-EZ. **u** See separate instructions.

OMB No. 1545-0047

2011Open To Public
Inspection

Name of the organization

The Sundari Foundation, Inc.

Employer identification number

81-0652266**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 Annual Benefit (event type)	(b) Event #2 Wynwood Art Fai (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	389,052	144,361	19,498	552,911
2 Less: Charitable contributions	388,077	35,536	19,498	443,111
3 Gross income (line 1 minus line 2)	975	108,825		109,800
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	232	94,561		94,793
10 Direct expense summary. Add lines 4 through 9 in column (d)				94,793
11 Net income summary. Combine line 3, column (d), and line 10				15,007

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? 9a ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

11	Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
----	--	--------------------------	-----	--------------------------	----

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** _____

Address **u**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization **u\$** and the amount of gaming revenue retained by the third party **u\$**

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

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation u\$

Description of services provided u

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

U Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

U Attach to Form 990.

OMB No. 1545-0047

2011**Open To Public
Inspection**

Name of the organization

The Sundari Foundation, Inc.

Employer identification number

81-0652266**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	33	282,180	Fair Value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		12,935	Fair Value
5 Clothing and household goods	X		601,600	Fair Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other U(.....				
26 Other U(.....				
27 Other U(.....				
28 Other U(.....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I, Line 32b - Third Party Used to Process Noncash Contributions

Kimberly Marrero, art consultant, assisted the Foundation in obtaining donations of art work for its annual art auction fundraising event.

Sotheby's assisted the Foundation in offering for sale donated artwork at the benefit auction in the annual fundraiser.

Taxpayer's Copy

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-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011**Open to Public
Inspection****The Sundari Foundation, Inc.**Employer identification number
81-0652266**Form 990 - Organization's Mission or Most Significant Activities**

The Foundation is organized for charitable and educational purposes, including specifically, providing relief to homeless, poor, distressed and disadvantaged women and children. By way of example, such relief is intended to include (a) provision of basic human services and resources for women, such as shelter, housing, food, basic skills and job training; (b) defense and advancement of human and civil rights secured by law; (c) advancement of education, elimination of prejudice and discrimination, and promotion of enlightened social consciousness of and for their dignity, humanity and needs; (d) combating community deterioration and juvenile delinquency; (e) creation and maintenance of parks and recreation, featuring women in the arts, for the benefit of urban neighborhoods and communities; and (f) providing resources for the empowerment of disenfranchised women, including significant activities of wholly owned subsidiaries, Lotus House Thrift, LLC, Lotus Wellness Center, LLC and Art Live Fair, LLC.

Form 990, Part III, Line 4a - First Accomplishment

its efforts on providing relief to homeless, poor, distressed and disadvantaged women and children. It established Lotus House as a prototype women's resource center and transitional housing facility, providing basic human services and resources to homeless, poor, distressed and disadvantaged women in Miami-Dade County. It elected not to further pursue assistance to the school project of

Name of the organization

The Sundari Foundation, Inc.

Employer identification number

81-0652266

the Theodore Gibson Foundation which was in the planning stages.

Form 990, Part III, Line 4d - All Other Accomplishment

Through its wholly owned subsidiary Lotus Wellness Center, LLC, the Foundation established a free, volunteer, health and wellness clinic in furtherance of the Foundation's charitable and educational purposes.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The draft of Form 990 was provided to the board for review and comment, prior to filing, in addition to being reviewed and approved by the President of the Foundation.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

No officer or employee shall solicit or accept any gift, gratuity, favor, compensation, or anything of value, in cash or in kind, from any existing or prospective contractor or recipient or beneficiary of expenditures of the Fund, except for a gift that is an unsolicited item of nominal value or as otherwise may be fully disclosed to and expressly approved by the Board. No officer, employee or agent may participate in the selection, award or administration of a contract supported by grant program funds from governmental sources if a real or apparent conflict of interest would be involved. Such a conflict may arise when any of the following parties has a financial or other interest in the firm selected for the award: an employee, officer or agent of the Fund; any member of an employee's, officer's or agent's immediate family; an employee's, agent's or officer's partner; or an organization which employs or is about to employ

Name of the organization

The Sundari Foundation, Inc.

Employer identification number

81-0652266

any of the parties in the preceding sections.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Special procedures are in place for board review if there should be a compensation level for an employee exceeding \$55,000. Compensation for all employees is reviewed and subject to board approval annually.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Special procedures are in place for board review if there should be a compensation level for an employee exceeding \$55,000. Compensation for all employees is reviewed and subject to board approval annually.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. This information is also posted on Guidestar's website.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation

The net change of \$800,959 in the fund balance is comprised of the following:

The decrease of \$67,715 in fund balances is a prior period adjustment for Sundari Foundation, Inc. The decrease reflects the correct expenditure of art inventory that was inadvertently reported as an asset on the balance sheet. The Sundari Foundation, Inc. does not hold Art as inventory, therefore, inkind art donations should be reported as inkind art expenditures.

Name of the organization

The Sundari Foundation, Inc.

Employer identification number

81-0652266

The remainder change of \$733,244 represents reconciling items between the Form 990 and the audited financial statements (See Schedule D for the reconciliation).

Taxpayer's Copy

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Name of the organization

The Sundari Foundation, Inc.

Employer identification number

81-0652266**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Lotus House Thrift, LLC 203 NW 36th Street Miami FL 33127 35-2385390	Work Prog	FL	773,797	40,327	Sundari
(2) Art Live Fair, LLC 217 NW 15th Street Miami FL 33136 35-2385391	Education	FL	144,361	22,857	Sundari
(3) Lotus Wellness Center, LLC 217 NW 15th Street Miami FL 33136 27-3438250	Hlth Clini	FL		4,515	Sundari
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Lotus Endowment Fund, Inc. 2666 Tigertail Ave, #108 Miami FL 33133 92-0233563	Non-Profit	FL	501(c)	11b	N/A		X
(2)							
(3)							
(4)							
(5)							

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

Schedule R (Form 990) 2011

DAA

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Sale of assets to related organization(s)	1f	X
g Purchase of assets from related organization(s)	1g	X
h Exchange of assets with related organization(s)	1h	X
i Lease of facilities, equipment, or other assets to related organization(s)	1i	X
j Lease of facilities, equipment, or other assets from related organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X
n Sharing of paid employees with related organization(s)	1n	X
o Reimbursement paid to related organization(s) for expenses	1o	X
p Reimbursement paid by related organization(s) for expenses	1p	X
q Other transfer of cash or property to related organization(s)	1q	X
r Other transfer of cash or property from related organization(s)	1r	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) Lotus Endowment Fund, Inc.	j	1	Lease of shelter facility
(2) Lotus Endowment Fund, Inc.	m		
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information

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

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Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2011Attachment
Sequence No. **179**

Name(s) shown on return

The Sundari Foundation, Inc.Identifying number
81-0652266

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	34,126

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

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	34,126
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.Form **4562** (2011)

DAA

There are no amounts for Page 2

81-0652266

Federal Asset Report

FYE: 12/31/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	2 Kenmore Laundry	12/31/05	1,648			1,648	7 MO S/L	1,177	235
2	10 Compact fridges, appliances	12/31/05	2,568			2,568	7 MO S/L	1,834	367
3	Appliances	12/31/05	289			289	7 MO S/L	206	42
4	Dishwasher, appliances	12/31/05	1,981			1,981	7 MO S/L	1,415	283
5	Beds/mattresses	12/31/05	9,129			9,129	7 MO S/L	6,521	1,304
6	Dresser	12/31/05	256			256	7 MO S/L	183	36
7	Bedside & living room tables	12/31/05	3,555			3,555	7 MO S/L	2,540	507
8	Chairs & cushions	12/31/05	5,538			5,538	7 MO S/L	3,956	791
9	Small appliances/kitchen equip	12/31/05	1,343			1,343	7 MO S/L	959	192
10	Bristol camera	12/31/05	1,193			1,193	7 MO S/L	852	171
11	Freezer	5/26/06	943			943	7 MO S/L	617	135
12	Refrigerator	6/28/06	482			482	7 MO S/L	310	69
13	B&H Camera	8/21/06	910			910	7 MO S/L	563	130
14	Generator	8/21/06	3,625			3,625	7 MO S/L	2,244	518
15	Xerox copier	10/09/06	1,416			1,416	7 MO S/L	860	202
16	Laptop computer	11/02/06	2,311			2,311	5 MO S/L	1,926	385
17	Furniture	11/30/06	1,863			1,863	7 MO S/L	1,087	266
18	Computer printer	11/30/06	935			935	5 MO S/L	764	171
19	Beds	11/30/06	940			940	7 MO S/L	548	135
20	Furniture	12/31/06	11,295			11,295	7 MO S/L	6,454	1,614
21	Leasehold-stand alone shed	9/05/06	3,509			3,509	10 MO S/L	1,521	350
22	Leasehold-200 amp transfer switches	9/07/06	2,300			2,300	10 MO S/L	997	230
23	Leasehold-Leon Johnson	9/30/06	6,875			6,875	10 MO S/L	2,922	687
24	Honda van	7/28/06	26,827			26,827	7 MO S/L	16,927	3,832
29	HP laptop comp for Rochelle	4/19/07	1,229			1,229	5 MO S/L	902	245
34	P205-D Notebook and 2 year warranty	10/05/07	1,337			1,337	5 MO S/L	869	268
35	Improvements - Florida & Key Bldrs	8/22/07	12,643			12,643	50 MO S/L	843	253
36	Improvements - Florida & Key Bldrs	10/10/07	8,568			8,568	50 MO S/L	557	171
37	Improvements - Florida & Key Bldrs	11/02/07	20,661			20,661	50 MO S/L	1,309	413
38	Improvements - Florida & Key Bldrs	12/07/07	8,435			8,435	50 MO S/L	520	169
40	4 wicker chairs, 3 wicker loveseats	3/07/07	792			792	7 MO S/L	434	113
41	Dishwasher - Sears	8/20/07	900			900	5 MO S/L	600	180
42	2 wash/drying - Sears	8/20/07	2,390			2,390	5 MO S/L	1,593	478
43	Roof repairs - 229	11/19/07	4,500			4,500	50 MO S/L	278	90
44	New panels & wiring-Bruce Flanagan	12/03/07	4,079			4,079	50 MO S/L	252	81
47	Interior rough wiring for 1st and 2nd fl	1/02/08	5,307			5,307	50 MO S/L	318	107
48	Plumbing	1/29/08	3,485			3,485	50 MO S/L	203	70
49	New sanitary pips for 1st & 2nd FL	1/29/08	3,800			3,800	50 MO S/L	222	76
50	Drywall & Stucco	2/07/08	11,090			11,090	50 MO S/L	647	222
51	Grudman Fabricators	2/15/08	9,605			9,605	50 MO S/L	560	192
52	Painting & Paint kitchen cabinets	2/18/08	3,464			3,464	50 MO S/L	196	70
53	Installation of floor & bathrooms 1st 2nd fl	2/20/08	2,918			2,918	50 MO S/L	165	59
54	plumbing fixt for bathroom	2/28/08	4,085			4,085	50 MO S/L	231	82
55	evacuation of sewer and water-main	2/28/08	2,950			2,950	50 MO S/L	167	59
56	Cal & Son	2/29/08	2,850			2,850	50 MO S/L	162	57
57	permits and paint, kitchen cabinets	3/03/08	1,748			1,748	50 MO S/L	99	35
58	American Grinding & Equipment	3/06/08	2,311			2,311	7 MO S/L	935	330
59	stainless steel wall cabinet, shelves, faucet	3/28/08	11,615			11,615	7 MO S/L	4,563	1,659
60	plan revision, paint	4/21/08	1,227			1,227	50 MO S/L	65	25
61	a/c wiring, rewire kitchen	5/01/08	1,870			1,870	50 MO S/L	100	37
62	run gas lines, install sinks and faucets	6/01/08	3,950			3,950	50 MO S/L	204	79
63	cabinets and counters	6/11/08	3,915			3,915	7 MO S/L	1,445	559
64	Apple computer	4/02/08	1,868			1,868	5 MO S/L	1,028	373
65	JAS 3009 45" wide - Keyboard	3/12/08	1,000			1,000	5 MO S/L	567	200
66	Cannon Image Clas MF6	5/14/08	1,052			1,052	5 MO S/L	561	210
67	LA Cuisine Gourmet backsplash, gas burne	3/04/08	4,680			4,680	7 MO S/L	1,894	669
68	LA Cuisine Gourmet - wall hood	3/10/08	1,990			1,990	7 MO S/L	805	285
69	CAC - Generator	9/09/08	2,986			2,986	7 MO S/L	995	427
71	Dell I531S	5/23/08	550			550	5 MO S/L	284	110
72	Bruce Flanagan-Installation lights, alarm	7/01/08	557			557	50 MO S/L	28	11
73	Leon Johnson-217 bldg	7/01/08	1,179			1,179	10 MO S/L	295	118
74	B Cody Plumbing-drain lines	7/16/08	2,280			2,280	50 MO S/L	110	46
75	Bruce Flanagan-generator installation	10/06/08	2,972			2,972	7 MO S/L	955	425
76	Credit Card machine	10/31/08	949			949	7 MO S/L	294	135
77	ABC Kitchen Equipment	12/01/08	2,720			2,720	7 MO S/L	810	388
79	Nextran Truck	9/17/09	26,827			26,827	6 MO S/L	1,121	4,471
80	Artwork - donated by CAC	1/07/09	1,160			1,160	0 -- Memo	0	0
81	Appliances	7/01/09	2,714			2,714	7 MO S/L	595	387

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
82	EG Custom Glass (Windows)	2/02/10	14,940				14,940	10 MO S/L	1,370	1,494
83	EG Custom Glass (Windows)	4/13/10	9,960				9,960	10 MO S/L	747	996
84	Bruce Flanagan (Rewire Units 1 & 2 new pl	8/13/10	2,200				2,200	10 MO S/L	92	220
85	MAC Computers for Lindsay and Pam	6/28/10	2,736				2,736	5 MO S/L	274	547
86	Apple Store (MacBook - Thea)	9/13/10	1,248				1,248	5 MO S/L	83	250
87	IMac's - Health Clinic	9/13/10	2,886				2,886	5 MO S/L	192	578
88	2 new computers (Pilar & Marie)	11/15/10	2,732				2,732	5 MO S/L	91	547
89	IMac for Shelter	12/22/10	1,279				1,279	5 MO S/L	0	256
90	Commercial Laundry Equip (Deposit)	12/17/10	972				972	7 MO S/L	0	139
91	Commercial Laundry Equip	12/21/10	2,916				2,916	7 MO S/L	0	417
92	Artwork - Nick Kornioff	12/31/10	5,350				5,350	0 -- Memo	0	0
99	Lindsay Merrill, Conselor Computer	6/27/11	1,441				1,441	5 MO S/L	0	144
100	Lindsay Merrill, Computer (Roblee)	8/26/11	3,732				3,732	5 MO S/L	0	249
101	Lindsay Merrill, comp for thrift shop training	11/02/11	1,363				1,363	5 MO S/L	0	45
102	Braman Honda (new van)	11/02/11	28,002				28,002	7 MO S/L	0	667
103	Brandsmart (7 refr and 8 stoves)	6/22/11	5,464				5,464	7 MO S/L	0	264
107	Brandsmart (appliances)	12/05/11	3,979				3,979	7 MO S/L	0	47
109	LH Wellness - Exam Tables and Panel Scre	5/31/11	2,156				2,156	7 MO S/L	0	180
Total Other Depreciation			<u>382,295</u>				<u>382,295</u>		<u>89,013</u>	<u>34,126</u>
Total ACRS and Other Depreciation			<u>382,295</u>				<u>382,295</u>		<u>89,013</u>	<u>34,126</u>
Grand Totals			382,295				382,295		89,013	34,126
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>382,295</u>				<u>382,295</u>		<u>89,013</u>	<u>34,126</u>

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21600 The Sundari Foundation, Inc.

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81-0652266

Depreciation Adjustment Report

FYE: 12/31/2011

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events For calendar year 2011, or tax year beginning _____, and ending _____	2011
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Name The Sundari Foundation, Inc.	Employer Identification Number 81-0652266
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		(a) Other event <u>Art Miami</u> <small>(event type)</small>	(b) Other event _____ <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	19,498			19,498
	2 Less: Charitable contributions	19,498			19,498
	3 Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

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Federal Statements**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest income		\$ 762					
Total		\$ 762					

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21600 The Sundari Foundation, Inc.
81-0652266
FYE: 12/31/2011

8/15/2012 1:45 PM

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Building maintenance	\$ 18,669	\$ 18,669	\$	\$
Telephone	12,855	12,855		
Vehicle maintenance	11,940	11,940		
Licenses & permits	3,836	3,836		
Grant administration	3,800			3,800
Advertising	2,150	2,150		
Payroll service expense	1,158	1,074	42	42
Pest control	957	957		
Equipment rental	725	725		
Maintenance supplies	551	551		
Total	<u>\$ 56,641</u>	<u>\$ 52,757</u>	<u>\$ 42</u>	<u>\$ 3,842</u>

Taxpayer's Copy

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Martin Margulies	\$ 259,320	\$ 114,239
Total	\$ 259,320	\$ 114,239

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