CLIENT'S COPY

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 as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this nature to extirtly state reporting requirements.

OMB No. 1545-1150

2012

Open to Public Inspection

A F	or th	e 2012 c	calendar year, or tax year beginning . 20	12, and	ending		, 20		
B	hegii if ppliceb	C Name of organization			DEmploye	D Employer identification numbe			
A	ddress	change	ASSN OF AYURVEDIC PROS OF NA INC	1000	i raditandadon nembel				
N	amé chénge						37-1556975		
- In	nitial return Number and sheet (or P.O. box; if mail is not delivered to street address) Recombuste gr						E Telephone number		
7	umina	bed	567 THOMAS ST		400		17-6110		
		d return	City or town, state or country, and ZIP + 4.			F Group Ex			
-	epticari ending		COOPERSBURG PA 18036-			Number			
		iting Met	thod:			H Check▶	if the organization is no		
	20-220-27	te:			1000-22		o attach Schedule B		
			ttus(check only one) - 501(c)(3) X 501(c)(6) ◀ (insert no.)	4947(a)	(1) or 527	/Form 990	990 F7 oc 990 PE		
the Ad	orga d line asset	nization s 55, 6c, ts (Part II	If the organization is not a section 509(a)(3) supporting organization 50,000. A Form 990-EZ or Form 990 return is not required though is chooses to file a return, be sure to file a complete return, and 7b, to line 9 to determine gross receipts. If gross receipts are I, line 25, column (B) below) are \$500,000 or more, file Form 990 in	\$200,000 stead of	-N (e-postcard) or more, or if Form 990-EZ	may be requi	red (see instructions). Bu		
Elia.		Chart	enue, Expenses, and Changes in Net Assets or Fur	nd Bala	nces (See	the instructions	for Part I)		
_	T da	Check	if the organization used Schedule O to respond to any question in	this Part		**********	X		
	1	Contra	butions, girts, grants, and similar amounts received			1	316.		
	2	Progra	m service revenue including government fees and contracts			2	74,690.		
	3	Membe	ership dues and assessments	+1++1++4		3	31,930.		
9	4	- C	ment income			4	16.		
			amount from sale of assets other than inventory				1		
	1 3	D Less: 0	cost or other basis and sales expenses						
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
Revenue	6		g and fundraising events	19					
Sev.		a Gross	income from gaming (attach Schedule G if greater than \$15,000)	6a					
u.	h.,		income from fundraising events (not including §	rtions					
			indraising events reported on line 1) (attach Schedule G if the sum						
	Ι.		n gross income and contributions exceed \$15,000)			-			
			direct expenses from gaming and fundraising events	6c		-			
	- 1	a Net Inc	come or (loss) from gaming and fundraising events (add lines 6a an	d 6b and	subtract line 6d),,,, 6d			
			sales of inventory, less returns and allowances						
	1 3	D Less. C	cost of goods sold	7 b					
	8	Cabon I	profit or (loss) from sales of inventory (Subtract line 7b from line 7a	1	(4) / * * * * * * * * * * * * * * * * * *	7c			
	9	Total s	revenue (describe in Schedule O)	++++++		8	107 070		
	10	Grante	evenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	++111		▶ 9	106,952.		
	11	Benefit	and similar amounts paid (list in Schedule O) Is paid to or for members			10			
97	12	Salarie	s Other compensation and ampleuse benefits		*********	11			
Expenses	13		Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors				15 000		
dbe	14	Occupa					15,899.		
ũ	15	71					8,446.		
	16						4,871.		
	17	Total	expenses (describe in Schedule O)	(-		16	81,213.		
	18	Evene	expenses. Add lines 10 through 16	******	***********	> 17	110,429.		
613	19		sets or fund balances at beginning of year (from line 27, column (A)			18	(3,477.)		
485	140	end-of-	year figure reported on prior year's return)	(must a	gree with	40	40 000		
Net Assets	20	Other	changes in net assets or fund balances (explain in Schedule O)	*******			42,262.		
-	21		sets or fund balances at end of year. Combine lines 18 through 20				70 705		
	-61	1207 000	rela or rune balances at end of year. Combine lines 18 through 20			21	38,785.		

_	Check if the organization used Schedule	O to respond to any question	in this Part II	*********	17111000	osesseren aras M
22			(A)	Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments	************************	N. C.	28,584		44,598
23			*******	1,123	market at the best from	2,803
24	(describe in obliquing of	***************************************		15,000	Acres Control	
25		**************	terminasi	44,707	. 25	47,401
26	The machine (accounted in Oblicable O)	*****************		2,445	. 26	8,616
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	********	42,262	. 27	38,785
Wh De: me	Check if the organization used Schedule (at is the organization's primary exempt purpose? It is the organization's program service accompliant is the organization's program service accompliant in a clear and concise manner of the program of the program information for each program NA	to respond to any question PROVIDE EDUCATI shiments for each of its three li	in this Part III ONAL RES	OURCES	and 50 section	Expenses ired for section 501(c)(3) M(c)(4) organizations and n 4947(a)(1) trusts; all for others, j
		includes foreign grants, chec	k here		28a	
10	(Grants \$) If this amount	includes foreign grants, chec	k here		29a	
	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign grants, check			30a	
4	Other program services idescribe in Schanille (1)	**********************				
2	(Grants \$) If this amount Total program service expenses (add lines 28s t	includes foreign grants, check hrough 31a)	k here		31a 32	
2	(Grants S) If this amount Total program service expenses (add lines 28a t TLIV List of Officers, Directors, Trustees, and	includes foreign grants, check hrough 31a) I Key Employees. List each	one even if not on this Part IV	compensated. (s	32 ee the in	structions for Part IV.
2 Pa	(Grants \$) If this amount Total program service expenses (add lines 28a t It IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	Includes foreign grants, check hrough 31a) I Key Employees. List each to respond to any question in (b) Average hours per week devoted to position	one even if not	compensated (s	ee the in	(e) firstmated
2 Pa	(Grants S) If this amount Total program service expenses (add lines 28a t TELV List of Officers, Directors, Trustees, and Check if the organization used Schedule O	includes foreign grants, check hrough 31a) I Key Employees. List each to respond to any question in (b) Average hours per week	one even if not on this Part IV	compensated (s	ee the in	(e) flesimated amount of
2 Pa	(Grants \$) If this amount Total program service expenses (add lines 28a t It IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	includes foreign grants, check hrough 31a) it Key Employees. List each to respond to any question in (b) Average hours per week devoted to position DIRECTOR	one even if not on this Part IV	compensated (s	ee the in	(e) flishmated amount of
2 Pa	(Grants \$) If this amount Total program service expenses (add lines 28a t It IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	includes foreign grants, check hrough 31a) it Key Employees. List each to respond to any question in (b) Average hours per week devoted to position DIRECTOR	one even if not on this Part IV	compensated (s	ee the in	(e) flishmated amount of
2 Pa	(Grants \$) If this amount Total program service expenses (add lines 28a t It IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	includes foreign grants, check hrough 31a) it Key Employees. List each to respond to any question in (b) Average hours per week devoted to position DIRECTOR	one even if not on this Part IV	compensated (s	ee the in	(e) flishmated amount of
2 Pa	(Grants \$) If this amount Total program service expenses (add lines 28a t It IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	includes foreign grants, check hrough 31a) it Key Employees. List each to respond to any question in (b) Average hours per week devoted to position DIRECTOR	one even if not on this Part IV	compensated (s	ee the in	(e) flishmated amount of
2 Pa	(Grants \$) If this amount Total program service expenses (add lines 28a t It IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	includes foreign grants, check hrough 31a) it Key Employees. List each to respond to any question in (b) Average hours per week devoted to position DIRECTOR	one even if not on this Part IV	compensated (s	ee the in	(e) flesimated amount of
2 Pa	(Grants \$) If this amount Total program service expenses (add lines 28a t It IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	includes foreign grants, check hrough 31a) it Key Employees. List each to respond to any question in (b) Average hours per week devoted to position DIRECTOR	one even if not on this Part IV	compensated (s	ee the in	(e) flishmated amount of
2	(Grants \$) If this amount Total program service expenses (add lines 28a t It IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	includes foreign grants, check hrough 31a) it Key Employees. List each to respond to any question in (b) Average hours per week devoted to position DIRECTOR	one even if not on this Part IV	compensated (s	ee the in	(e) flesimated amount of

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O 34 Were any significant changes made to the organization 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 35 and 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)? 36 bit "Yes", to line 35e, has the organization should be provided an explanation in Schedule O. 35b. bit "Yes", to line 35e, has the organization of Schedule of Yes, and yes, and yes are properling, and proxy tax requirements during the year? If "Yes," complete schedule C, Part III and Pres," complete applicable parts of Schedule N. 35c. 18 Pres, "complete applicable parts of Schedule N. 18 Pres, "complete Schedule N	-	Part V.) Check if the organization used Schedule O to respond to any question in this Part V.		1	П
activity in Schedule O	33	Did the organization engage in any activity not previously reported to the IRS2 if "Yes " attach a detailed description of any		Yes	No
34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schodule O (see instructions) 34 see instructions) 34 see instructions) 34 see instructions) 35 and 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)? 35 and 17 're's', to line 35a, has the organization filed a Form 990-T for the year? If "Yes', rowide an explanation in Schedule O (subst the organization of Soft(s)(4) 50 ((5)(5), et 501(5)(5), et 501(5)(5)(5)(5)(5)(5)(5)(5)(5)(5)(5)(5)(5)(activity in Schedule O	31		X
amended documents if hey reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 35a 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)? b If "Yes" to line 35a, has the organization field a Form 990-T for the year? If "No", provide an explanation in Schedule O	34		. 00	1	- 24
(see instructions) 35a 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)? 35a Did the organization in Schedule O. 35b If "Yea", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O. 35b Vivas the organization section \$01(c)(4), \$01(c)(5), or \$01(c)(6), or		amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			
35a 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)? b If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O		(see instructions)	34		X
activities (such as those reported on lines 2, 8a, and 7a, among others)? b If "Yes": loin BaSBa, has the organization file a Form 990.f To the year? If "No", provide an explanation in Schedule 0	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	- 04	+	
b if "Yes", to line 35s, has the organization field a Form 990-T for the year? If "No", provide an explanation in Schedule Q. Was the organization as excellent 501c((4), 501c(3)s, or 301c(8)) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete spicious undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a		activities (such as those reported on lines 2, 6a, and 7a, among others)?	350	0	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or 501(c)(5) or 501(c)(5) on 501(c)(5) o	ь	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O	-	-	
section 2011 350 35	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	300		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a ○ 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37c Organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37c Organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37c Organization file Form 1120-POL for this year? 37c Organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization file Form 1120-POL for this year? 37d Did the organization place form 120-POL for this year? 37d Did the organization place form 120-POL for this year? 37d Did the organization place form 120-POL for this year? 37d Did the organization place form 120-POL for this year? 37d Did the organization place form 120		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III	350		X
If "Yes," complete applicable parts of Schedule N 27a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 37a Did the organization file Form 1120-POL for this year? 37b 37d 37d 37d 37d 37d 37d 37d	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	000	1	24
37a		If "Yes," complete applicable parts of Schedule N	36		Х
b 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 tax year covered by this return? 38b Did from the start of the st	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	-		
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 tax year covered by this return? 38a Diff "Yes," complete Schedule L, Part II and enter the total amount involved. 38b Section 501(c)(7) organizations. Enter an initiation frees and capital contributions included on line 9 39c Gross receipts, included on line 9, for public use of club facilities 39b Gross receipts, included on line 9, for public use of club facilities 39c Diff (x)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ★ : section 4912 ★ : section 4915 ★ : section 4915 ★ : section 4915 ★ : section 4914 ★ : section 591(c)(3) and 591(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 . ★ : section 591(c)(3) and 591(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. 40b All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "yes," complete Form 888-T	b	Did the organization file Form 1120-POL for this year?	37b		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
b I*Yes," complete Schedule L, Part II and enter the total amount involved. 38		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 b Grass receipts, included on line 9, for public use of club facilities Section 501c(x)3 organizations. Enter amount of tax imposed on the organization during the year under: section 4911▶ ;section 4912▶ ;section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L. Part 1 40b 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▶ 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▶ Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40c History Complete Form 8886-T 41 List the states with which a copy of this return is filed. ▶ PA 42a The organizations books are in care other SHEKHAR V ANNAMBHOTLA Telephone no. ▶ 484-347-1cocated at ▶ 567 THOMAS STREET PA COOPERSBURG ZIP+4 ▶ 180.36- 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: ▶ Section 4917(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 P 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization have a controlled entit	b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911▶ section 4912▶ section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ if I*Yes, 'complete Schedule L. Part 1 40b 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. 40c d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40c d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40c d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40c d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40c d I*Yes, 'complete Form 8886-T 40c 40c 11*Yes, 'complete Form 8886-T 40c 40c 11*Yes, 'complete Form 8886-T 40c 40c 40c 40c 40c 40c 40c 40	27102	CALLY SOCIAL SOC			
40a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 4911▶	8				
section 4911	b				
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part 1 40b 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. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T 40e 41 List the states with which a copy of this return is filed. ▶ PA 42a The organizations books are in care o≯ SHEKHAR V ANNAMBHOTLA Telephone no. ▶ 48.4 – 3.4.7 – Located at ▶ 5.6.7 THOMAS STREET PA COOPERSBURG ZIP+4 ▶ 180.3.6 – 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; № See the instructions for exceptions and filling 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 if "Yes," enter the name of the foreign country; № 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	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," oronglete Schedule L. Part I. description 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 4955		, 36000114500 P			
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. ▶ 4 I 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 List the states with which a copy of this return is filed. ▶ PA 1 List the states with which a copy of this return is filed. ▶ PA 1 The organizations books are in care o▶ SHEKHAR V ANNAMBHOTLA Telephone no. ▶ 484-347- Located at ▶ 567 THOMAS STREET PA COOPERSBURG ZIP+4 ▶ 18036- 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: ▶ See the instructions for exceptions and filling 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.? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filling 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.? If "Yes," enter the name of the foreign country: ▶ 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 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization never be organization filed a Form 720 to report these payments? If "No," provide an explanation i	b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958▶ d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e 41 List the states with which a copy of this return is filled. ▶ PA 42a The organizations books are in care ○▶ SHEKHAR V ANNAMBHOTLA Telephone no. ▶ 48.4 − 3.4.7 − Located at ▶ 5.6.7 THOMAS STREET PA COOPERSBURG ZIP+4 ▶ 18.0.3.6 − 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.▶ See the instructions for exceptions and filling 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 If "Yes," enter the name of the foreign country:▶ 3. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization preceive any psyments for indoor tanning services during the year? 44b Did the organization have a controlled entity within the meaning of section 512(b)(13)? 44c 44d 45d Did the organization have a controlled entity within the meaning of section 512(b)(13)?		during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its	- 99		
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45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the			4.00	-	Х
			408		71
Form 990-EZ (see instructions) 45b			AEL		Х

Page 4

							_	Yes	No
46 Did	d the organization engage, directly or inc	directly, in political campa	ian activities	on hebalf o	of or in oppos	ition to		1	
car	ndidates for public office? If "Yes," comp	olete Schedule C, Part I		on beneat	a or at oppos	1000.10	46		
Part V	Section 501(c)(3) organiza	ations only							
	All section 501(c)(3) organizations	must appure questions d	7 400 and 6	E0	-teres in a reconstruction	essage content and			
	50 and 51.	must anawer questions 4	/-490 and (oz, and con	plete the tab	les for lines			
	Check if the organization used Sci	nedule O to respond to an	y question is	n this Part V	4				
(T D)				SHIEURD'S				Yes	No
47 Did	f the organization engage in lobbying ac ar? If "Yes," complete Schedule C, Part	tivities or have a section	501(h) electi	ion in effect	during the ta	x			
48 lst	he organization a school as described in	n section 170(b)(1)(A)(ii)?	If "Yes," cor	mplete Sche	dule E	*********	47	-	
49a Did	the organization make any transfers to	an exempt non-charitable	e related org	anization?			49a		
b If "	Yes," was the related organization a sec	tion 527 organization?	***********	0000000000			49b		
50 Cor	mplete this table for the organization's f	ve highest compensated	employees (other than i	officers, direc	tors, trustees	and key em	ployee	s) w
eac	ch received more than \$100,000 of com	pensation from the organi	zation. If the	ere is none,		TOTAL STATE			-
(a) N	lame and title of each employee	(b) Average hours per week	(C) Repo	ortable ensation		to employee and deferred	(e) Estimat		
- 60000	paid more than \$100,000	devoted to position	(Forms W-2)			mation	. of other con	pensano	in:
		-	-		-				
#Total	number of other employees paid over \$	100.000			4				
	ensation from the organization. If there ne and address of each independent con		100,000	(b) Typ	e of service	(0	c) Compens	ation	
				_		_			
d Total	number of other independent contractor	s each receiving over \$10	0.000			- Mi			
52 Did th	e organization complete Schedule A? N	lote: All section 501(c)(3)	organization				254 (97)	rozon e	
	able trusts must attach a completed Sch					THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN	Yes	X	Vo
	les of perjury, I declare that I have examined this return property. Declaration of preparer (other then officer)				e best of my know	wledge and belief,	Eletrue,		
	The state of the s	to bosod on an incompanion of with	co propietor rise	anti-annimenda					_
2ian	.				0.4	/19/201	.3		
Sign Here	Signature of officer			Date					
	SHEKHAR V ANNAMI	BHOTLA	DIR	RECTOR					
	Type or print name and title	Managements of the co	1000			Lance III	is I mens		
aid	Print/Type preparer's name DANIEL P MCPHILLIP:	Preparer's signs	iture	0.4	/19/201	3 self-employed	PTIN POO	5440	630
reparer		ILLIPS LLC		P- 47	The second secon	irm's EIN ▶2		1980	
Jse Only	Fim's ▶6666 PASSER	ROAD					510-28		
A 1 2 2 1 1 2 2	COOPERSBURG	PA 18036-						. 44	
2000	RS discuss this return with the preparer						Yes		lo
BCA.		US990EZ	4			F	orm 990-E	Z (2)	012)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ

OMB No. 1545-0047 2012

> Open to Public Inspection

Employer identification number ASSN OF AYURVEDIC PROS OF NA INC 37-1556975 OTHER EXPENSES: REGISTRATION FEES ADVERTISING TRAVEL EXPENSES FOR CONFERENCES CONFERENCE ADMIN CC PROCESSING FEES OFFICE SUPPLIES INSURANCE TRAVEL MEALS TRAVEL EXPENSES REFUNDS EDUCATION REPAIRS CONFERENCE FEES DONATIONS DUES CONFERENCE SUPPLIES DEPRECIATION

Form 4562

Department of the Treasury Internal Revenue Service (59) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. > Attach to your tax return.

OMB No. 1545-0172

2012

Attachment Sequence No. 179

Name(s) shown on return

ASSN OF AYURVEDIC PROS OF NA IPROVIDE EDUCATIONAL RESOURCES

37-1556975

	- *** A * / 1 PP T /	or Transfer of F	THE THE DOWN THE	EDUCALL	JUME RE	JUURUE	1.0	3/-13369/3
Part I	Election To Expen	se Certain Prope	rty Under Section 179					31 2000210
A Maritime			complete Part V before	you complete P	art I.		-	
	m amount (see instru						1 2	500,000.
2 Total cost of section 179 property placed in service (see instructions)								
Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-								2,000,000.
						*********	4	
			n line 1. If zero or less,					
nung sep	arately, see instruction	ons		************			5	
6	(a) Description of p	property	(b) Cost (bu	siness use only)	(c) Ele	ected cost	_	
							\rightarrow	
7 Listed or	nnerty Enter the am	inium from Enn 20			2		-	
			amounts in column (c),		7			
							8	
			or line 8				9	
			f your 2010 Form 4562 business income (not le				10	
			1 10, but do not enter m				11	
13 Carryove	er of disallowed deduc	ction to 2012 Add	lines 9 and 10, less line	e 12	4.9	CXC-22+1C+1	12	
Note: Do no	t use Part II or Part II	I below for listed n	roperty. Instead, use P	art V	19		_	
Part II			Other Depreciation (I		ted amondu t	/Can instau	ritlaine	6.1
MATERIAL PROPERTY.	legreciation allowance	e for qualified prop	erty (other than listed p	connectu) placed is	sonder	(aee manu	CERDITIS	5.3
			eny tomes main name p				44	
							14	
16 Other de	praciation (including	ACPS!			*******		15	
Part III	MACRS Decreciati	ion (De not include	listed property.) (See i	material and A		MINIMO	16	
	MAGNA Depreciati	ion (oo not include	Section	and the second s				
T MACDE	doductions for seasts	aleased in section i		The second secon			-	455.
			n tax years beginning b				17	455.
			service during the tax y			ъ П		
IIIIO OIIIB	The state of the s	The second secon	here		THE PROPERTY OF STREET, STREET	Programme and the second		
277100002 - 0	Section 6-A	(b) Month and	ervice During 2012 Ta (c) Basis for depr.	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	1	preciation	Syste	
Principle of the second	ication of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Metho	od	(g) Depreciation deduction
19a 3-yea	r property							
b 5-yea	r property							
c 7-yea	r property		2,491.	7	HY	200 D	В	356.
d 10-yea	r property							
	r property							
	r property							
g 25-yea	r property			25 yrs.		S/L		
h Reside	ntial rental			27.5 yrs.	MM	S/L		
propert	У			27.5 yrs.	MM	S/L		
I Nonres	idential real			39 yrs.	MM	S/L		
propert	У			J 5002500 1	MM	S/L		
	Section C-Ass	sets Placed in Ser	rvice During 2012 Tax	Year Using the	Alternative D	epreciation	Sys	tem
20a Class I	ife					S/L		
b 12-yea	t			12 yrs.		S/L		
c 40-yea				40 yrs.	MM	S/L		
Part IV	Summary (See inst	ructions)		300 0000000 V	2000	1		
21 Listed	property. Enter amou	teriore encode a company and a					21	
			ugh 17, lines 19 and 20	in column (g), a	nd line 21.		200	
Enter h	ere and on the appro	priate lines of your	return. Partnerships a	nd S corporations		ions	22	811.
			during the current year,	enter the	3.7			
portion	of the basis attributal	Die to section 263A	COSTS	20120012122222	23		- 1	

iD: 37-1556975

Description: EXPENSES RELATED TO SCHEDULE O

Туре	Amount
ADVERTISING	2,916.
REGISTRATION FEES	1,122.
REPAIRS	165.
CONFERENCE & MEMBERSHIP ADMINISTRATION FEES	36,000.
DONATIONS	275.
DUES	150.
CONFERENCES SUPPLIES	362.
TRAVEL EXPENSES FOR CONFERENCES	19,819.
CONFERENCE ADMIN	2,411.
CREDIT CARD PROCESSING FEES	4,028.
OFFICE SUPPLIES	2,528.
INSURANCE	
TRAVEL MEALS	1,117.
TRAVEL EXPENSES	1,145.
DEPRECIATION	6,801.
EDUCATION	811.
	79.
REFUNDS	1,484.
	-
	-
Total	81,213.
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iD: 37-1556975

Description: LINE 14	EXPENSES
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	Туре	Amount
ENT	: DONO	6,000 448 1,998
NTERNET		448
NTERNET ELEPHONE		1,998
		-,
		+
		1
Total		8,446

ID: 37-1556975

Time	(0)2824-0403
DSTAGE Type	Amount
MEDDENCE DISCRETENATION INCHES	1,380 470 3,021
ONFERENCE DISTRIBUTION ITEMS	4/0
INTING	3,023
	4,87

ID: 37-1556975

A STATE OF THE PARTY OF THE PAR	Туре	Amount
ASE CC		Amount 6, 762
		- Constitution