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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)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements in inspection.

<u>A</u>	For th	ne 2009 calendar year, or tax year beginning	, 2009, a	nd ending			, 20	
В	Check if	applicable Please C Name of organization Association for In	dıa's Developm	ent, Inc	[º	Employ	er identification nu	ımber
	Address	use IRS Doing Business As				04	3652609	<u> </u>
	Name c	hange print or Number and street (or P O box if mail is not delivered type.	to street address)	Room/suite] E	Telepho	ne number	
	Initial re	see 5011 Tecumseh Street		L		(301)	345-5308	3
$\overline{}$	Termina	Specific City or town state or country and ZID + 4						
		ed return tons. College Park MD 20740				Gross red	ceipts \$ 1,194	4,772
			Mohan Bhagat		H(a) Is this a	aroup return	for affiliates? Yes	Ø N₀
		5011 Tecumseh Street, College Park MD 20	740			•	cluded? Yes	No
$\overline{}$	Tax-ex	empt status	527				list (see instruction	
J	Webs	ite: ▶ http://www.aidındia.org			H(c) Group exe		•	•
K		organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year	of formation	2001 N	✓ State of	legal domicile MI)
Ρ	art I	Summary				_		
	1	Briefly describe the organization's mission or most sig	nificant activities	:				
		To support sustainable development work and tack			h making g	grants a	nd creating	
ဦ	'	awareness in the areas of education, health, liveliho						logy
Activities & Governance		agriculture, anti-corruption and human rights.						A
ž	2	Check this box ▶ ☐ if the organization discontinued its operations	or disposed of more	than 25% of	its net assets			
Ğ	3	Number of voting members of the governing body (Pa	•		10 1101 000010	3		4
∞ 0	4	Number of independent voting members of the govern	·	Llung 1b)		4		4
iţie	5	Total number of employees (Part V, line 2a)	iling body (Fait V	i, iiii e 10)		5		0
뒭						6	*	600
⋖	1	Total number of volunteers (estimate if necessary)			•	7a		
		Total gross unrelated business revenue from Part VIII, Net unrelated business taxable income from Form 990		12		7b		
	-	14et differed business taxable income from Form 950	-1, III IE 04		Prior Year		Current Year	
		0						
e	8	Contributions and grants (Part VIII, line 1h)			03	93,367		8,626
Revenue	9	Program service revenue (Part VIII, line 2g)		· ·		20.004		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, an		· ·		20,801		3,043
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d		.40\.		06,244		0,801
_	-	Total revenue – add lines 8 through 11 (must equal Part V		12)		04,907		2,470
	1	Grants and similar amounts paid (Part IX, column (A), I	•		1,03	37,750	877	7,315
s	14	Benefits paid to or for members (Part IX, column (A), li	•	· ·				
Expenses	15	Salaries, other compensation, employee benefits (Part IX,	• •	~10)		3,000		6,600
g	16a	Professional fundraising fees (Part IX, column (A), line 11						,
ũ	b b	Total fundraising expenses (Part IX, column (D), line 25) ▶	11,1	12				
		Other expenses (Part IX, column (A), lines 174a-114d-11				32,514		<u> 1,784</u>
	18	Total expenses. Add lines 13–17 (must equal Part 风 🖯		5).]		72,765		3,699
	19	Revenue less expenses. Subtract line 18 from line 12		<u> </u>	 _	2,353)		3,772
Assets or	<u> </u>	Total accets (Bart V. line 16)	1 7 0040		inning of Curr		End of Year	
3set	20	Total assets (Part X, line 16)	3.1.7.2010 .		3,53	33,234	3,614	4,168
Net A	21	Total liabilities (Part X, line 26)	<u> </u>	% · —			17	7,084
	9	Net assets or fund balances. Subtract line 21 from line	PAR HIT	<u>'= . </u>	3,53	33,234	3,597	7,084
P	art II	Signature Block	<u> </u>					
		Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete, Declaration of preparer						
			, ,		1	@ 11	3.0/6	3-
Sig		- 4/x M				0 - 19	1-2010	
He	ere	Signature of officer	. 1 _		Date	- m	\mathcal{D} .	L ,
		Shrinaain Uni	dam ba	ram		0 8	k J)rec	100
		Type or print name and title						
		Preparer's	Date	Check self-	, ,	reparer's id see instructi	entifying number	
Pai	d	signature			yed ▶ 🔲 😘	ee matructi	una)	
	parer's							
	Only	Firm's name (or yours of self-employed),			EIN	>	· · · · - · · · · · ·	
		address, and ZIP + 4			Рһопе по.	▶ ()	
Ma	y the	IRS discuss this return with the preparer shown above	? (see instruction	ns)	<u> </u>	<u>.</u>	Yes	No
For	Privac	cy Act and Paperwork Reduction Act Notice, see the sepa	rate instructions.		Cat No 1128	32Y	Form 990	(2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. Association for India's Development is a volunteer movement promoting sustainable, equitable and just development in India by generating awareness about poverty, development and related issues, and supporting programs.
	AID provides grants and support to organizations in India and initiates efforts in various interconnected spheres such as agriculture, energy, education, health, livelihoods, natural resources, women's empowerment and social justice.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 535,363 including grants of \$ 535,363) (Revenue \$) Sustainable Development Programs including a) Improving learning quality in schools and villages in the state of Tamil Nadu; b) promoting transparency in government and reduction in corruption; c) Long lasting solutions with a particular group of farmers as demonstration for sustainable agriculture and dealing with agrarian crisis; d) preventing malnutrition and promoting health among marginalized communities in Chattisgarh; e) bio-diversity and improvement agriculture practices and awareness generation among farmers; f) provide education and shelter to children in slums of Bihar; h) community health workers training in Maharastra, Andhra Pradesh, West Bengal, Tamil Nadu and Karnata i) tribal women education and empowerment in West Bengal, Andhra Pradesh, Gujarat, Karnataka; j) malaria control program in rural West Bengal; k) short stay shelter for survivors of domestic violence in Rajasthan; l) appropriate technology initiatives like Haybox cooker, solar lamps, and biogas for cooking; m) water harvestation and soil conservation; n) microcredit and livelihood projects for women of marginalized societies; o) village creche programs for kids in chattisgarh; p) afforestation, water harvesting and livelihoods in drought affected regions; q) community monitoring of environment; r) vocational training for tribal youth and women; s) open alternative learning centers.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ 249,844 including grants of \$ 249,844) (Revenue \$) Relief and Rehabilitation Efforts: Projects including a) Support for Short term flood relief for devastating floods in West Bengal due to cyclone Aila, b) Support for flood relief and rehabilitation in Bihar, c) Relief and rehabilitation of the Gothikoya tribals, internally displaced due to violent conflict in Chattisgarh; d) Support for relief of fire disaster; e) Support for flood relief and rehabilitation in Andhra Pradesh and Karnataka; f) Support for reconstruction of a rural technology center devastated by tornado.
	Other program services. (Describe in Schedule O) (Expenses \$ 121,863 including grants of \$ 14,215) (Revenue \$) Total program service expenses > 984,963
70	Total Program control expenses Program

Par	t IV: Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		:	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓_
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	1	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	✓	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a	į	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	- -

Pag	Statements Regarding Other IRS Filings and Tax Compliance		,	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			İ
	U.S. Information Returns. Enter -0- if not applicable	}		j
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	<u>5a</u>	 	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		 √
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		\ <u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	'		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,		
11	Section 501(c)(12) organizations. Enter:			
а		1		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" enter the amount of tax-exempt interest received or accrued during the year.	148		

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2_	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	_3_	_	✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	 	1
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_ !		,
	of the governing body?	7a		V
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			'
	the year by the following:		1	
	The governing body?	8a	-	
_	Each committee with authority to act on behalf of the governing body?	<u>8b</u>		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0-		/
	tion B. Policies (This Section B requests information about policies not required by the International Control of the International	9a		
	enue Code.)	siilai		
1107	unde Godo.,		Yes	No
40-	Done the assessment on house level objections become on officiation?	10a	1	110
	Does the organization have local chapters, branches, or affiliates?	100		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b	1	
44	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
11	form?	11	1	
114	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	/	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	1	
_				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓_
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	L	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Please see Schedule O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: Satindar Mohan Bhagat, 5011 Tecumseh Street, College Park MD 20740, 301-345-5308	ords o	t the	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not	compensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Posit	Position (check all that apply)				ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Satindar Mohan Bhagat, President &	10							0	0	0
Director	10	1	<u> </u>	_	<u></u>			0	U	U
Shrinaath Chidambaram	10							0	o	0
Director	10	1	<u> </u>					•		
Kirankumar Vissa	25							6,600	0	0
Director	120	✓	<u> </u>	ļ			<u> </u>	0,000		·
Srınivas Krovvidy	10							0	o	0
Director		✓	<u> </u>	<u> </u>	ļ		<u> </u>			
Aniruddha Vaidya	10							0	0	0
Director (till Aug 2009)		✓		ļ		<u> </u>	<u> </u>			
Arun Gopalan	10			١.			ĺ	0	o	0
Exec Board Member		_	<u> </u>	✓	_	<u> </u>	ļ			
Somnath Mukherji	10			١.				0	l ol	0
Exec Board Member		ļ	ļ	√	ļ —	<u> </u>	Ļ			
Sree Ganesan	10							0	ol	0
Exec Board Member		-	<u> </u>	✓		├	ļ			
Chetana Ajıt Kulkarni	10			١,			}	0	o	0
Exec Board Member		<u> </u>	<u> </u>	✓		<u> </u>	<u> </u>			
Srinivas Nagabhushan Rao Chadaram	10	ĺ	ĺ	١,	ĺ		ĺ	0	ol	0
Exec Board Member			├	✓_	-	⊢–	-			
Sunita Mani	10	ł		,				0	o	0
Exec Board Member		-		✓	-					
Sripriya Natarajan	10	İ	1	1	1			0	0	0
Exec Board Member		1	⊢	<u> </u>	-	├				·
Dushyant Sethi	10			١,				0	o	0
Exec Board Member				✓	 	 	 			
Venktesh Kalyanaraman	10	}		1	1	}		0	o	0
Exec Board Member		 	\vdash	✓						
Ritwik Bhattacharya	10			√		1		0	0	0
Exec Board Member Somasundaram Kumaresamuthusamy				V		├				
	10			1				0	0	0
Exec Board Member (till July 2009)		L	oxdot	V						

Pa	t VII Section A. Officers, Directors, Tru	ıstees, Key	Employees, and Highest					hest	t Compensated	Employees (continued)			
	(A)	(B)			(0	C)			(D)	(E)	(F)		
	Name and title	Average hours per week	দ্ধী Individual trustee or director	nstitutional trustee	Officer	key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
	nadh Madhavapeddı	10							0	0	0		
	c Board Member (till July 2009) nika Sethi	10			✓		ļ		-		•		
	c Board Member	10			1				0	0	0		
	rma Chidambaram	10			•				0	0	0		
	c Board Member (till July 2009)	10			✓	_					0		
Exe	shim Singh c Board Member (till July 2009) ini Mylavarapu	10			✓				0	0	0		
	c Board Member	10			1				0	0	0		
_						_		<u> </u>					
					<u> </u>								
						L	ļ	ļ					
								ļ					
1b	Total			٠.					6,600	.0	0		
2	Total number of individuals (including but i		to th	ose	liste	ed a	above) wh	no received mo	ore than \$100,00	00 in		
	reportable compensation from the organiza	ation > 0				_					Yes No		
3	Did the organization list any former office	r director	or tr	ista	ا م	(AV	emnle	ove	a or highest c	ompensated			
	employee on line 1a? If "Yes," complete S										3 ✓		
4	For any individual listed on line 1a, is the s												
	the organization and related organizations individual.	greater tha	n \$15	50,0	00?	' If '	'Yes,"	cor	mplete Schedu	le J for such	4		
5	Did any person listed on line 1a receive	or accrue	com	pens	satio	on 1	rom	any	unrelated orga	anization for			
	services rendered to the organization? If "	Yes," comp	olete	Sch	edu	le u	for s	uch	person		5 /		
1	ction B. Independent Contractors Complete this table for your five highest or		d ınd	ene	nde	nt o	contra	acto	rs that received	d more than \$16	00.000 of		
_	compensation from the organization.												
	(A) Name and business add	iress							(B) Description of se	ervices	(C) Compensation		
									-				
													
								 					
2	Total number of independent contractors (in more than \$100,000 in compensation from					to	those	liste	ed above) who	received			

Par	t VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns . 1a Membership dues 1b Fundraising events 1c 8,3	12	7676.140		5.2, 5.5, 5. 5.
ar a	6	Torranding overted	3]	
S, G	u u	Related organizations				
tion sr si	f	All other contributions, gifts, grants,				
활호	-	and similar amounts not included above 1f 950,3	13			
got	g	Noncash contributions included in lines 1a-1f. \$				
<u>2</u> <u>4</u>	h	Total. Add lines 1a-1f				
를		Business Cod	<u>e</u>			
ever	2a					
e e	b					
Ž	C		 			
Š	d				-	
Program Service Revenue	e	All other program service revenue .				
£	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and other similar amounts)	53,043			
	4	Income from investment of tax-exempt bond proceeds	·			
	5	Royalties	·			
	ļ	(i) Real (ii) Personal	_			
	1	Gross Rents .				
		Less: rental expenses			}	
		Rental income or (loss) Net rental income or (loss)	• 0			
		Gross amount from sales of (i) Securities (ii) Other				
	1'4	assets other than inventory				ļ
	ь	Less: cost or other basis and sales expenses .				
		Gain or (loss)				
	d	Net gain or (loss)	• 0			
evenue	8a	Gross income from fundraising events (not including \$ 8,313				
~		of contributions reported on line 1c) See Part IV, line 18 a 183,10				
Other		Less: direct expenses b 112,30 Net income or (loss) from fundraising events			<u> </u>	
U			70,001			
		Gross income from gaming activities See Part IV, line 19	_			
	C	Less. direct expenses b Net income or (loss) from gaming activities	. 0			
	1	Gross sales of inventory, less	—————			
		returns and allowances a Less: cost of goods sold b	_			
		Net income or (loss) from sales of inventory	. 0			
		Miscellaneous Revenue Business Code				
	11a					
	b					
	C					
	,	All other revenue	 _			
		Total. Add lines 11a–11d			 	-
	12	Total revenue. See instructions	1,082,470		L	l

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	mn (A) but are not	required to comp	lete columns (B), (C	c), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	14,215	14,215		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	863,100	863,100		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,600	6,600		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
9	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		4440	40.440	
а	Management	27,305	14,195	13,110	
b	Legal	4,016		4,016	
С	Accounting	27,561	20,671	6,890	
	Lobbying				-
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other	24,281	24,281		
12	Advertising and promotion				
13	Office expenses	2,833	1,983	850	
14	Information technology	5,026	3,518	754	753
15	Royalties				
16	0	774		774	
17		4,142	4,142		
	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	10,569	10,569		·
20	Interest				
21 22	Payments to affiliates	1,292		1,292	· · · · · · · · · · · · · · · · · · ·
22 23	Depreciation, depletion, and amortization	5,362		2,861	2,861
	insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Publications	27,111	21,689		5,422
b	State Registrations	4,511		2,256	2,255
q					
d					
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,028,698	984,963	32,623	11,112
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) Beginning of year (B) End of year 725,194 1,314,437 1 Cash—non-interest-bearing 2,787,506 2 2,272,209 Savings and temporary cash investments . . . 2 3 3 Pledges and grants receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Notes and loans receivable, net 8 Inventories for sale or use . . . Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D 2,300 1,009 b Less: accumulated depreciation . . . 10b (9,484)18,234 Investments—publicly traded securities . . . 11 26,513 11 12 investments-other securities. See Part IV, line 11 12 13 13 Investments -- program-related. See Part IV, line 11 . . . 14 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,533,234 16 3,614,168 17 17,084 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 17,084 Organizations that follow SFAS 117, check here ▶ □ and Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,172,740 2,163,295 27 27 Unrestricted net assets . 1,369,939 Temporarily restricted net assets 28 1,424,344 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ □ ō and complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 3,533,234 33 3,597,084 33 Total liabilities and net assets/fund balances 3,533,234 34 3,614,168

Form 990 (2009)

Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ĺ
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓_	
b	Were the organization's financial statements audited by an independent accountant?	2b_		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			ļ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O]		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			l
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

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

2009

Open to Public

Inspection

Name of the organization Employer identification number Association for India's Development, Inc 04 3652609 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 name, city, and state 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33\% % 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 33/3 % 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type i c Type III-Functionally integrated d Type III-Other b Type II e D by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? . . 11g(iı) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (i) Name of supported (III) Type of organization (iv) Is the organization (vil) Amount of (a) FIN (v) Did you notify (vi) Is the in col (i) listed in your organization in col organization (described on lines 1-9 the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Yes Yes Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 2,039,403 828,048 875,320 893,367 958,626 5,594,764 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 828,048 875,320 958,626 5,594,764 2.039.403 893,367 Total. Add lines 1 through 3 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 O shown on line 11, column (f) Public support. Subtract line 5 from line 4. 5.594.764 Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 2,039,403 828,048 875,320 893,367 958,626 5,594,764 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 77,983 106,599 158,633 120,801 53,043 517,059 Net income from unrelated business activities, whether or not the business is regularly carried on . . . Other income. Do not include gain or 10 loss from the sale of capital assets 81,826 101,866 85,734 106,244 70,801 446,471 (Explain in Part IV.) . 6,558,294 Total support. Add lines 7 through 10 11 1,040,449 Gross receipts from related activities, etc (see instructions) 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/4 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization $\dots \dots \dots \dots \dots \dots \dots$ 17a 10%-facts-and-circumstances test - 2009. 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts. grants. contributions. 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. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (b) 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (e) 2009 Amounts from line 6 10a 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 c 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage

•	
Schedule A (F	orm 990 or 990-EZ) 2009 Page 4
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.
This is net	revenue from fundraising and awareness events summarized in Schedule G.
*	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	ociation for India's Development, Inc			04	3652609
Pai	Organizations Maintaining Do the organization answered "Yes			ds or	Accounts. Complete if
		(a) Donor advised fun		(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and funds are the organization's property, subject to the control of the				
6	Did the organization inform all grantees, dused only for charitable purposes and not purpose conferring impermissible private is	onors, and donor advisors in for the benefit of the donor	writing that grant	funds o	can be ny other
Pai	t II Conservation Easements. Com				
1	Purpose(s) of conservation easements held				
•	Preservation of land for public use (e.g. Protection of natural habitat		Preservation of		orically important land area ified historic structure
2	☐ Preservation of open space Complete lines 2a through 2d if the organiz easement on the last day of the tax year.	ation held a qualified conser	vation contribution	ın the f	orm of a conservation
	easement on the last day of the tax year.			Γ	Held at the End of the Tax Year
_	Takal assault and account the account			2a	
a	Total number of conservation easements .			. 2b	
b	Total acreage restricted by conservation e			20	
C	Number of conservation easements on a c		, ,	2d	
d	Number of conservation easements includ	• • • •			
3	Number of conservation easements modified the tax year ▶				
4	Number of states where property subject				
5	Does the organization have a written polic violations, and enforcement of the conservations.		nitoring, inspection,		
6	Staff and volunteer hours devoted to moni	itoring, inspecting, and enfor	cing conservation	easeme	ents during the year
7	Amount of expenses incurred in monitoring ▶\$	g, inspecting, and enforcing	conservation easer	ments o	during the year
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?				LYes LNo
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations are conservationally and the organization of the conservation of the con	he text of the footnote to the tion easements.	organization's fin	ancial s	statements that describes
Par	t III Organizations Maintaining Collection Complete if the organization answers			ner Sin	nilar Assets.
1a	If the organization elected, as permitted ur art, historical treasures, or other similar assi provide, in Part XIV, the text of the footnot	ets held for public exhibition,	education, or resea	irch in f	urtherance of public service,
b	If the organization elected, as permitted ur historical treasures, or other similar assets provide the following amounts relating to t	held for public exhibition, ed hese items:	ts revenue stateme ducation, or resear	ent and ch in fu	balance sheet works of art, urtherance of public service,
	(i) Revenues included in Form 990, Part \	/III, line 1			> \$
	(ii) Assets included in Form 990, Part X .				> \$
2	If the organization received or held works following amounts required to be reported			sets fo	r financial gain, provide the
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X				

_	•
Page	

Par	t III Organizations Maintainir	ng Collections	of Art, His	torica	l Treasures,	or Ot	her Similar <i>F</i>	Assets (c	ontinu	ied)
3	Using the organization's acquisition, collection items (check all that apply		ther record	ls, che	ck any of the	followi	ng that are a	signıfıcant	: use c	of its
а	Public exhibition		d [<u></u> ∟	oan or exchai	nge pro	ograms			
b	Scholarly research		e	c	Other					
C	Preservation for future generation	ons								
4	Provide a description of the organization Part XIV.	ation's collections	and expla	in how	they further	the org	janization's ex	empt pur	pose i	in
5	During the year, did the organization so assets to be sold to raise funds rather	olicit or receive do	onations of a	art, hist	torical treasure e organization'	es, or o	ther similar		es 🗌	No
Par	Escrow and Custodial Ar IV, line 9, or reported an a	rrangements. C mount on Form	omplete if 990, Part	the or X, line	ganization ar 21.	nswere	ed "Yes" to Fe	orm 990,	Part	
	Is the organization an agent, trustee, included on Form 990, Part X?					ns or o	other assets n		es 🗌	No
b	If "Yes," explain the arrangement in	Part XIV and con	plete the f	ollowir	ng table:					
						-		Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					_1e				
f	Ending balance					_1f				
	Did the organization include an amo if "Yes," explain the arrangement in	Part XIV.					· ·		es 🗀	No
Par	t V Endowment Funds. Con	nplete if the org	anızation	answ	<u>ered "Yes" t</u>	o Forr	n 990, Part I	V, line 10)	
		(a) Current year	(b) Prior y	/ear	(c) Two years t	oack (d) Three years bad	ck (e) Fou	r years t	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships .									
е	Other expenditures for facilities and programs		-							
	Administrative expenses End of year balance									
2	Provide the estimated percentage of	the year end bal	ance held	as:						
а	Board designated or quasi-endowme									
b	Permanent endowment ▶	%								
С	Term endowment ▶ %									
3а	Are there endowment funds not in the organization by:	possession of th	e organizat	ion tha	it are held and	d admir	istered for the	,	Yes	No
	(i) unrelated organizations .			_				3a(i)		
	(ii) related organizations				· · · ·			3a(ii)		
b	If "Yes" to 3a(ii), are the related orga	nizations listed a	s required (on Sch	nedule R? .			3b		
4	Describe in Part XIV the intended us	es of the organiz	ation's end	owme	nt funds.					
Par	t VI Investments—Land, Bui	ldings, and Eq	uipment.	See F	orm 990, Pa	rt X, lıı	ne 10.			
	Description of investment	(a) Cost or ot (investm			st or other s (other)		cumulated reciation	(d) Boo	k value	
1a	Land									
	Buildings									
C	Leasehold improvements									
d	Equipment				10,492		(9,483)			009
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, c	olumn	(B), line 10(c).)	<u>. </u>	•		1,	009

Part VII	Investments—Other Securiti	es. See Form 990, Part >	(, line 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial de	erivatives			
	al and the constant of			
	·			
				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII			K, line 13.	
	a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
				
			 	
			,	
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, I	Part X, line 15.		
		(a) Description	(b) Book	value
Total (Calu	amp (h) must squal Form 000. Part V as	of (B) line 15)		
Part X	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 99			
1.	(a) Description of liability	(b) Amount		
Federal inc		(b) Amount	-	
r odolal illo	orrio taxos	<u> </u>	_	
				
				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	•		

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

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	title D (FORTH 990) 2009		
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	Reconciliation of Revenue per Audited Financial Statements With Revenu	e pe	r Return
1	Total revenue, gains, and other support per audited financial statements	1	T
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
			1
a	Net diffedized gains on investments	┥	
b	Donated services and use of facilities	-	
С	Trecoveries of prior year grants	_	
d	other (besonde in Fart Aiv.)	26	_
	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
	Other (Describe in Part XIV.)		-
_	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses p	er Heturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Pnor year adjustments	4	
C	Other losses	_[
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1 , , , , ,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	40	<u> </u>
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Par	t XIV Supplemental Information		
and :	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d ar part to provide any additional information.		
!	ent to provide any additional management of the provide and th		
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			·····

Schedule D (Forn	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
i di t Alv	Cappellional Information (Continues)	

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Association for India's Development, Inc

Employer identification number 04 3652609

Pā	General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.						
1	For grantmakers. Does t assistance, the grantees' the grants or assistance?					ard	
2	For grantmakers. Describ United States.	e in Part IV th	e organization	's procedures for monit	coring the use of grant fo	unds outside the	
3	Activities per Region. (Use	Schedule F-1	(Form 990) If	additional space is nee	ded.)		
4	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) Is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
Sou	uth Asıa - India	0	0	Program Services	Grants and payments	863,099.74	
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Tot	als ▶						

Page 2

Schedule F (Form 990) 2009

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed. Part II

(h) Description (l) Method of of non-cash valuation assistance appraisal, other)																
(g) Amount of non-cash assistance																
(f) Manner of cash disbursement	Wire															
(e) Amount of cash grant	18,421.50	2,064.97	3,985.00	18,862.81	14,218.14	21,925.25	5,000.00	7,232.44	13,110.84	80,127.46	16,100.19	27,955.05	1,962.70	8,115.07	101,051.25	2,186.01
(d) Purpose of grant	Agriculture	Alternate Ene	Anti-Corruptic	Community E	Education	Environment	Health	Jeevansaath	Livelihood	Relief	Rural Develor	Saathiship	Women's Emp	Health	Relief	Saathiship
of organization section and EIN (c) Region (d) Purpor gran (if applicable)	South Asia - India	South Asia - India	South Asia - India	South Asia - India	South Asia - India	South Asia - India	South Asia - India	South Asia - India	South Asia - India	South Asia - India	South Asıa - India	South Asia - India				
(b) IRS code section and EIN (if applicable)																
1 (a) Name of organization																

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities က

Schedule F (Form 990) 2009

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Page 3

Schedule F (Form 990) 2009

J

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Ilne 16. Use Schedule F-1 (Form 990) if additional space is needed. Part III

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement Check Check Check (d) Amount of cash grant 9,106.84 7,200.00 1,850.95 (c) Number of recipients Ŋ (b) Region South Asia - India South Asia - India South Asia - India (a) Type of grant or assistance Jeevansaathi support Jeevansaathi support **Equipment support**

Schedule F (Form 990) 2009

Part IV	Supplemental	Information
	Complete this pa	art to provide t

Complete this part to provide the information required in Part I, line 2, and any additional information.
Proposals from deserving organizations that are registered as charities in India are reviewed for support to specific
projects and support to social workers and activities they intend to pursue that help the poor and marginalized and
are in line with AID's mission and its 501(c)(3) status. After discussion of detailed budgets in chapter meetings that
are open to public and/or Executive Board meetings, and communication with the NGOs and social workers that help
address any questions raised by volunteers, they are voted for approval. On approval they are forwarded to central
Projects and Saathi team that work with the Project and Saathi coordinators of the Executive Board, to ensure compliance
with 501(c)(3) standards, AID mission and ideology. Every group being considered for support or supported by the
organization is visited by volunteers and these independent visit reports are documented. The groups receiving support
send detailed reports on progress of work and make available their financial and audit statements. The Board of
Directors makes the final decision in case any concerns or issues arise and also works with the EB to maintain oversight.

SCHEDULE F-1 (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Continuation Sheet for Schedule F (Form 990)

OMB No 1545-0047

► Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.

► See instructions for Schedule F (Form 990).

Open to Public Inspection 😘

Employer identification number

Association for India's Development, Inc 3652609 Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (f) Total expenditures for (a) Region (b) Number of offices in the region (d) Activities conducted in (e) If activity listed in (d) is (c) Number of a program service, describe specific type of employees or agents in region (by type) (i e , fundraising, program services, region region grants to recipients located in service(s) in region the region)

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Fart II Conti	inuation of Gr	Continuation of Grants and Other Assistance to		Organizations or Entities Outside the United	e the United S	States. (Schedule F	(Form 990),	Part II, line 1)
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(l) Method of valuation (book, FMV, appraisal, other)
		South Asia - India	Agriculture	5,349.66				i
		South Asia - India	Relief	29,457.65				
		South Asia - India	Community Er	8,604.60				
		South Asia - India	Health	1,078.98				
		South Asia - India	Agriculture	26,334.22				
		South Asla - India	Saathiship	9,148.00				
		South Asia - India	Livelihood	4,036.02				
		South Asla - India	Education	5,063.69				
		South Asia - India	Community Er	16,000.00				
		South Asla - India	Health	24,177.84				
		South Asia - India	Community Er	4,443.50				
		South Asia - India	Saathiship	4,200.00				
		South Asia - India	Community Er	4,579.11				
		South Asla - India	Community Er	5,287.55				
		South Asia - India	Environment	8,125.12				
		South Asia - India	Livelihood	3,166.56				
		South Asia - India	Health	11,626.68				
		South Asia - India	Livelihood	2,573.42				
		South Asia - India	Rural Develop	2,623.91				į
							Cohodo	4 (5,000,000)

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(h) Method of valuation (book, FMV, appraisal, other) Schedule F-1 (Form 990) 2009

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(a) Type of grant or assistance (b) Region recipients (cash grant or assistance assistance assistance assistance (cash grant or assistance assistance assistance assistance assistance (cash grant or assistance assistance assistance assistance (cash grant or assistance assistance assistance assistance (cash grant or assistance assistance assistance assistance (cash grant or assistance assistance assistance assistance assistance assistance assistance (cash grant or assistance assistance assistance assistance assistance assistance (cash grant or assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance (cash grant or assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance (cash grant or assistance

SCHEDULE F-1 (Form 990)

Continuation Sheet for Schedule F (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III. ► See instructions for Schedule F (Form 990).

Employer identification number

OMB No 1545-0047

Associa	tion for India's Develo	opment, Inc			04	3652609
Part I	Continuation of	Activities per	r Region. (Se	chedule F (Form 990)	, Part I, line 3)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
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Schedule F-1 (Form 990) 2009

1 (a) Name of organization	e of (b) IRS code (c) Region and section and	(c) Region		(d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description cash grant of non-cash of non-cash	(f) Manner of cash	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation
0	applicable)		h :		disbursement	assistance	assistance	(book, FMV, appraisal, othe
		South Asia - India	Education	6,855.67				
		South Asia - Indla	Education	3,385.53				
		South Asia - India	Community Er	5,624.00				
		South Asia - India	Education	4,000.00				
		South Asia - India	Health	11,939.35				
		South Asia - India	Relief	10,279.60				
		South Asla - India	Livelihood	2,000.00				
		South Asla - India	Community Er	330.07				
		South Asia - India	Education	7,108.67				
		South Asia - India	Health	7,288.65				!
		South Asia - India	Education	6,381.37				
		South Asia - India	Livelihood	2,583.55				
		South Asia - India	Relief	4,801.45				
		South Asia - India	Community Er	2,157.96				
		South Asla - India	Community Er	1,628.66				
		South Asia - India	Community Er	5,183.50				
		South Asia - India	Women's Emp	5,031.70				
		South Asia - India	Livelihood	1,000.00				
		South Asia - India	Saathiship	4,420.37				

Schedule F-1 (Form 990) 2009

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)	Grants and Other	Assistance to Ir	dividuals Outside the	United States.	Schedule F (Form 990)), Part III)	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

SCHEDULE F-1 (Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No 1545-0047

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.

➤ See instructions for Schedule F (Form 990).

Employer identification number Name of the organization 3652609 Association for India's Development, Inc Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I' (b) Number of offices in the region (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total employees or region (by type) (i e , a program service, expenditures for fundraising, program services, grants to recipients located in agents in describe specific type of region service(s) in region region the region)

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1 (a) Name of	(b) IRS code section and	(b) RS code (c) Region	(d) Purpose of	(d) Purpose of (e) Amount of (f) Manner of (g) Amount of cash non-cash non-cash	(f) Manner of cash	(g) Amount of non-cash	(h) Description (i) Method of non-cash valuati	(i) Method of valuation
organization	EIN (if applicable)		granı	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
		South Asia - India	Education	11,231.10				
		South Asia - India	Health	2,989.83				
		South Asia - India	Livelihood	16,242.39				
		South Asia - India	Saathiship	4,307.56				
		South Asia - India	Health	6,000.00				
		South Asla - India	Community Er	1,894.34				
		South Asia - India	Livelihood	5,898.15				
		South Asia - India	Community Er	5,155.70				-
		South Asia - India	Community Er	3,769.47				
		South Asia - India	Saathiship	4,026.68				
		South Asla - India	Women's Emp	5,790.00				
		South Asia - India	Education	6,999.78				
		South Asia - India	Education	2,773.18				
		South Asia - India	Health	13,579.33				
		South Asia - India	Relief	22,136.79				
		South Asla - India	Relief	1,990.04				
		South Asia - India	Environment	4,237.29				
		South Asia - India	Saathiship	4,307.56	_			
		South Asia - India	Agriculture	6,565.58		:		:

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(h) Method of valuation (book, FMV, appraisal, other) Schedule F-1 (Form 990) 2009

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(a) Type of grant or assistance (b) Region (c) Number of recipients (a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant or assistance assistance (e) Region (d) Amount of cash grant or assistance assistance assistance

SCHEDULE F-1 (Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.

► See instructions for Schedule F (Form 990). Inspection

Associa	ition for India's Develo	pment, Inc				04	3652609
Part I	Continuation of	Activities pe	r Region. (Se	chedule F (Form 990)	, Part I, li	ne 3)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)		y listed in (d) is am service, pecific type of (s) in region	(f) Total expenditures for region
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Schedule F-1 (Form 990) 2009

Part II Continuat	Continuation of (Continuation of Grants and Other Assistance to Ornanizations or Entities Outside the United States (Schedule E (Earm 900)	to Organization	or Entitios Outsid	Photinitod	Patron (Schodule E		Dort II lino 1)
Nam	thon (f applicable)	de (c) Region (d)	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	4 A -	(l) Method of valuation (book, FMV, appraisal, other)
		South Asia - India	Education	5,070.99				
		South Asia - India	Education	4,375.00				
		South Asia - India	Community Er	2,585.50				
		South Asia - India	Environment	10,146.40				
		South Asia - India	Saathiship	6,486.54				
		South Asia - India	Health	4,871.80				
		South Asia - India	Livelihood	6,172.56				
		South Asia - India	Rural Develop	7,662.44				
		South Asia - India	Women's Emp	23,929.34				
		South Asia - India	Livelihood	804.12				
		South Asia - India	Women's Emp	6,174.15				
		South Asia - India	Health	8,270.82				
		South Asla - India	Saathiship	4,582.88				

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Schedule F-1 (Form 990) 2009

Page 5	(h) Method of valuation (book, FMV, appraisal, other)								ı			
	(g) Description of non-cash assistance											
(000 01/L 000)	(c) Number of grant or assistance (b) Region recipients cash grant or assistance (b) Region recipients cash grant assistance (c) Number of cash grant consistance cash grant cas											
Halland Charles	(e) Manner of cash disbursement											
At the Original	(d) Amount of cash grant											
al at a contained	(c) Number of recipients											
700	(b) Region						·~ _					
Schedule F-1 (Form 990) 2009	6											

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

3652609 Association for India's Development, Inc 04 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations J In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ı) Name of individual (ii) Activity (III) Did fundraiser have (IV) Gross receipts (v) Amount paid to (vi) Amount paid to custody or control of contributions? (or retained by) or entity (fundraiser) from activity (or retained by) fundraiser listed in col (i) organization Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Sch	edule	G (Form 990 or 990-EZ) 2009			· · - · - · - · · · · · · · · · · · · ·				age 2
Pá	rť I	Fundraising Events. Comore than \$15,000 on F					r rep	orted	
			(a) Event #1 Concert series (event type)	(b) Event #2 Music Event (event type)	(c) Other events 35 (total number)	(add co	otal evoli (a) the	hrough	ı
Revenue	1	Gross receipts	48,618	13,360	129,438			<u> 191</u>	,416
ш	3	Less: Charitable contributions			8,313			8	,313
	3	minus line 2)	48,618	13,360	121,125			183	,103
	4	Cash prizes							
	5	Noncash prizes							
uses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Direc	8	Entertainment	31,135	12,611	68,556			112	,302
	9	Other direct expenses Direct expense summary. Ad				(112,3	
	11	Net income summary Comb	ine line 3, column (d), a	nd line 10	. ▶			70	.801
Pa	irt II		he organization ansv	vered "Yes" to Form	990, Part IV, line 19,	or rep	orted	mo	re
	Γ	than \$15,000 on Form	1						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col (a)	otal gar) throug		
<u>~</u>	1	Gross revenue				-			
uses	2	Cash prizes				-			
Direct Expenses	3	Noncash prizes							
Direc	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No				
	7	Direct expense summary. Ac	id lines 2 through 5 in c	olumn (d)		()
_	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	>				
9	Fr	nter the state(s) in which the c	organization operates of	amino activities:		ſ		Yes	No
a E	ı İs	the organization licensed to c "No," explain:					9a		
				•••••					
		ere any of the organization's e "Yes," explain:	gamıng licenses revoke	d, suspended or termin	ated during the tax yea	ar?	10a		
11 12	ls	bes the organization operate of the organization a grantor, be	eneficiary or trustee of		a partnership or other	entity	11		
		med to administer charitable					12		1

Dage	
Pag	

13 Ir	ndicate the percentage of gaming activity operated in:	1 - 1				
ат	he organization's facility	13a	%]		
b A	n outside facility	13b	%	4		
	nter the name and address of the person who prepares the organization's gaming/ nd records:	'speci	al events books			
N	lame ▶					
A	ddress ▶	••••				
	loes the organization have a contract with a third party from whom the organization organization is a contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a third party from whom the organization of the contract with a			15a		
b If ai	"Yes," enter the amount of gaming revenue received by the organization ▶ \$mount of gaming revenue retained by the third party ▶ \$		and the			
c If	"Yes," enter name and address of the third party:					
N	lame ▶					
Α	ddress ▶	•				
16 G	saming manager information:					
N	lame ▶					
G	Saming manager compensation ► \$					
D	lescription of services provided ▶					
	Director/officer	r				
17 N	Mandatory distributions.					
a Is	s the organization required under state law to make charitable distributions from the	e gam	ing proceeds to			
	etain the state gaming license?			17a		
	nter the amount of distributions required under state law to be distributed to other respent in the organization's own exempt activities during the tax year ▶ \$	exem	npt organizations			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

2009

OMB No 1545-0047

▶ Attach to Form 990.

Open to Publ Inspection

Transparency in go **2** (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Employer identification number 3652609 Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to $oldsymbol{\Sigma}$ Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 8 (f) Method of valuation (book, FMV, appraisal, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant \$14,215 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance 501 (c)(3) 208818346 (P) EIN Association for India's Development 1568 Spring Hill Road, Suite 200 1 (a) Name and address of organization or government Vame of the organization Mclean, VA-22102 5th Pillar RTI USA Part II

Enter total number of other organizations

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. . Schedule I (Form 990) 2009

organization and approval of the program is done based on detailed review of the proposal, scrutiny of the organization and its past and current activities, direct meetir and face-to-face discussion. After approval, the partner is expected to submit regular progress reports, and periodically make a presentation at an AID meeting. The (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line Use Part IV and Schedule I-1 (Form 990) if additional space is needed. AID makes occasional grants to organizations in the US, in order to promote its mission of sustainable development and social justice. Selection of the partner project coordinators in AID scrutinize the progress reports and financial statements of the organization to ensure proper use of the grant. These reports and Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance communication play a key role in decisions of whether to continue the funding for subsequent years. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Association for India's Development, Inc.	04	3652609
Form 990 Part VI 2: The following officers are related to each other		,
1. Shrinaath Chidambaram and Sree Ganesan are married to each other		
2. Dushyant Sethi and Sonika Sethi are married to each other		
3. Sunita Manı and Srinadh Madhavepeddi are married to each other.		
Form 990 Part VI 11 a: The 990 was sent to members of the governing Board, and revie	wed with all	officers and the Board
through a conference call, prior to submission. Most members of the governing body ar	nd several of	fficers were also actively
involved in the preparation of the 990 and various relevant Schedules.		
Form 990 Part VI B. 12c: We communicate the policy to our officers and volunteers thro		
of Directors directly receives and addresses any situations brought to its attention. Dis	ciplinary ac	tion, as appropriate is
taken against any violators.		
Form 990 Part VI B. 15b: No director or officer is compensated for being a director or of	fficer. Comp	pensation was given to
one director for conducting program service work and followed the same support norm	s as with oth	ner social workers and
contractors doing similar work. The process consists of approval by at least 2 chapter	s followed b	y approval by the Board
The concerned director did not attend these approval meetings. His program service we	orks include	d sustainable
agriculture and relief for distressed farmer families and public awareness on agriculture	related issu	Jes.
Form 990 Part VI C18: 990 and 1023 are mailed on request. A copy is also available at the	ne address t	pelow:
5011 Tecumseh Street, College Park MD 20740		
Form 990 Part VI C. 19. We make our documents available to the public through differer	nt means. By	/-laws and annual
reports containing the financial statements are published on our website. Conflict of in	terest policy	is communicated
via email and currently available to the general public upon request. Our General Body r	meetings are	e also open to the

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Association for India's Development, Inc.	04 3652609
general public where financial and governance issues are discussed and information is s	hared openly.
Form 990 Part III 4d. Other program services include spreading awareness about poverty	
in the US through various means such as websites, publications and handouts, seminars	and conferences, and also
includes limited support to US charities and independent contractors for similar work.	
Form 990 Part VI 17. List of states with which this 990 will be filed for registration:	
Maryland, Virginia, Pennsylvania, New Jersey, Ohio, Oregon, Georgia, Massachusetts, Ne	ew Hampshire, Connecticut,
New York, California, New Mexico, Illinois, Kansas, Minnesota, Wisconsin, North Carolina	
Indiana, Kentucky, Washington, Tennessee, Oklahoma, West Virginia, Arizona, Louisiana	, Idano, Knode Island, Missouri