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# \* Form **990**

## **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

2010

Department of the Treasury Internal Revenue Service

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

Open to Public

A	For the	2010 cale	endar year, or tax year be	eginning	July 1	, 2010	, and endin	g Ju	ne 30	, 20 11	
В	Check if	applicable	C Name of organization Inc	dia Partners	1	-			D Employ	yer identification r	number
	Address	change	Doing Business As							93-1164757	
	Name ch	•	Number and street (or P O	box if mail is no	ot delivered to street	address)	Room/su	rte	E Telepho	one number	
	Initial retu	•	P.O. Box 5470							541-683-0696	
	Terminate		City or town, state or cour	ntry, and ZIP +	- 4						
П	Amended		Eugene, OR 97405						G Gross	eceipts \$	
ī		on pending	F Name and address of pr	incipal officer	Brent Hample			H(a) Is the		for affiliates? Yes	s 🔽 No
_	т фрош	opoag	P.O. Box 5470, Eugene	OR 97405	•					ncluded?	
$\overline{}$	Tax-exen	npt status	501(c)(3)	501(c) (	) ◀ (insert no )	4947(a)(1)	or 527			list (see instructio	
j	Website		w.IndiaPartners.org	<u></u>	, , , , , , , , , , , , , , , , , , , ,			H(c) Grou	o exemptio	n number	
ĸ			✓ Corporation ☐ Trust	Associatio	n  Other ▶		Year of form		<del></del>	e of legal domicile	OR
P	art I	Summ					Toda or tollin	auon	1		
	_		escribe the organization	n's mission	or most signifi	cant activitie	·s.				
	l	-	onal relief, development		_						
9										•••••	
ā						•••••			•••		
Governance	2	Check to	nis box ▶ ☐ if the organiz	ation discontin	und its operations	or disposed of m	ore than 25%	of its not asso			
Ĝ	1		of voting members of t			•					6
త			of independent voting								6
Activities &	1				•		. ,				6
ξ	1		mber of individuals emp	-	-		ne za) .		5		
Ä	6		mber of volunteers (est		•			• •	6		25
	7a		related business revenu			• •			. <u>7a</u>		0
	<u>b</u>	Net unre	lated business taxable	income tro	m Form 990-1	, line 34 .	<del>· · · · i</del>		. 7b	0	0
	1			Prior Y		Current Ye					
ē	8		tions and grants (Part			813243		893068			
Revenue	9		service revenue (Part		24530		5850				
è	10	Investme	ent income (Part VIII, co	1452		501					
_	11	Other re	venue Ran VIE Louin	⊒(A), lines :	5, 6d, 8c, 9c, 1	0c, and 11e)	::		-8478		-12724
	12		enue-add lines 8 throu				line 12)	<del></del>	830747		886695
	13		@d sımılar amounts pai				[		598933		538753
	14		Paid to or for members						0		
es	15		other-compensation, en				es 5–10)		192879		239917
Expenses	16a	Profession	onal f@@@isjngffeeslff	Pārt IX, dolu	ımn (A), Iıne 11	e)	]		0		0
×	b		idraising expenses (Pai				23884				
ш	17		penses (Part IX, colum			· ·	[		120031		108680
	18	Total exp	penses. Add lines 13-1	7 (must eq	ual Part IX, col	umn (A), line	25) . [		911843		887350
	19	Revenue	e less expenses. Subtra	act line 18 f	rom line 12	<u> </u>	<u> </u>		-81096		-655
ρģ	3						[	Beginning of C	urrent Year	End of Ye	ear
Net Assets	20	Total as:	sets (Part X, line 16)				[		275419		272914
Ž,	21	Total liab	oilities (Part X, line 26)				[		23508		21658
ž	22	Net asse	ets or fund balances. Se	ubtract line	21 from liné 20	<u>)</u>	[		251911		251256
P	art li	Signa	ture Block								
			ury, I declare that I have exam							my knowledge and	belief, it is
tn	ue, correct	t, and comp	plete Declaration of preparer	(other than off	icer) is based on al	I information of v	vhich prepare	r has any knov	vledge		
					<del>_</del>					•	
Si	gn	Sign	nature of officer		2 1				ate	_	
He	ere		Brent Hample	e (	President	/CEO			May	, 15, 2017	-
		Тур	e or print name and title								
D.	aid	Print/T	ype preparer's name	Pr	eparer's signature		D	ate	Check	T IT PTIN	
	aiu epare								self-em		
	•		name ►					Fu	m's EIN ▶	<del>- J</del>	<u>-</u>
U:	se Onl	יעי	address ▶			_			one no.		
Ma	ay the IF		s this return with the p	reparer sho	own above? (se	e instruction	is)				es 🗌 No
_			action Act Notice see th					No. 11282V			990 (2010)

orm 990	J (2010)		Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:	<del></del>	<u> </u>
	International relief, development and education		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	☐ Yes	[∕] No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	✓ No
	If "Yes," describe these changes on Schedule O.		<b>.</b>
	Describe the exempt purpose achievements for each of the organization's three largest program services by e 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 391923 including grants of \$ 233212 ) (Revenue \$	295725	)
	Children, Education & Vocational Training. Leadership training of a variety of non profit organizations that provide		. <i>'</i>
	schooling, vocational training, orphanages, clothing, food, as well as special projects involving the construction		
	of infrastructures and schools.		
	······································		
	•••••••••••••••••••••••••••••••••••••••		
			• • • • • • • • • • • • • • • • • • • •
4b	(Code: ) (Expenses \$ 208713 including grants of \$ 200136 ) (Revenue \$	230630	)
	Medical & Dental: Support and gifts in kind of medicines for a hospital, as well medical and dental clinics in remote		- ′
	tribal villages, schools, and orphanages.		
	•		
		,	••
			<b></b>
4c	(Code: ) (Expenses \$ 173213 including grants of \$ 105405 ) (Revenue \$	148042	<u> </u>
70	Other relief and Development Projects. projects and programs in areas that include human trafficking rescue, child		. /
	rescue, disaster relief, self-help and self-sufficiency projects and ministry work.		
		<del></del>	
		· <b>···</b>	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 46316 including grants of \$ 0 ) (Revenue \$ 37230 )		
	Total program service expenses ► 820165		

Part	· · · · · · · · · · · · · · · · · · ·		'	-age 3
GII L	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? (see instructions)	2	<b>√</b>	
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		<b>√</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		<b>√</b>
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		***	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	<b>√</b>	<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	, , , , , , , , , , , , , , , , , , , ,	14a	✓	<u> </u>
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, Parts I and IV	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, Parts II and IV.	15	<b>√</b>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part I	V 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	1	
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		<b>√</b>
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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)?	35	<del>                                     </del>	1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? <i>If "Yes," complete Schedule R, Part VI</i>			/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	1	

Form **990** (2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Chock is constant a respense to any question in this rate virial in the respense to any question in this rate virial in the respense to any question in this rate virial in the respense to any question in this rate virial in the respense to any question in this rate virial in the respense to any question in this rate virial in the respense to any question in this rate virial in the respense to any question in this rate virial in the respense to the respense to any question in this rate virial in the respense to the respective to the respense to the resp	$\dot{-}\dot{-}$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		<b>-</b>
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
				-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ľ	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	ļ	<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- SC		<del> </del>
oa	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	Ua_		├ <b>~</b> -
-	gifts were not tax deductible?	6b		]
7	Organizations that may receive deductible contributions under section 170(c).	U.S.		<del>                                     </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Ì		
	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ĺ	
	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		ļ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	}	├
- b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		┼
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1		İ
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against 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?	12a	1	_
b				T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		1
C	Enter the amount of reserves on hand	—	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	<b>├</b>
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	ı	1

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.  Check if Schedule O contains a response to any question in this Part VI	es in		
Section	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 6		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent .  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		<del>· · ·</del>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<b>✓</b>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>✓</b>
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		✓
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<b>✓</b>
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	1	-
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	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ļ	<u> </u>	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓_	<u> </u>
b	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	-	<u> </u>
13	Does the organization have a written whistleblower policy?	13	<b>/</b>	<u> </u>
14 15	Does the organization have a written document retention and destruction policy?	14		<b>✓</b>
а	The organization's CEO, Executive Director, or top management official	15a	1	t
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.)		Ė	_
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		<b>_</b>
b	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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► OR,AZ,CA,CT,FL,IL,MD,MA,MI,MO,I Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.			ailable
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization:   Brent Hample, P.O. Box 5470, Eugene, OR 97405 (541)683-0696	of the	e 	

	-
Page	4

	· _   _					
Part VII	Compensation of Officers,	Directors, Trus	stees, Key Emp	loyees, Highest	Compensated E	mployees,
	and Independent Contract	ors				

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor		d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average	Posit	on (c	checl	k all t	that ap	ply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	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
(1) Brent Hample	40	,						41850	0	1674
President/CEO		<b>✓</b>	<u> </u>	✓			_	<u> </u>		<del></del>
(2) Steve Stirling	5	١,		,				0	o	0
Chair		<b>-</b>		✓	<u> </u>	<u> </u>				
(3) Sue Paiement	1	,		١,		ľ		0	l o	0
Vice-Chair		<b>✓</b>		<b>✓</b>			<u> </u>			
(4) Suzanne Broetje	1						Ì	) o	o	0
Director		<b>✓</b>	_	-		<u> </u>	_	<del></del>		<del></del>
(5) Kiersten Ramirez	1				ļ	ļ		0	o	0
Director	<del></del> -	1		-	-			<del> </del>	<u> </u>	<del></del>
(6) Susan Cannon	1	١,						0	0	0
Oirector (7) Dean Rees	<del></del>	✓_		├-		<del> </del>	$\vdash$	<del></del>		
Treasurer	2	}		/				0	0	0
			-	<b>  •</b>	-	-	-			<del></del>
(8)	1									
(9)										
(10)						_				
(11)										
(12)										
(13)	-		-							
(14)		-								<u> </u>
(15)										
(16)	-									

Part	VII Section A. Officers, Directors, Trus	stees, Key I	Emplo	уеє	es, a	and	Highe	est	Compensated	Employees (co	ontinue	ed)	
	(A)	(B)			(0				(D)	(E)			F)
	Name and title	Average hours per		ion (c	_	ı	hat app		Reportable compensation	Reportable compensation from	om		nated unt of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS		other compensation from the organization and related organizations	
(17)							۵		<u> </u>		+		
(18)				_							-		
(19)													_
(20)			<u></u>										
(21)					-								_
(22)						-							
(23)													
(24)		-				-				,			
(25)		-										<del>,</del> -	
(26)									-				
(27)		-											
(28)		-											_
1b	Sub-total		٠	٠.	<u> </u>			<b>—</b>					
С	Total from continuation sheets to Part	VII, Section	n A					<b>•</b>				-	
<u>d</u>	Total (add lines 1b and 1c)							<b>&gt;</b>	41850	<del>'</del>			1674
2	Total number of individuals (including bu reportable compensation from the organ			nose	e list	ted	above	e) w	ho received m	ore than \$100	1,000 ii	n	
	reportable compensation from the organ	ization	,										Yes No
3	Did the organization list any former o employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compens	ated	3	/
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	ble	con	npe	nsatic						<del>-</del>
5	individual	·						•				4	<b>√</b>
	for services rendered to the organization											5	1
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	compensat	ted in	dep	end	lent	contr	act	ors that receiv	ed more than	\$100,0 	000 of	
	(A) Name and business add	dress			_	_			(B) Description of	services		(C) ompens	ation
								$\vdash$					
						_		+					
							_						
2	Total number of independent contractor								nose listed ab	ove) who			
	received more than \$100,000 in compen-	sation from	tne o	rgai	nıza	tion	<b>P</b> (	<u> </u>				_	

Part	VIII	Statement of Revenue						
				ï	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	1a	52470				
grai our	b	Membership dues	1b	0				
s, ç	С	Fundraising events	1c	66515				
gift lar	d	Related organizations	1d	0				
im.	е	Government grants (contributions)	1e	0				
tioi er s	f	All other contributions, gifts, grants,						;
ibu		and similar amounts not included above	1f	774083				!
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-		182718	_			,
<u>a</u>	h	Total. Add lines 1a-1f		<u>.</u> <b>&gt;</b>	893068			,
Program Service Revenue			L	Business Code	_			
evel	2a	Team Fees		624200	5850	5850		
e R	b							
viç	С							
-8 S	d							
am	е							
.og	f	All other program service revenu	ie. L		_			
	g	Total. Add lines 2a-2f			5850	<del></del>		<u> </u>
	3	Investment income (including and other similar amounts)						
		·		🏲	611			611
	4 5	Income from investment of tax-exer	•	na proceeas >				
	3	Royalties		(II) Personal				
	6a	Gross Rents		(ii) r droona.				
	b	Less: rental expenses	+					
	C	Rental income or (loss)						I
	d	Net rental income or (loss)				=		
	7a	Gross amount from sales of (i) Securiti	ies .	(II) Other			<del></del>	
			5,038					
	b	Less cost or other basis	-,					
		and sales expenses .	5,148					
	С	Gain or (loss)	-110	_				
	d	Net gain or (loss)			-110			-110
evenue	8a	Gross income from fundraising						
		events (not including \$ of contributions reported on line 10	c).					
Other R	_	See Part IV, line 18	~⊩	10,625				,
ŏ		Less: direct expenses	b[	24,167				
	C	Net income or (loss) from fundra		vents >	-13,542			
	9a	Gross income from gaming activities See Part IV, line 19						,
			<u> </u>					
		Less: direct expenses Net income or (loss) from gaming		ution		-	_	
	10a	Gross sales of inventory, I	-	illes >		<del></del>	<del></del> .	
	IVa	returns and allowances			ĺ			
	ь	Less: cost of goods sold	···					
	C	Net income or (loss) from sales of		ntory >	ĺ			
	_ <u> </u>	Miscellaneous Revenue		Business Code				
	11a	Cafeteria Plan	+	900099	- 818	818		
	b		├-			3.0		<del> </del>
	c		-				, <u> </u>	
	d	All other revenue						
	е	Total. Add lines 11a-11d .		▶	818			
	12	Total revenue. See instructions.		▶ i	886695	6668		501

## Part IX Statement of Functional Expenses

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

All other organizations must complete columns (B) (C) and (C) are not required to complete columns (B) (C) and (C)

	All other organizations must complete coll not include amounts reported on lines 6b,	umn (A) but are not (A)	required to complet (B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4316	4316		
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	534437	534437		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	46178	37173	1039	7966
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	153049	138226	7272	7551
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6264	5569	114	581
9	Other employee benefits	14010	12583	704	723
10	Payroll taxes	20416	18337	1026	1053
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	12452		12452	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	9828	5830	3998	
12	Advertising and promotion	6408	5050	914	444
13 14	Office expenses	6408	5050		444
15	Information technology				
16	Occupancy	15108	13741	877	491
17	Travel	29947	26695	3252	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	627	601	26	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2248	2044	131	73
23	Insurance	3188	2899	185	104
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If				ı
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				!
а	Telephone	3519	3201	204	114
þ	Postage and Shipping	5133	4437	211	485
С	Printing and Publications	13523	4767	4457	4299
d					
е					
f	All other expenses Miscellaneous	6698	259	6439	
25	Total functional expenses. Add lines 1 through 24f	887350	820165	43301	23884
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	1094	1	37612
2	Savings and temporary cash investments	224824	2	202906
3	Pledges and grants receivable, net	14982	_3	18036
4	Accounts receivable, net	19537	4	2710
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use	78	8	589
9	Prepaid expenses and deferred charges	6448	9	2300
10	and the state of t			
	Less: accumulated depreciation 10b 14030	8456	10c	8761
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	<del>_</del> -
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	<del></del>
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	275419		272914
17	Accounts payable and accrued expenses	14630	17	11961
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Payables to current and former officers, directors, trustees, key			
21 22	employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		00	
	·	<del></del>	22 23	<del></del>
23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		_	
25	Other liabilities. Complete Part X of Schedule D	8878	24	0607
26	Total liabilities. Add lines 17 through 25	23508	25 26	9697 21658
+	Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	23306	20	21036
27	Unrestricted net assets	143885	27	127771
28	Temporarily restricted net assets	108026	28	123485
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
. 1	Capital stock or trust principal, or current funds		30	
30	Capital Stuck of trust principal, of content trices			
30 31			31	
30 31 32	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
. 1		251911	31 32 33	251256

Form 9	0 (2010)		Pa	ge <b>12</b>
Par	XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
	Officer in deficación de destación de destación in tilla y art XI	<u> </u>	<u> </u>	_ <u>_</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		88	86695
2	Total expenses (must equal Part IX, column (A), line 25)		88	873 <u>50</u>
3	Revenue less expenses. Subtract line 2 from line 1			-655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		25	51911
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	_		
	column (B))		25	51256
Part				
	Check if Schedule O contains a response to any question in this Part XII			. 🗸
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other	ŀ		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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 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 separate basis, consolidated basis, or both.			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Ì	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?.	3a		1
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		
		For	m <b>99</b> 0	(2010)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization India Partners Employer identification number 93-1164757

Dai	t Reason fe	or Bublio Char	ity Status (All argai	oizations		omplete	thic nor	+ \ Coo. ir	otru otio	
			ity Status (All organ						istructio	115.
		-	tion because it is: (Fo		•		•			
1	_		nes, or association of			ed in sect	tion 170(	b)(1)(A)(i)	•	
2			170(b)(1)(A)(ii). (Attac							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6										
7										
8	☐ A community t	trust described in	section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
9			receives: (1) more tha			•	m contri	butions, r	nembers	hip fees, and gross
	_	-	to its exempt functi							•
			nt income and unrel							
			fter June 30, 1975. Se							,
10			operated exclusively						1).	
11	_		d operated exclusive		•	•			-	or to carry out the
• •			licly supported organ							
			describes the type of							
	a Type	_	Type II c			ctionally i	•		d [	
_			that the organization			-	•			
•			rs and other than one							
	or section 509		is and other than one	or more	publicly	supporte	ou organi	zalions u	escribed	iii section sos(a)(1)
f		,	written determination	n from t	ho IDS 1	hat it ic	a Tupa	I Type I	l or Typ	o III supporting
•		check this box .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		inal II IS	a Type	i, Type i	i, or Typ	
_	<del>-</del>		ne organization accep		aiff or or	 Satributio		nu of the		Ц
Q	following pers		le organization accep	neu any	giit or co	Jiimbullo	II Irom a	ny or the		
	(i) A person v	who directly or ii	ndirectly controls, eith	ner alone	or toget	her with	persons	described	l ın (ii) an	d Yes No
	(III) below,	the governing bo	ody of the supported o	organizatı	on?					11g(i)
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)
	-		a person described in							11g(iii)
h			on about the supporte				•			
m	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Did y	ou notify	(vi) Is	s the	(vii) Amount of
.,	organization	',	(described on lines 1-9	in col (i) lis	sted in your	the organ	ization in	organizati	on in col.	support
		ļ	above or IRC section (see instructions))	governing	document?	col. (i) supp		(i) organiz		
			(see insudedons))	Yes	No	Yes	No	Yes	No	
• •			<u> </u>							
4) ——										
B)										
	<del></del>				<del>                                     </del>					
C)										
D)										
								<b>_</b>		
E)										
				)	1					

Total

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

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

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	602074	782409	721185	813243	893068	3811979
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	602074	782409	721185	813243	893068	3811979
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						215700
6	Public support. Subtract line 5 from line 4.						3596279
	on B. Total Support			<u></u>	, <u></u>	<u>,,,,,,</u>	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	602074	782409	721185	813243	893068	3811979
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10811	9761	2914	1762	611	25859
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-1049	-78	0	-272	-29	-1428
11	Total support. Add lines 7 through 10						3836410
12	Gross receipts from related activities, etc.	•				12 _	61007
13	First five years. If the Form 990 is for the	-			-		n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u></u>	<u> </u>	<u> </u>
	on C. Computation of Public Suppor					<del></del>	
14	Public support percentage for 2010 (line 6					14	93 7 %
15	Public support percentage from 2009 Sch	•	-			15	97.9 %
108	331/3% support test—2010. If the organization qua				line 14 is 33'.	3% or more, cr	
h	331/3% support test—2009. If the organ			•			. ► _
v	check this box and <b>stop here.</b> The organ					13 13 33 73 70	or more, . ► [
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	010. If the orga	nızation did no	ot check a box nces" test, che	on line 13, 16 ck this box ar	nd stop here. E	line 14 ıs Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization metaplain in Part IV how the organization metapported organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	nis box and ste	and line
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						. ▶ ┌

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

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

Secti	on A. Public Support	under the te	oto notou bot	ov, prodoc oc	inploto i arti		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")					1	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						<del></del>
-	furnished by a governmental unit to the						
	organization without charge			:			
6	Total. Add lines 1 through 5	, <u>.</u> .	-	<del></del>	<del></del> -		
7a	Amounts included on lines 1, 2, and 3		-	-			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		1				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	· · · · · ·		†······			
	line 6)						
Secti	on B. Total Support			<u> </u>	<u> </u>	L	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	_					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources				i		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			1			
С	Add lines 10a and 10b						
11	Net income from unrelated business				Ţ		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		1				
	(Explain in Part IV.)		<u> </u>	<u> </u>		<u> </u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	•		•	•		
	organization, check this box and stop he			<u> </u>	<u> </u>		<u> </u>
<u>Secti</u>	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line						%
16	Public support percentage from 2009 Sci				<u> </u>	16	%
	on D. Computation of Investment In					<del></del>	
17	Investment income percentage for 2010 (			-		<del> </del>	%
18	Investment income percentage from 2009					18	%
19a	331/3% support tests—2010. If the organ						
	17 is not more than 331/3%, check this box						_
þ	331/3% support tests—2009. If the organiz						•
	line 18 is not more than 331/3%, check this		_			•	
20	Private foundation. If the organization de	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 📋

Dage	4
Page	-

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Schedule /	A Part II, Line 10:
Gain (Loss	s) on Sale of Assets · Yr 2006 (\$1,049); Yr 2007 (\$78); Yr 2008 (\$0); Yr 2009 (\$272); Yr 2010 (\$29)

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service  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.

Open to Public Inspection

Name of the organization Employer identification number India Partners 93-1164757 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . . 2a **b** Total acreage restricted by conservation easements. Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990. Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 . . . . . . . **b** Assets included in Form 990, Part X .

	e D (Form 990) 2010				<del></del>	Page 2
Part						
3	Using the organization's acquisition, a collection items (check all that apply).	iccession, and ot	ner recoras, cn	eck any of the follow	ving that are a sig	niticant use of its
а	☐ Public exhibition		d 🗀 L	oan or exchange pro	grams	
b	Scholarly research		e 🗌 🤇	Other		
С	Preservation for future generation					
4	Provide a description of the organizati XIV.	on's collections a	and explain hov	v they further the org	anızation's exemp	ot purpose in Part
5	During the year, did the organization					
	assets to be sold to raise funds rather					Yes No
Part	line 9, or reported an amount				red "Yes" to For	m 990, Part IV,
1a	Is the organization an agent, trustee,	custodian or oth	er intermediary	for contributions or	other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the following	g table:		
					Am	ount
С	Beginning balance			<del></del>	<del></del>	
d	Additions during the year				<u> </u>	
е	Distributions during the year					
f	Ending balance			· L	<u> </u>	
2a	Did the organization include an amoun	it on Form 990, Pa	art X, line 21?			🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in Pa					
Par	V Endowment Funds. Comple		ation answere	ed "Yes" to Form 9		
	ļ	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					<u> </u>
þ	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships		_	-		
е	Other constitution for featilities and					
	Other expenditures for facilities and		<del></del>			
	programs	-				
f	·					
f g	programs					
	programs	he year end balan	ce held as:			
g	programs	•				
g 2	programs	•	ce held as:			
g 2 a	programs	nt 🕨				
g 2 a b	programs	nt ▶%	%	that are held and ad	ministered for the	
g 2 a b c	programs	nt ► 	%	that are held and ad	ministered for the	Yes No
g 2 a b c	programs	nt ► 	%	that are held and ad	ministered for the	Yes No 3a(i)
g 2 a b c	programs	e possession of the	% ne organization		ministered for the	Yes No
g 2 a b c	programs	e possession of the	%  ne organization   equired on Sch		ministered for the	Yes No 3a(i)
g 2 a b c 3a	programs	e possession of the	%  ne organization   equired on Sch		Iministered for the	Yes No 3a(i) 3a(ii)
g 2 a b c 3a	programs	possession of the possession o	e organization	edule R?	ministered for the	Yes No 3a(i) 3a(ii)

**1a** Land . . . . .

d Equipment . . e Other . . . .

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**b** Buildings

3761

5000

8761

1368

12662

5129

17662

Part VII	Investments—Other Securities.	See Form 990, Part X, I	ine 12.	
(6	a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	l derivatives			
	held equity interests			
(3) Other				
(A)				
(B)			<u> </u>	<del></del>
(C)				
(D)				
(E) (F)			<u> </u>	
(G)				
(H)				
(l)				
	(b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII	Investments-Program Related	See Form 990 Part X	line 13	
. a.c viii	(a) Description of investment type	(b) Book value	(c) Method of val	luation:
	(a) December of informatic type	(b) Book value	Cost or end-of-year m	
(1)				
(2)	<del></del>			<del></del>
(3)				
_(4)				<del> </del>
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, coi. (B) line 13 ) ▶	<u></u>		
Part IX	Other Assets. See Form 990, Pa			
	(a	a) Description		(b) Book value
(1)				
_(2)				
_(3)				
(4)				
(5)		<del></del>		<del></del>
(6)		<del></del>		<del></del>
<u>(7)</u>		<del></del>		
(8)				
(9)				
(10)	umn (b) must equal Form 990, Part X, c	ol (R) line 15 )		
Part X	Other Liabilities. See Form 990,		<u> </u>	
1.	(a) Description of liability	(b) Amount		
	I income taxes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	ļ
	nent contributions payable	6264	†	
	ed payroll & payroll taxes payable	3433		
(4)			1	
(5)			1	
(6)			1	
(7)			1	
(8)			1	
(9)			]	
(10)			]	
(11)			}	
	(b) must equal Form 990, Part X, col. (B) line 25 )	9697		
2. FIN 48 (	ASC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial stater	ments that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Dart	e D (Form 990) 2010					Page 4
االن	XI Reconciliation of Change in Net Assets from Form 990 to A					
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1	886695
2	Total expenses (Form 990, Part IX, column (A), line 25)				2	887350
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3	-655
4	Net unrealized gains (losses) on investments			<u> </u>	4	-110
5	Donated services and use of facilities			· -	5	5955
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			<b>⊢</b>	9	6065
10	Excess or (deficit) for the year per audited financial statements. Combine				10	5410
art						
1	Total revenue, gains, and other support per audited financial statements			•	1	917613
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1				
а	Net unrealized gains on investments	2a		-110		
р	Donated services and use of facilities	2b		5955		
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d		18700		0.45.45
е	<u> </u>				2e	24545
3	Subtract line 2e from line 1	<sub>.</sub> .			3	893068
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)				4-	
С 5	Add lines <b>4a</b> and <b>4b</b>				4c	
						902060
					5 Detu	893068
art	XIII Reconciliation of Expenses per Audited Financial Statem	ents \	With Expe		r Retu	rn
Part 1	XIII Reconciliation of Expenses per Audited Financial Statem Total expenses and losses per audited financial statements	ents \	With Expe		_	
Part 1 2	Total expenses and losses per audited financial Statem  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents \	With Expe	enses pe	r Retu	rn
art 1 2 a	XIII Reconciliation of Expenses per Audited Financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents \	With Expe		r Retu	rn
art 1 2 a b	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	With Expe	enses pe	r Retu	rn
Part 1 2 a b	XIII Reconciliation of Expenses per Audited Financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	With Expe	enses pe  5955	r Retu	rn
Part 1 2 a b c	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.)	2a 2b 2c 2d	With Expe	5955 24963	r Retu	rn 918260
Parti 1 2 a b c d e	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d	2a 2b 2c 2d	With Expe	5955 24963	r Retu 1	rn 918268 30918
art 1 2 a b c d e 3	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d	With Expe	5955 24963	r Retu	rn 918260
art 1 2 a b c d e 3	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d	With Expe	5955 24963	r Retu 1	rn 918268 30918
1 2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	With Expe	5955 24963	r Retu 1	rn 918268 30918
art 1 2 a b c d e 3	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	2a 2b 2c 2d	With Expe	5955 24963	r Retu 1 2e 3	rn 918268 30918
art 1 2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	2a   2b   2c   2d   4a   4b	With Expe	5955 24963	r Retu 1 2e 3	918268 918268 30918 887350
1 2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	2a   2b   2c   2d   4a   4b	With Expe	5955 24963	r Retu 1 2e 3	rn 918268 30918
art 1 2 a b c d e 3 4 a b c 5 art	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information	2a   2b   2c   2d   4a   4b	With Expe	5955 24963	2e 3 4c 5	918268 918268 30918 887350 887350
art 1 2 a b c d e 3 4 a b c 5 art	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	2a   2b   2c   2d   4a   4b	With Expe	5955 24963	2e 3 4c 5	918268 30918 887350 887350 nes 1b and 2b;
art  1 2 a b c d e 3 4 a b c 5 Part  Ompound	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and	2a   2b   2c   2d   4a   4b	With Expe	5955 24963	2e 3 4c 5	918268 30918 887350 887350 nes 1b and 2b;
1 2 a b c d e 3 4 a b c 5 Part Vomp art V	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 1, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	2a   2b   2c   2d   4a   4b	With Expe	5955 24963	2e 3 4c 5	918268 30918 887350 887350 nes 1b and 2b;
1 2 a b c d e 3 4 a b c 5 Part Vomp art V	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 5, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, diditional information.	2a   2b   2c   2d   4a   4b	With Expe	5955 24963	2e 3 4c 5	918268 30918 887350 887350 nes 1b and 2b;
1 2 a b c d e 3 4 a b c 5 Part Vompy active Control Co	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 5, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, diditional information.	2a   2b   2c   2d   4a   4b	With Expe	5955 24963 a and 4; P Also comp	2e 3 art IV, li blete thi	918268 30918 887350 887350 nes 1b and 2b;
1 2 a b c d e 3 4 a b c 5 Part Vompy active Control Co	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 4, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, diditional information. Inciliation of Audited Financial Statements to Form 990	2a   2b   2c   2d   4a   4b	With Expe	5955 24963 a and 4; P Also comp	2e 3 art IV, li blete thi	918268 30918 887350 887350 nes 1b and 2b;
art  1  2  a  b  c  d  e  3  4  a  b  c  5  art  omp art V  my acade  recorr	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 4, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, diditional information. Inciliation of Audited Financial Statements to Form 990	2a 2b 2c 2d 4a 4b	III, lines 1a	5955 24963 a and 4; P Also comp	2e 3 art IV, li blete thi	918268 30918 887350 887350 nes 1b and 2b;
1 2 a b c d e 3 4 a b c 5 Part Vomp act	Total expenses and losses per audited financial Statem Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 1, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, diditional information. Inciliation of Audited Financial Statements to Form 990  990 requires for gross income and expenses to be separated out on Part VIII a	2a 2b 2c 2d 4a 4b	III, lines 1a	5955 24963 a and 4; P Also comp	2e 3 art IV, li blete thi	918268 30918 887350 887350 nes 1b and 2b;

Functional Expenses in the Audited Financial Statements.

chedule D (Form 990) 2010 Page <b>5</b>								
Part XIV	Supplemental Information (continued)							
-								
•								
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	······································							
		•••••						
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	,	•••						



#### 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization India Partners

Employer identification number 93-1164757

Part	General Information of Form 990, Part IV, line 14		Outside the Un	ited States. Comple	ete if the organization a	inswered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligit grants or assistance?	organization m	ints or assistance	e, and the selection o		
2	For grantmakers. Describe in United States.	n Part V the or	ganızation's prod	cedures for monitorin	g the use of grant fur	nds outside the
3	Activities per Region. (The follo	owing Part I, line	e 3 table can be o	duplicated if additiona	Il space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in	T	(f) Total expenditures for and investments in region
(1)	South Asia	0	22	Program Services	Relief &	534435
(2)				Grant Making	Development	
(3)						
(4)						
(5)					-	
(6)			<del> </del>			
(8)						
(9)						
(10)						
(11)						
(12)						
(13)			_			
(14)						
(15)						
(16)		<del>                                     </del>				
(17) 3a	Sub-total	<del> </del>	<del> </del>	<u> </u>		<del></del>
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)	0	2			534435

Cabadula	-	(Cares	200	201	n

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	(i) Method of valuation (book, FMV, appraisal, other)
(1)		South Asia	Disabled	26340	Wire Txfr			
(2)			Training					
(3)		South Asia	Anti-Human	21219	Wire Txfr	40898	Medicines	FMV
(4)			Trafficking					
(5)		South Asia	Sponsorship	39385	Wire Txfr			
(6)		South Asia	Sponsorship	55819	Wire Txfr			
(7)		South Asia	Sponsorship	131007	Wire Txfr	65463	Medicines	FMV
(8)		South Asia	Medical	86352	Wire Txfr	67953	Medicines	FMV
(9)			Dental					
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

(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)
(1)							
(2)							
(4)		<u> </u>		<u></u>			
(5)							
(7)		<u></u>					
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							   _

Page	. 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)		✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	<b></b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	<b></b> ✓ No

1			г
	72.3	w	

#### **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

India Partners sends grants to similar non-profit organizations that are registered with their governments to conduct the activities
grants are given for. Each agency is thoroughly researched and investigated before any grants are sent.
After grants are sent reports are required to be submitted on a timely basis that include: the number of people served, how the funds
were used, financial statements on how the funds were expended, and human interest stories and photos.
Each grant recipient agency is required to submit audited financial statements annually to India Partners.

Printed on recycled paper

#### 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 2010

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

India	Partners						1164757
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" to F	orm 990, Part IV, I	ine 17.
1	Indicate whether the organizati				owing activities. C	heck all that apply	
a	✓ Mail solicitations	on raisea larias			ion of non-govern	·	
	✓ Internet and email solicitation	anc.		ion of government	-		
b		3115		-	-		
С	✓ Phone solicitations		g L	✓ Special 1	fundraising events	5	
d							
2a	Did the organization have a wr						
	or key employees listed in Forr	n 990, Part VII) o	r entity in c	onnection v	with professional t	fundraising services?	? ☐ Yes 🗹 No
b	If "Yes," list the ten highest par compensated at least \$5,000 b			draisers) p	ursuant to agreen	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3						<del></del>	
4				1			
5	<del></del>						
6		<del> </del>	<del> </del>				
7			<del> </del> -	<del> </del>			
8				-		<del></del>	
9			_				
					<u> </u>		
10							
Total				>			
3 OR, A	List all states in which the org registration or licensing. AZ, CA, CT, FL, IL, MD, MA, MI, MO					ns or has been notifi	
,			,	•••••			
						•••••••••••	
			,				
						•••••••	
	•••						
,							

**b** If "Yes," explain:

Pa	rt II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater tha	ig event contributions a			
			(a) Event #1  Eugene Banquet  (event type)	(b) Event #2 Portland Banquet (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts	5000	5625		10625
	3	Gross income (line 1 minus line 2)	5000	5625		10625
	4	Cash prizes				
Se	5	Noncash prizes				
esued	6	Rent/facility costs				
Direct Expenses	8	Food and beverages Entertainment	7963	11009		18972
	9	Other direct expenses .	3078	2117	<del></del>	5195
	10 11	Direct expense summary. Ad Net income summary. Comb				( 24167 ) -13542
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer		0, Part IV, line 19, or	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ —-	1_1_	Gross revenue				
uses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	☐ Yes %	☐ Yes %	│	
	6	Volunteer labor	No	☐ No	□ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in co	olumn (d) ,		( )
	8	Net gaming income summar	y. Combine line 1, colun	nn d, and line 7	<u> ▶</u>	
ç	a Is	nter the state(s) in which the or the organization licensed to o "No," explain:		in each of these states		Yes No
10	 Da W	ere any of the organization's g	gaming licenses revoked		ted during the tax year	? .

schedu	ie G (Form 990 or 990-EZ) 2010		Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	□No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	ПМо
13	Indicate the percentage of gaming activity operated in:	1es	
а	The organization's facility		_ %
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		<b></b>
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		·
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).		m
		<b></b>	<b></b>
	······································		

#### **SCHEDULE I** (Form 990)

#### Grants and Other Assistance to Organizations. Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2010 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

India Partners 93-1164757 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes □ No . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal other) (b) EIN 1 (a) Name and address of organization or government (c) IRC section if applicable (d) Amount of cash (e) Amount of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant (1) India Christian Fellowship Philadelphia, PA 19152 23-2835392 4316 JEM Ministry (2)\_\_\_ Project (4) (5) (6) (7) (8) (9) (10) (11) (12) Enter total number of section 501(c)(3) and government organizations

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

Enter total number of other organizations

Cat. No 50055P

Schedule I (Form 990) (2010)

Part III can be duplicated if addi (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assist
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(,, , , , , , , , , , , , , , , , , , ,
_			,		
		<del></del>			
		···			
	_	<del>-</del>			
Supplemental Information, Co.	mplete this part to pro	vide the informati	on required in Part I	line 2, and any other add	ditional information.
Supplemental Information. Co	implete this part to pro	vide the informat	on required in Part I	, line 2, and any other add	ditional information.
Supplemental Information. Co	mplete this part to pro	vide the informati	on required in Part I	, line 2, and any other add	ditional information.
Supplemental Information. Co	implete this part to pro	vide the informati	on required in Part I	, line 2, and any other add	ditional information.
Supplemental Information. Co	implete this part to pro	vide the informati	on required in Part I	, line 2, and any other add	ditional information.
Supplemental Information. Co	implete this part to pro	vide the informati	on required in Part I	, line 2, and any other add	ditional information.
Supplemental Information. Co	implete this part to pro	vide the informati	on required in Part I	, line 2, and any other add	ditional information.
Supplemental Information. Co	implete this part to pro	vide the informati	on required in Part I	, line 2, and any other add	ditional information.
Supplemental Information. Co	implete this part to pro	vide the informati	on required in Part I	, line 2, and any other add	ditional information.

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization Employer identification number 93-1164757 India Partners Part Types of Property

	Types of Freperty	(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution	Method o		minin	<b>a</b>
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash conf			
1	Art—Works of art			Tomi 990, Fart Vin, line 1g				
2	Art—Historical treasures	<del></del>		<del></del>				
3	Art—Fractional interests	<del></del>		<del></del>				
4	Books and publications	<del></del>		<del></del>				
5	Clothing and household		<u> </u>					
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	1	1	5148	Fair Market V	/alue		
10	Securities—Closely held stock .							
11	Securities-Partnership, LLC,						_	
	or trust interests							
12	Securities-Miscellaneous					_		
13	Qualified conservation							
	contribution-Historic				1			
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate - Residential					_		
16	Real estate—Commercial							
17	Real estate—Other							_
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	<u> </u>	1	174314	Fair Market \	/alue		
21	Taxidermy							
22	Historical artifacts		<u> </u>					
23	Scientific specimens							
24	Archeological artifacts				<del></del>			
25	Other ► ()		<u> </u>					
26	Other ► (							
27	Other ► (					_		_
28_	Other ► (	1 1 11			ļ			
29	Number of Forms 8283 received which the organization completed					_		
	which the organization completed	1 FQIIII 020	o, Part IV, Dollee Ackilowie	agement	29	0	Yes	No
20-	Distinct the same and the same	·	. h.,	andre management on Paris I. I	- 1 00 15-1		162	140
30a	During the year, did the organization it must hold for at least three year							
	used for exempt purposes for the					20-		, ,
<b>.</b>	If "Yes," describe the arrangemen					30a		<b>/</b>
ь 31	Does the organization have a		stance noticy that require	as the review of any no	n-etandard			
01						31		-
32a	Does the organization hire or us					31		
JZa		=		• •	on Horicasii	32a		
ь	If "Yes," describe in Part II.				• •	328		<b>✓</b>
33	If the organization did not report a	n amount i	column (c) for a type of pr	operty for which column (a)	is checked			
	describe in Part II.	amount ii	. 55.5 (5) 151 a type of pit	opolity for willow column (a)	onconou,			

Schedule M (I	Form 990) (2010)	<sup>2</sup> age <b>2</b>
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32	2b,
	and 33. Also complete this part for any additional information.	
	•••••••••••••••••••••••••••••••••••••••	
/		

#### - SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

India Partners	93-1164757
Part VI Governance, Management, and Disclosure, Section B, line 11(a)	
Form 990 is first reviewed by the Director of Operations and CEO, then presented to an Independent F	inance Committee for
review. The Finance Committee then makes a recommendation for the Board of Directors to approve to	he Form 990. The
990 along with the Finance Committee minutes are presented to the Board, who then approves the for	m prior to
submission to the IRS	
Part VI Governance, Management, and Disclosure, Section B line 12(c)	
Given the small size of our staff and governing board, consistent monitoring of the conflicts of interes	t are a part of every
day operations. If at any time a possible conflict arises, it is immediately discussed and resolved.	••••
Part VI Governance, Management, and Disclosure, Section B, line 15(b)	
The CEO is the only paid officer that this applies to because we are such a small agency. The Board o	f
Directors conducts an annual review of the CEO, including a discussion without the CEO present. It is	recorded in the
minutes. During the budget process, staff salaries are compared to market data and an Independent F	inance Committee
reviews the budget including all salaries before it goes to the Board for approval. All deliberations and	d decisions are
recorded in the minutes.	
Part VI Governance, Management, Disclosure, Section B, line 19	
The Board has approved a policy on disclosure of governing documents and conflicts of interest. If the	e governing
documents (articles of Incorporation and bylaws) and conflict of interest policy of our organizations a	re subject to the
Federal Public Disclosure rules (or State Public Disclosure rules), these documents will be made publ	icly available
as applicable law may require. Otherwise the governing documents and conflict of interest policy will	be provided to the
public at the discretion of management. The Board has also approved a policy on Public Disclosure o	f Financial
Information. It is India Partners' policy to fully comply with Federal (and any state) Public Disclosure F	Requirements with
respect to IRS form 990, 990-T, 1023, and 5227. Our organization will fulfill all requests for the forms m	nade in writing or
in person, post them on our website, or some combination of these avenues in order to comply with F	ederal Public
Disclosure requirements.	
Sec VI, Question 17: OH,PA,TX,WA,WI	

chedule O (Form 990 or 990-EZ) (2010)	Page 2
lame of the organization	Employer identification number
India Partners	93-1164757
Part III, line 4d: Other Program Services are Volunteer Teams	
, var earre	
Part VI, Line 4: Governing Body Management: The organization revised its Byla	ws as follows: increased the number of voting directors
from six to nine; decreased expressive towns for dispeters from the text of the text.	and add the office mention of Obstances of the December
from six to nine; decreased successive terms for directors from unlimited to the	ree; added the oπice position of Chairperson of the Board;
changed the office title from Vice President to Vice Chair; and required that the	chair and Vice Chair also be duly elected directors of
the Board.	
	······································

India Partners
Independent Auditor's Report
and
Financial Statements
June 30, 2011

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Independent Auditor's Report	1
Financial Statements	
Statement of Financial Position	2
Statement of Activities .	3
Statement of Functional Expenses	4
Statement of Cash Flows	5
Notes to Financial Statements	6-10

## Mueller Larson Osterman Yuva LLP

### **Certified Public Accountants**

**Independent Auditor's Report** 

To the Board of Directors India Partners

We have audited the accompanying statement of financial position of India Partners (a nonprofit organization) as of June 30, 2011, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of India Partners as of June 30, 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Mueller faram Oderman Yuva LLP

May 8, 2012

### India Partners Statement of Financial Position June 30, 2011

Assets		
Cash and cash equivalents	\$ 240,518	3
Pledges receivable	18,036	5
Employee advances	2,710	
Prepaid expenses	2,300	
Inventory	589	
Property and equipment	8,761	<u></u>
Total assets	\$ 272,914	1
Liabilities and Net As	<u>ssets</u>	
<u>Liabilities</u>		
Accounts payable	\$ 11,961	l
Accrued expenses	9,697	<u>7</u>
Total liabilities	21,658	<u>B</u> _
Net Assets		
Unrestricted	127,771	1
Temporarily restricted	123,485	
Total net assets	251,256	5_
Total liabilities and net assets	\$ 272,914	4_

# India Partners Statement of Activities Year Ended June 30, 2011

	Unrestricted	Temporarily Restricted	Total
Revenues and other support			
Contributions:			
Churches and nonprofits-cash	\$ 65,289	\$ 18,110	\$ 83,399
Churches and nonprofits-in-kind	8,404	174,314	182,718
Individuals	298,886	11,570	310,456
Corporate	85,336	45	85,381
Foundations	112,429	-	112,429
Workplace campaigns	52,470	-	52,470
Banquets	83,339	-	83,339
Volunteer team fees	5,850	-	5,850
Interest and dividend income	611	-	611
Miscellaneous	960	-	960
Net assets released from restrictions:			
Satisfaction of program restrictions	188,580	(188,580)	-
Total revenues and other support	902,154	15,459	917,613
Expenses			
Program services	840,682	-	840,682
Management and general	49,323	-	49,323
Fundraising	28,263	-	28,263
Total expenses	918,268		918,268
Change in net assets	(16,114)	15,459	(655)
Net assets, beginning of year	143,885	108,026	251,911
Net assets, end of year	\$ 127,771	\$ 123,485	\$ 251,256

# India Partners Statement of Functional Expenses Year Ended June 30, 2011

					Progra	Program Services										
	Ed .	Children, Education &			Other	Other Relief &				Total						
	>	Vocational	Ă	Medical &	Deve	Development	δ.	Volunteer	ы	Program	Man	Management				
		Training		Dental	P	Projects		Teams	S	Services	ॐ	& General	Fun	Fundraising		Totals
Events	s	20,517	s	•	s		69	4	69	20,517	€9	17	<b>S</b>	2,280	69	22,814
Miscellaneous		221						38		259		6,439		•		869'9
Grants and allocations:																
Cash		233,212		25,822		105,405				364,439		ı		•		364,439
In-kind		•		174,314		•				174,314		6,005		2,099		182,418
Independent contractors		5,287		•		362		181		5,830		16,450		•		22,280
Insurance		1,798		149		751		201		2,899		185		104		3,188
Meetings and conferences		109		ı		ı		•		109		56		•		627
Postage and shipping		3,154		170		856		257		4,437		211		485		5,133
Printing and publications		4,284		•		483		•		4,767		4,457		4,299		13,523
Rent		8,522		707		3,560		952		13,741		877		491		15,109
Depreciation		1,268		105		530		141		2,044		131		73		2,248
Office and supplies		3,256		226		1,137		431		5,050		914		444		6,408
Payroll and payroll taxes		118,623		956'9		59,239		27,070		211,888		10,155		17,874		239,917
Travel		9,712		66		61		16,823		26,695		3,252		•		29,947
Telephone		1,985		165		829		222		3,201		204		114		3,519
Total functional expenses	<b>⇔</b>	412,440	<b>∽</b>	208,713	S	173,213	S	46,316	S	840,682	S	49,323	S	28,263	S	918,268

The accompanying notes are an integral part of these financial statements.

# India Partners Statement of Cash Flows Year Ended June 30, 2011

Cash flows from operating activities		
Change in net assets	\$	(655)
Adjustments to reconcile change in net assets to		
net cash from operating activities:		
Depreciation		2,248
Changes in:		
Pledges receivable		16,483
Employee advances		(594)
Prepaid expenses		2,032
Inventory		(511)
Accounts payable		(2,668)
Accrued expenses		819
Net cash from operating activities		17,154
Cash flows from investing activities		
Equipment purchases		(2,553)
Net cash from investing activities		(2,553)
Net increase in cash		14,601
Cash and cash equivalents, beginning of year		225,917
Cash and cash equivalents, end of year	_\$	240,518

### Note 1 - Nature of Operations and Summary of Significant Accounting Policies

Nature of operations — India Partners is a Christian international development and relief nonprofit organization (hereafter Organization) committed to empowering grassroots self-help programs in India through development assistance, disaster relief, training local leaders, education, volunteer teams, speakers and sponsorships. The Organization receives contributions from individuals, churches, corporations and foundations towards Board approved programs. Funds are then distributed to the various programs based on the contributors' request, if so designated.

The Organization's primary programs consist of the following:

Children, Education and Vocational Training – consists of direct financial support for, and leadership training of, a variety of nonprofit organizations located in India that provide funding for schooling, vocational training, orphanages, clothing, food, as well as special projects involving the construction of infrastructures and schools. Also includes twice monthly email news, regular social media updates, quarterly newsletters, informational website, educational events and banquets, conference booths, book distributions, video productions and educational speakers.

**Medical and Dental** – consists of direct financial support and gifts in-kind of medicines for a hospital in India, as well as medical and dental clinics in remote tribal villages, schools, and orphanages.

Other Relief and Development Projects – consists of direct financial support to nonprofit organizations in India for projects and programs in a variety of areas that include human trafficking rescue, child rescue, disaster relief, self-help and self-sufficiency projects, and ministry work.

**Volunteer Teams** – recruit, organize, train and lead two to three volunteer teams to India each year that generally include medical, dental or training personnel to provide services to the poor.

Basis of presentation — The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

*Unrestricted net assets* – Net assets that are not subject to donor-imposed stipulations and revenues and support that are restricted but whose restrictions are met during the fiscal year.

### Note 1- Nature of Operations and Summary of Significant Accounting Policies (Continued)

Temporarily restricted net assets – Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

**Permanently restricted net assets** – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes. The Organization had no permanently restricted net assets at June 30, 2011.

**Revenue recognition** – Contributions, pledges and grants received are recorded as support that is unrestricted, temporarily restricted, or permanently restricted. Classification is based on the existence and nature of any donor restrictions imposed on the contribution, pledge, or grant. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires during the year in which the support is recognized.

Expense allocation – Expenses are allocated among programs and support services based on services benefited.

Use of estimates – The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Donated materials and services** – Donated materials are recorded at their estimated fair values at the date of donation. Donated services are recognized in the financial statements if the services enhance or create non-financial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Donated amounts included donated program supplies of \$174,314, donated materials for management and general and fundraising of \$2,149 and donated accounting services (management and general) of \$5,955 for the year ended June 30, 2011.

Cash and cash equivalents – For financial statement purposes, the Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash. The Organization may, from time to time, maintain cash in accounts which exceed amounts insured by governmental agencies. There were no such amounts at June 30, 2011.

### Note 1- Nature of Operations and Summary of Significant Accounting Policies (Continued)

**Pledges receivable** – Pledges receivable represent promises to give from donors not yet collected and are presented at their estimated net present value. Management has evaluated credit risk associated with promises to give and believes no allowance for uncollectible promises to give is necessary at June 30, 2011. All promises to give are anticipated to be collected within one year.

Inventory — Inventory consists of items held for re-sale that are recorded at cost, with cost being determined under the first-in, first-out (FIFO) method, and donated supplies that are stated at the estimated fair value as of the date of the gift.

Equipment and leasehold improvements — Purchased equipment and leasehold improvements are recorded at cost. Donated equipment is recorded as a contribution at its estimated fair market value at the date of gift. Expenditures for maintenance, repairs, and renewals are charged to expense as incurred, whereas major betterments and new equipment are capitalized. The cost and related accumulated depreciation of equipment sold or retired is removed from the accounts and the resulting gain or loss is included in income. Depreciation is computed over the estimated useful lives of the equipment and leasehold improvements using the straight-line method, (primarily 5 years for equipment and 15 years for leasehold improvements). The Organization generally capitalizes items in excess of \$500. All other items are expensed in the year of acquisition.

**Advertising** – The Organization uses advertising to promote its programs among the audience it serves. The production costs of advertising are expensed as incurred. During the year ended June 30, 2011, advertising costs totaled \$2,719.

Income taxes – The Organization qualifies as a tax-exempt organization under Section 501(c) (3) of the Internal Revenue Code. The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions as provided in Section 170(b) (1) (A) (vi).

### Note 2 - Property and Equipment

Property and equipment consists of the following at June 30, 2011:

Equipment	\$ 17,662
Leasehold improvements	 5,129
	 22,791
Less accumulated depreciation	14,030
	\$ 8,761

### Note 3 – Restrictions on Net Assets

Temporarily restricted net assets are available for the following purpose at June 30, 2011:

Medical and dental

\$ 123,485

### Note 4 - Related Party Transactions

The CEO provided direct financial support to the organization totaling \$10,166 for the year ended June 30, 2011. Other related parties provided additional financial support of \$151,338 for the year ended June 30, 2011.

### Note 5 - Retirement Plan

During 2005, the Organization adopted a SEP/IRA plan for eligible employees. The plan allows for elective employer contributions of up to 25% of eligible employee's annual compensation. Employer contributions to the plan at 4.0% of eligible employees' wages totaled \$6,264 for the year ended June 30, 2011.

### Note 6 - Operating Lease

The Organization has an operating lease requiring monthly rental payments of \$1,236 through October 31, 2011 and \$1,250 through October 31, 2012. Rent expense on the operating lease totaled \$14,832 for the year ended June 30, 2011.

Future minimum lease payments are as follows:

Year Ending	A	Amount
6/30/2012 6/30/2013	\$	14,944 5,000
	_\$	19,944

### Note 7 - Accounting for Uncertain Tax Positions

The Organization adopted the provisions of FASB Accounting Standards Codification (ASC) 740-10, Income Taxes, relating to accounting for uncertain tax positions on July 1, 2009, which had no significant financial statement impact to the Organization. The Organization recognizes the tax benefit from uncertain tax positions only if it is more likely than not that the tax position will be sustained upon examination by the taxing authorities, based on the technical merits of the position. The tax benefit is measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The Organization's income tax returns are subject to possible examination by the taxing authorities until the expiration of the related statutes of limitations. The Organization would recognize interest and penalties related to income tax matters in operating expenses. Management has concluded that there were no uncertain tax positions as of June 30, 2011. The Organization is no longer subject to income tax examinations by tax authorities for the years ending prior to June 30, 2009.

### Note 8 - Subsequent Events

The Organization has evaluated subsequent events through May 8, 2012, the date of the auditor's report, which date represents the date the financial statements were available to be issued. There were no subsequent events requiring disclosure in these financial statements.