Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

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

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

OMB No. 1545-1150

2011

Open to Public Inspection

A	For t	ne 2011 calendar	year, or tax year beginning 7/01	, 2011, and ending	6/30	. 2	012
В	Check	f applicable: C			PRINTED DESCRIPTION OF THE PRINTED PRI		ification number
	Addres	s change GAND	HI WORLDWIDE EDUCATION INSTITUT	F.		7-0720	
	Name (hange 418	LAKE SHORE BLVD.	4	}	lephone num	
	Initial r		ONDA, IL 60084-1522				
	Termin					24-444	-9348
		ed return			F G	oup Exem	option
		tion pending			The state of the s	ımber	
			X Cash Accrual Other (specify) ▶	Y-1	H Check ► 2	(if the or	ganization is not
1			ANDHIFORCHILDREN.ORG		000 000 E	attach Sci	nedule B (Form
1			one) — X 501(c)(3) 501(c) () ◄(insert no.)				
K		< ► ☐ if the org	ganization is not a section 509(a)(3) supporting or	ganization or a section :	527 organization	and its g	ross receipts are
	instru	ctions). But if the	n \$50,000. A Form 990-EZ or Form 990 return is re organization chooses to file a return, be sure to f	not required though Form	n 990-N (e-posto	card) may	be required (see
L							
Bon	asset	s (Part II, line 25)	7b, to line 9 to determine gross receipts. If gross r , column (B) below) are \$500,000 or more, file For	eceipts are \$200,000 or m 990 instead of Form	more, or if total	. ► S	140,421.
Pa	irt I	Revenue, Ex	penses, and Changes in Net Assets or I	und Ralancee (ce	a the instructi	ione for	Dart 1)
		Check if the ora	anization used Schedule O to respond to any ques	tion in this Part I	e the mstruct	10115 101	raiti.)
*********	1	Contributions of	fts, grants, and similar amounts received	MUNINI HIIS FAILT			the state of the s
	2						103,705.
			revenue including government fees and contracts				26,927.
	3		s and assessments			3	
	4	Investment incor	me		* * * * * * * * * * * * * * * * * * * *	4	85.
			om sale of assets other than inventory		******************************		
			er basis and sales expenses		······································		
	С	Gain or (loss) from s	ale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fund	draising events				
RE	a	Gross income fro	om gaming (attach Schedule G if greater than \$15	,000) 6a			
V E	b	Gross income fro	om fundraising events (not including \$	of contrib	utions		
REVEZU		from fundraising	events reported on line 1) (attach Schedule G if the	ne sum			
E		of such gross inc	come and contributions exceeds \$15,000)	6b			
	C	Less: direct expe	enses from gaming and fundraising events	6c			
	d	Net income or (la	oss) from gaming and fundraising events (add line	s 6a and			
		6b and subtract I	line 6c)			6d	
	7a		ventory, less returns and allowances		9,704.		
			ods sold		1,801.		
			oss) from sales of inventory (Subtract line 7b from			7 c	7,903.
	8		describe in Schedule O)			8	.,,,,,,,,
	9		add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	138,620.
	10		ar amounts paid (list in Schedule 0)			10	10,000.
	11		or for members			11	10,000.
E	12		ompensation, and employee benefits				
X	13						00 (10
CPEZSES			s and other payments to independent contractors.			13	80,610.
S	14		, utilities, and maintenance			14	
S	15		tions, postage, and shipping			15	1,166.
	16		(describe in Schedule O)			16	9,162.
	17		Add lines 10 through 16			17	100,938.
	18	Excess or (defici	it) for the year (Subtract line 17 from line 9)			18	37,682.
A	19	Net assets or fur	nd balances at beginning of year (from line 27, col	umn (A)) (must agree v	with end-of-veer		
NSETT		figure reported o	n prior year's return)	V. W. V. 1931 ag. 00 1	······································	19	163,721.
T	20	Other changes in	n net assets or fund balances (explain in Schedule	O)SEESCHEL	ULE.O	20	1,640.
S	21		nd balances at end of year. Combine lines 18 throi			21	203,043.
BA	A Fo		uction Act Notice, see the separate instructions.			egither characteristic de la constitución de la con	orm 990-EZ (2011)

Form	1 990-EZ (2011) GANDHI WORLDWIDI TII Balance Sheets. (see the inst	ructions for Part II)			-0720	
***************************************	Check if the organization used Sche	dute O to respond to any qu	lestion in this Part II			
22	Cash, savings, and investments		_ (/	A) Beginning of ye		(B) End of year
23	Land and buildings			154,610	. 22	195,572.
24	Land and buildings				23	
0.000	Other assets (describe in Schedule O)	SEE, SCHEDUL	E.O	9,111		7,471.
25	Total assets			163,721	. 25	203,043.
26	Total liabilities (describe in Schedule O)			0	. 26	0 -
27	Net assets or fund balances (line 27 of o	column (B) must agree with	line 21)	163,721	. 27	203,043.
Par	t III Statement of Program Serv	ice Accomplishments	(see the instructor Part	III)	-11	Expenses
	Check if the organization used Sch	redule O to respond to any	question in this Dort III	[V]	(Requi	red for section
What Desc meas bene	is the organization's primary exempt purpose? SFF cribe the organization's program service ac sured by expenses. In a clear and concise fitted, and other relevant information for a	SCHEDULE O complishments for each of manner, describe the servi- ach program title.	its three largest progran ces provided, the numbe	n services, as er of persons	501(c) organi	(3) and 501(c)(4) zations and section a)(1) trusts; optional
28	KOLHAPUR, INDIA	OPERATING EXPENSE	S FOR AVANT SCI	HOOL IN		
	(Grants \$) If thi					
29	(Grants 9) If thi	s amount includes foreign g	rants, check here		28 a	
30		s amount includes foreign g			29a	
	(Grants \$) If thi	s amount includes foreign g	rants, check here	A	30 a	
31	Other program services (describe in Sche	edule O)			300	
	(Grants \$) If this	s amount includes foreign g	rante chaek hara		31 a	
32	Total program service expenses (add lin	sec 282 through 21a)	rand, oriect here		318	
Par	t IV List of Officers, Directors, 7	es zoa unough staj			32	
	Check if the organization used Sch	radia O is seemed in	Jioyees. List each one eve	en if not compensated.	(see the	instructions for Part IV.)
***************************************	Oricot if the organization used Sci					The state of the s
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -8-)	(d) Health benefit contributions to emp benefit plans, an deferred compensa	loyee d	(e) Estimated amount of other compensation
SEE	SCHEDULE_O			33131134134134	0.001	
			0.		0.	0.
-			0.		0.	0.

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magnes beginned agree						
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Form	990-EZ (2011) GANDHI WORLDWIDE EDUCATION INSTITUTE 77-072042	3	Р	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SC the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	HEDUI	E O	. X
33 [Did the organization engage in any activity not previously reported to the IDS2 If 'Voc ' provide a datailed describity of		Yes	No
34 \	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	33		<u>X</u>
35 a l	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		<u>X</u>
b. 1	(Such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
c/	f 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. Nas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization subject to confirm 503(c), a still the organization of the section 503(c) and the organization of the o	35 b		
1	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
7	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	36		Х
b [Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0. Did the organization file Form 1120-POL for this year?	37 b		X
38 a [Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			
bl	f Yes, complete Schedule Part II and enter the total	38a		X
39	amount involved			
	nitiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	- PRODUCES SANCE F	304	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
5	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
1	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit ransaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported an any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь		X
C 5	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization nanagers or disqualified persons during the year under sections 4912, 4955, and 4958	700		7.
d S	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	40 e		X
47 [ist the states with which a copy of this return is filed ► IL	L		
		Paris Carrier Carrier		
42a 1	The organization's PROBERT SHALLENBERG Telephone no. ► 847-8	15-0-	120	
	ocated at ► 68 SOUTH WYNSTONE DRIVE NORTH BARRINGTON IL ZIP + 4 ► 60010	40-91	142	-
	The same and the s		Yes	No
f	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
1	f 'Yes,' enter the name of the foreign country: ▶			
5	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C/	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
1	f 'Yes,' enter the name of the foreign country: *			
43 5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ì	► □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		house	N/A
	Section in the contract of the		Yes	No
44a [Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		Х
b [Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
c [Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d l	f 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No ' provide an explanation in			
45 a D	Schedule O	44d 45a		X
b	old the prognization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/by/1323 H War.	430		
F	orm 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	,,,,,	X
	TEEA0812L 02/14/12 FG	rm 990	-EL (2011)

Form 990-EZ (2011) GANDHI WORLDWIDE EDUCATION INSTITUTE

Form 990-I	EZ (2011) GANDHI WORLDWIDE ED	UCATION INSTIT	UTE	77-072	0423	Dage 4
				n i deut et an gebrei den stere die fan de fan fan fan fan fan de fa	Yes	-
46 Did th	ne organization engage, directly or indirection in the complete idates for public office? If 'Yes,' complete	tly, in political campai	gn activities on behalf o	f or in opposition to		I
Part VI	Casting E01(a)(2)	Schedule C, Part I	Z \ZZ\		46	X
rait vi		and section 494/	(a)(1) nonexempt c	narmable trusts on	r questions	
	501(c)(3) organizations and sec 47-49b and 52, and complete th	e tables for lines 5	50 and 51.	trusts must answe	questions	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI			
			quochorrin and real ve-	,	Yes	No
47 Did th	ne organization engage in lobbying activit vlete Schedule C, Part II	ies or have a section 5	01(h) election in effect	during the tax year? If "	Yes,' 47	X
	e organization a school as described in se					X
	he organization make any transfers to an					X
	s,' was the related organization a section					-
50 Comp empl	olete this table for the organization's five oyees) who each received more than \$10	highest compensated e 0,000 of compensation	employees (other than of from the organization.	fficers, directors, truster of there is none, enter 'f	es and key None.'	
	/al Name and address of a street and a	(b) Title and average	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits,	(e) Estimated amo	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(Forms W-2/1099-MISC)	contributions to employee benefit plans, and	other compensa	lion
***************************************				deferred compensation		
NONE	the last days and the state of				E 11	
***************************************			ļ			
			ļ			
***************************************			<u> </u>			
e Total	number of other employees paid over \$1	00,000				
51 Comp	plete this table for the organization's five pensation from the organization. If there is	highest compensated i	ndependent contractors	who each received mor	e than \$100,000	of
	Name and address of each independent contractor paid		(b) Type	of service	(c) Compensati	Off
-		***************************************	1-7-37-		(-)	
NONE						
		and shows where more brook score bases when when when				
		***************************************	 	og programme det state om en		
				-		
]	n Maria Maria Maria Maria maria manda manda Maria Mari		
	I number of other independent contractors	,				
52 Did t	he organization complete Schedule A? Notable trusts must attach a completed Sch	ote: All section 501(c)	(3) organizations and 49	47(a)(1) nonexempt	. ► X Yes	No
	es of perjury, I declare that I have examined this return and complete. Declaration of preparer, either than office			e best of my knowledge and be		1110
true, correct, a	and complete. Declaration of preparer (either than office	r) is based on all information	of which preparer has any knowl	edge.		
۵.	Signature of officer			Date /// // // //	<u> </u>	
Sign Here	ROBERT SHALLENBERG			DIRECTOR		
11010	Type or print name and title.			DIRECTOR		
	Print/Type preparer's name	Preparer's signature	Date	Check lif F	TIN	
Paid	WENDY BROWN	WENDY BROWN			201557380	
Preparer Firm's name > CATALYST HOUSE, INC.						
Use Only	Firm's address 32565 GOLDEN LA	NTERN ST B132		Firm's EIN	33-0875567	!
	DANA POINT, CA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Phone no. (94	9) 487-391	1
May the IF	RS discuss this return with the preparer st	iown above? See instr	uctions		►X Yes	No
					Form 990-EZ	(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. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GANDHI WORLDWIDE EDUCATION INSTITUTE 77-0720423 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 9 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). 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. b Type II c | Type III - Functionally integrated 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). 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.... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No 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?.... 11 g (i) A family member of a person described in (i) above?..... 11g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s). h (i) Name of supported organization OD FIN (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your support? (iv) Is the (vi) is the (vii) Amount of support organization in column (i) listed in organization in column (I) organized in the (see instructions)) your governing document? U.S. Yes No Yes Yes No No (A) (C) (E)

Schedule A (Form 990 or 990-EZ) 2011 GANDHI WORLDWIDE EDUCATION INSTITUTE 77-0720423 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants,')			20,255.	98,402.	16,215.	134,872.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	20,255.	98,402.	16,215.	134,872.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						134,872.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0.	0.	20,255.	98,402.	16,215.	134,872.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			120.	101.	85.	306.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART. IV			551.	15,105.	18,945.	34,601.
11	Total support. Add lines 7 through 10						169,779.
12	Gross receipts from related activ	rities, etc (see inst	ructions)				0.
13	organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶\ X
	tion C. Computation of Pu			11 -1 (0)	***		
	Public support percentage for 20 Public support percentage from					-	%
	a 33-1/3% support test - 2011. If	the organization d	id not check the b	ox on line 13, and	d the line 14 is 33	-1/3% or more, ch	eck this box
and stop here. The organization qualifies as a publicly supported organization							
	and stop here. The organization	qualifies as a pub	licly supported org	ganization			
17:	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						
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	nd-circumstances test. The organizat	test, check this begins to the title to the test of th	pox and stop here publicly supporte	e. Explain in Part I d organization	IV how the □
18		ization did not che	ck a box on line 1	3, 16a, 16b, 17a,	Name and Australia become a factor and the Australia Company of the Australia Company		
BAA					Sch	leaule A (Form 99	0 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 GANDHI WORLDWIDE EDUCATION INSTITUTE 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.)

Sec	tion A. Public Support						
	lar year (or fiscal yr beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.').						
	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						
	Total. Add lines 1 through 5 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.	и					
C	Add lines 7a and 7b						
-	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		·				
Calen	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 501(c)(3)
Sec	tion C. Computation of Pu	blic Support I	Percentage				
15	Public support percentage for 20	11 (line 8, colum	nn (f) divided by lir	ne 13, column (f))		
16	Public support percentage from	province relative control of the con	Incolour control and proceedings are reconstructed and an expension of party and				90
Sec	tion D. Computation of Inv	estment Inco	me Percentage	<u> </u>			
17	Investment income percentage f						
18	Investment income percentage f						
198	33-1/3% support tests — 2011. I is not more than 33-1/3%, check	f the organization this box and sto	n did not check the op here. The organ	e box on line 14, nization qualifies	and line 15 is mor as a publicly supp	e than 33-1/3%, orted organizati	and line 17 on ▶ □
ł	33-1/3% support tests — 2010. I line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization q	ualifies as a public	cly supported org	ganization
20	Private foundation. If the organi	zation did not ch	eck a box on line	14, 19a, or 19b,	check this box and	d see instruction	s▶

Schedule A	(Form 990 o	r 990-EZ) 20	O11 GAND	HI WOR	LDWIDE	EDUCATI	ON INS	TITUTE	77-072042	23 Page 4
Part IV	Suppleme Part II, lin (See instr	ental Infor e 17a or 1 uctions),	mation. C 17b; and F	omplete 'art III, li	this part ne 12. A	to provid Iso comp	le the ex lete this	planation part for	ns required by Pari any additional info	t II, line 10; rmation.
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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

GANDHI	WORLDWIDE	EDUCATION	INSTITUTE

77-0720423

PART II, LINE 10 - OTH	IER INCOME
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NATURE AND SOURCE	2011	2010	2009	2008	2007
CHILD SPONSORSHIP SALES OF INVENTORY	9,241. 9,704.	2,344. 12,761.	551.		
TOTAL	\$ 18,945.	\$ 15,105.	\$ 551.	\$ 0	. \$ 0.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
GANDHI WORLDWIDE EDUCATION INSTITUTE	77-0720423
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
TO PROMOTE COMMUNITY BUILDING IN ECONOMICALLY DEPRESSED AREAS	OF THE WORLD THROUGH
THE JOINING OF GANDHIAN PHILOSOPHY AND VOCATIONAL EDUCATION FO	OR CHILDREN AND THEIR
PARENTS.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSON	AL BENEFIT CONTRACTS
(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, DIR	ECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	<u>NO</u>
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2011	SCHEDULE O - SUPPLEMENTAL INFORMATION	PAGE 2			
	GANDHI WORLDWIDE EDUCATION INSTITUTE				
FORM 990-E GRANTS AN	Z, PART I, LINE 10 ID SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000				
DONEE'S NA DONEE'S AI RELATIONSI CASH AMOUL	DDRESS: 9,SUKHRAMGRAHU, SIR VITHALDAS NAGA SANTA CRUZ WEST, MUMBAI 400 054 INDIA HIP OF DONEE: TUSHAR GANDHI IS FOUNDER	10,000.			
FORM 990-E OTHER EXP	Z, PART I, LINE 16 ENSES				
LICENSE FE MARKETING MEALS NEWSLETTER SEO SERVICE	SES. \$ L SERVICES. SE DEVELOPMENT SES.	541. 125. 10. 5,100. 693. 600. 1,630. 463.			
FORM 990-E OTHER CHA	Z, PART I, LINE 20 INGES IN NET ASSETS OR FUND BALANCES	9,162.			
COST OF GO	OODS SOLD ADJUSTMENT	1,640. 1,640.			
FORM 990-E OTHER ASS	Z, PART II, LINE 24 ETS				
BOOK INVEN	BEGINNING	7,471. 7,471.			
FORM 990-E LIST OF OFF	Z, PART IV FICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES				
N	HEALTH BENEFITS & CONTRIB- AVERAGE HOURS COMPEN- BUTION TO AME AND ADDRESS PER WEEK DEVOTED SATION EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES			
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SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

GANDHI WORLDWIDE EDUCATION INSTITUTE

77-0720423

FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	Accessory	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
ARUN M. GANDHI 160 WINTERGREEN WAY ROCHESTER, NY 14618	PRESIDENT 40	\$	0.	\$ 0.	\$ 0.
CATHERINE DAVIS PEZDIRTZ 321-D SHORELINE ROAD BARRINGTON, IL 60160	DIRECTOR 0.75		0.	0.	0.
JOANNA AMARAL 1334 ROSE COURT WEST BUFFALO GROVE, IL 60089	SECRETARY 1		0.	0.	0.
TUSHAR A. GANDHI 9 SUKRHRAM GRIHA, SIR VITHALDA MUMBAI, 400057 INDIA	DIRECTOR 5		0.	0.	0.
JILL HEAVILAND 401 PLUMLEIGH WAY ALGONQUIN, IL 60102	DIRECTOR 1		0.	0.	0.
ANISH PRASAD 2000 MAIN STREET, APT 135 SANTA MONICA, CA 90405	CHAIRMAN 3		0.	0.	0.
ARCHANA PRASAD 3 BRUSTER LANE PITTSFORD, NY 14534	DIRECTOR 3		0.	0.	0.
ROBERT SHALLENBERG 68 SOUTH WYNSTONE DRIVE NORTH BARRINGTON, IL 60010	TREASURER 5		0.	0.	0.
LYNNEA BYLUND 32565 GOLDEN LANTERN DR #B-132 DANA POINT, CA 92629	DIRECTOR 20		· 0.	0.	0.
SCOTT KAFORA 12210 STABLE SQUARE SAN ANTONIO, TX 78249	DIRECTOR 40		0.	0.	0.
JEAN WILLIAMS 430 NORTH SPRING STREET MCMINNVILLE, TN 37110	DIRECTOR 10		0.	0.	0.
	TOTAL	\$	0.	\$ 0.	\$ 0.