Form 990-EZ

Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

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

For the 2009 calendar year, or tax year beginning 2009, and ending

Address change
Name change
Initial return
Termination
Amended return
Application pending

THE TRIVEDI FOUNDATION
POST OFFICE BOX 368
FAIRFIELD, IA 52556

Employer identification number
26-4520729

Telephone number
641.472.4773

Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Website: TRIVEDIFOUNDATION.ORG

Tax-exempt status (check only one) — X 501(c) 3 (insert no 4947(a)(1) or 527)

Group Exemption Application pending Number

Accounting method (specify)
Cash

Check if applicable

A For the 2009 calendar year, or tax year beginning 2009, and ending

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

1 Contributions, gifts, grants, and similar amounts received 1

2 Program service revenue including government fees and contracts 2

3 Membership dues and assessments 3

4 Investment income

5a Gross amount from sale of assets other than inventory 5a

b Less cost or other basis and sale expenses 5b

c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 5c

6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gambling, check here

a Gross revenue (not including $ of contributions reported on line 1) 6a

b Less direct expenses other than fundraising expenses 6b

c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c

7a Gross sales of inventory, less returns and allowances 7a

b Less cost of goods sold 7b

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c

8 Other revenue (describe ) 8

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9

10 Grants and similar amounts paid (attach schedule) 10

11 Benefits paid to or for members 11

12 Salaries, other compensation, and employee benefits 12

13 Professional fees and other payments to independent contractors 13

14 Occupancy, rent, utilities, and maintenance 14

15 Printing, publications, postage, and shipping 15

16 Other expenses (describe ) SEE STATEMENT 1

17 Total expenses. Add lines 10 through 16 17

18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year. Combine lines 18 through 20 21

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(A) Beginning of year (B) End of year

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe ) SEE STATEMENT 2

25 Total assets

26 Total liabilities (describe )

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Form 990-EZ (2009)
### Part III Statement of Program Service Accomplishments

(See the instructions.)

**Describe what was achieved in carrying out the organization’s exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.**

- **28** SEE STATEMENT 4
  - (Grants $ ) If this amount includes foreign grants, check here
    - 28a 34,355.

- **29**
  - (Grants $ ) If this amount includes foreign grants, check here

- **30**
  - (Grants $ ) If this amount includes foreign grants, check here

- **31** Other program services (attach schedule)
  - (Grants $ ) If this amount includes foreign grants, check here

- **32** Total program service expenses (add lines 28a through 31a)
  - 32 34,355.

### Part IV List of Officers, Directors, Trustees, and Key Employees

(See the instructions.)

- List each one even if not compensated.

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (If not paid, enter -0-.)</th>
<th>(d) Contributions to employee benefit plans and deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
</table>
| DR. YOGI BHARDWAJ  
1680 NORTH DELANEY ROAD  
GURNEE, IL 60031 | PRESIDENT  
40.00 | 0. | 0. | 0. |
| DR. YOGI BHARDWAJ  
1680 NORTH DELANEY ROAD  
GURNEE, IL 60031 | TREASURER  
40.00 | 0. | 0. | 0. |
| DR. YOGI BHARDWAJ  
1680 NORTH DELANEY ROAD  
GURNEE, IL 60031 | SECRETARY  
40.00 | 0. | 0. | 0. |
| RUPA SHARMA  
4158 CARDINAL COURT  
NORTHBROOK, IL 60062 | DIRECTOR  
20.00 | 0. | 0. | 0. |
| KALPESH PATEL  
921 14TH STREET  
NORTH CHICAGO, IL 60064 | DIRECTOR  
5.00 | 0. | 0. | 0. |
| HARISH SHETTIGAR  
601 LAXMI SADAN CO-OP HOUSING  
MANDIR, MUMBAI 400081 INDIA | DIRECTOR  
5.00 | 0. | 0. | 0. |
| TINA MYERS  
405 ORCHARD LANE  
SEDONA, AZ 86336 | DIRECTOR  
5.00 | 0. | 0. | 0. |
| DEBRA PONEMAN  
1520 FOREST AVENUE  
EVANSTON, IL 60201 | DIRECTOR  
5.00 | 0. | 0. | 0. |
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T
   a Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
   b If 'Yes,' has it filed a tax return on Form 990-T for this year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?
   b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
   a Initiation fees and capital contributions included on line 9
   b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0.
   b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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
   c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
   d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
   e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T
41 List the states with which a copy of this return is filed ▶ NONE
42a The organization's books are in care of JANICE BURNLEY
   Located at 100 EAST HURON #4701 CHICAGO IL ZIP+4 60611 Telephone no. 312/288-8661
   b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
      If 'Yes,' enter the name of the foreign country ▶
   c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
      If 'Yes,' enter the name of the foreign country ▶
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

49 Did the organization make any transfers to an exempt non-charitable related organization?
   b If 'Yes,' was the related organization a section 527 organization?

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

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans and deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total number of other employees paid over $100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

Sign Here

Signature of officer

JANICE BURNEY

Type or print name and title

Paid Preparer's Use Only

Preparer's name (or yours if self-employed), Address, and ZIP + 4

ALAN J. BALMER

BALMER NELSON VAN MERSBERGEN

504 N. 4TH ST, STE 302

FAIRFIELD, IA 52556

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

BAA
<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part.) See instructions</th>
</tr>
</thead>
</table>

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 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)(v).
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)(v).
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 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

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 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? |

h. Provide the following information about the supported organizations.

<table>
<thead>
<tr>
<th>(i) Name of Supported Organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col (i) of your support?</th>
<th>(vi) Is the organization in col (i) organized in the U.S.?</th>
<th>(vii) Amount of Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Total

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

Schedule A (Form 990 or 990-EZ) 2009
### Section A. Public Support

#### Calendar year (or fiscal year beginning in)

1. Gifts, grants, contributions and membership fees received (Do not include ‘unusual grants’)

2. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf

3. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.

4. Total. Add lines 1-through 3

5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

6. Public support. Subtract line 5 from line 4

### Section B. Total Support

#### Calendar year (or fiscal year beginning in)

7. Amounts from line 4

8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

9. Net income from unrelated business activities, whether or not the business is regularly carried on

10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

11. Total support. Add lines 7 through 10

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

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

### Section C. Computation of Public Support Percentage

14. Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

15. Public support percentage from 2008 Schedule A, Part II, line 14

16a. 33 1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b. 33 1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a. 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, 16b, or 17a, 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.

b. 10%-facts-and-circumstances test – 2008. 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.

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

---

**BAA**

Schedule A (Form 990 or 990-EZ) 2009
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions and membership fees received (Do not include unusual grants)</td>
<td>63,125.</td>
<td>63,125.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 1 through 5</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>63,125.</td>
<td>63,125.</td>
</tr>
<tr>
<td>Amounts included on lines 1, 2, 3 received from disqualified persons</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>a Amounts included on lines 1, 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Public support (Subtract line 7c from line 6)</td>
<td>63,125.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 6</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>63,125.</td>
<td>63,125.</td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 10a and 10b</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total support. (add line 8, 10c, 11, and 12)</td>
<td>63,125.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 %
16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 %

### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 %
19a 33-1/3 support tests - 2009. 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
19b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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. Provide any other additional information. See instructions.
STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES  

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobile</td>
<td>$319.</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>$324.</td>
</tr>
<tr>
<td>Class Room Rental</td>
<td>$230.</td>
</tr>
<tr>
<td>Depreciation</td>
<td>$1,118.</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$228.</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>$1,763.</td>
</tr>
<tr>
<td>Postage</td>
<td>$28.</td>
</tr>
<tr>
<td>Storage</td>
<td>$1,500.</td>
</tr>
<tr>
<td>Supplies</td>
<td>$127.</td>
</tr>
<tr>
<td>Telephone</td>
<td>$634.</td>
</tr>
<tr>
<td>Travel</td>
<td>$12,392.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$18,663.</strong></td>
</tr>
</tbody>
</table>

STATEMENT 2  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS  

<table>
<thead>
<tr>
<th>Item</th>
<th>Beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Machinery and Equipment</td>
<td>$0</td>
<td>$4,473.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$0</td>
<td>$4,473.</td>
</tr>
</tbody>
</table>

STATEMENT 3  
FORM 990-EZ, PART III  
ORGANIZATION’S PRIMARY EXEMPT PURPOSE  

THE FOUNDATION WAS FORMED FOR THE PURPOSE OF EDUCATING THE PUBLIC OF THE PERSONAL AND HUMANITARIAN BENEFITS OF LIVING A SPIRITUAL/DIVINE LIFE THROUGH THE TEACHINGS AND PRACTICES OF MAHENDRA KUMAR TRIVEDI, AN INDIAN HOLY MAN.

STATEMENT 4  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  

THE FOUNDATION DISSEMINATES THE TEACHINGS AND PRACTICES OF MAHENDRA KUMAR TRIVEDI THROUGHOUT THE UNITED STATES THROUGH PRINTED MATERIALS, BOOKS AND OTHER PUBLICATIONS, AUDIO-VIDEO RECORDINGS, AND LECTURE TOURS, AND CONDUCTS SCIENTIFIC RESEARCH TO OBJECTIVELY VERIFY THE BENEFITS OF SAID TEACHINGS AND PRACTICES.
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO
<table>
<thead>
<tr>
<th>NO.</th>
<th>DESCRIPTION</th>
<th>DATE ACQUIRED</th>
<th>DATE SOLD</th>
<th>COST/ BASIS</th>
<th>BUS PCT</th>
<th>CUR 179 BONUS</th>
<th>SPECIAL DEPR ALLOW</th>
<th>PRIOR 179/ BONUS/ SP DEPR</th>
<th>PRIOR DEC BAL DEPR</th>
<th>SALVAG BASIS REDUCT</th>
<th>DEPR BASIS</th>
<th>PRIOR DEPR</th>
<th>METHOD</th>
<th>LIFE</th>
<th>RATE</th>
<th>CURRENT DEPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COMPUTER EQUIPMENT</td>
<td>5/13/09</td>
<td></td>
<td>1,591</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,118</td>
<td>200DB HY</td>
<td>5</td>
<td>20000</td>
<td>318</td>
</tr>
<tr>
<td>2</td>
<td>OFFICE EQUIPMENT</td>
<td>4/30/09</td>
<td></td>
<td>4,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,118</td>
<td>200DB HY</td>
<td>5</td>
<td>20000</td>
<td>300</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL MACHINERY AND</strong></td>
<td></td>
<td></td>
<td><strong>5,591</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>1,118</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>EQUIPMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL DEPRECIATION</strong></td>
<td></td>
<td></td>
<td><strong>5,591</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>1,118</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>GRAND TOTAL DEPRECIATION</strong></td>
<td></td>
<td></td>
<td><strong>5,591</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>1,118</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 8868 Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

- A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.
- All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/e-file and click on e-file for Charities & Nonprofits.

Type or Name of Exempt Organization
TRIVEDI FOUNDATION INC

Employer Identification Number
26-4520729

File by the due date for filing your return. See instructions.

Name of Exempt Organization
TRIVEDI FOUNDATION INC

Number, street, and room or suite no. If a P.O. box, see instructions
BALMER NELSON VAN MERSBERGEN; PO BOX 368

City, town or post office, state, and ZIP code. For a foreign address, see instructions
FAIRFIELD, IA 52556

Check type of return to be filed (file a separate application for each return).

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (corporation)
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

The books are in the care of BALMER NELSON VAN MERSBERGEN

Telephone No
641-472-4773
FAX No
641-472-6476

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

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

1. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
   - ☑ calendar year 2009.
   - ☑ tax year beginning ________________________________, 20___, and ending ________________________________, 20___.

2. If this tax year is for less than 12 months, check reason.
   - ☑ Initial return
   - ☑ Final return
   - ☑ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box □

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

### Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

#### Type or print

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
</table>

**Number, street, and room or suite no.** If a P.O. box, see instructions

**City, town or post office, state, and ZIP code**  For a foreign address, see instructions

#### Check type of return to be filed (File a separate application for each return)

- □ Form 990
- □ Form 990-BL
- □ Form 990-EZ
- □ Form 990-T (sec. 401(a) or 408(a) trust)
- □ Form 1041-A
- □ Form 4720
- □ Form 5227
- □ Form 6069
- □ Form 8870

**STOP!** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of

  - Telephone No. □
  - FAX No. □

- If the organization does not have an office or place of business in the United States, check this box □

- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) □

  If this is for the whole group, check this box □

  If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until ____________________________, 20______

5 For calendar year ___________, or other tax year beginning __________________________, 20______, and ending __________________________, 20______

6 If this tax year is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period

7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions □

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. □

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions □

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature □

Title □

Date □