

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Return of Organization Exempt From Income Tax

... ___ ___

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the	2013 cale	ndar year, or tax year l	beginning	January	, 2 013, a	and ending	Janu	ıary	, 20 13		
В	Check if	applicable	C Name of organization F	riends for Educ	ation				D Employ	er identificati	on numbe	÷r
	Address	change	Doing Business As Frie	ends for Educati	ion					27-191370	7	
	Name ch	-	Number and street (or P			et address)	Room/suite		E Telepho	ne number		
$\overline{\sqcap}$	Initial ret		22915 SE 13 way							425 208 50	36	
$\ddot{\Box}$	Terminat		City or town, state or pro	ovince, country, and	d ZIP or foreign po	stal code	ı			423 200 30	30	
\exists	Amende			•	oo.g po				c c			
H			Sammamish, WA 9807					,	G Gross re		🗖	
LJ	Applicat	ion pending	F Name and address of pri	*						subordinates?		
_			Navin Bachani, 22720,							s included? L		No
<u>L</u>		mpt status:		501(c) () ◀ (insert no)	J 4947(a)(1) or	<u> </u>	1		a list (see instr	uctions)	
<u>J</u>	Website		operational		,			H(c) Group	exemption	number ►		
K		organization		Association	Other ►	L Yea	ar of formation	2011	M State	of legal domic	ile W	Α
۲	art I	Summ	 									
	1	Briefly de	escribe the organization	on's mission or	most significa	ant activities:	been esta	ablished to	provide	informal ed	ucation t	Ю.
õ		the needy	in the USA and other	countries where	cultural educa	ation has bee	n historicall	ly been mai	ginalize	d. This will t	e	
nar		accompli	shed by getting specia	l books on arts	and culture fro	m various pa	rts of the w	orld and dis	tribute f	ree to gener	al public	э.
ě	2	Check th	is box ▶ 🗌 if the orga	anization disco	ntinued its ope	erations or di	sposed of	more than	25% of	its net asse	ets.	
ő	3	Number	of voting members of	the governing	body (Part VI,	line 1a)			. 3			4
∞ಶ	4	Number (of independent voting	members of t	he governing b	ody (Part VI	, line 1b)		4			4
ies	5		nber of individuals en						5			0
Activities & Governance	6		nber of volunteers (es						6			10
Ą	7a		elated business rever						7a			0
	b		ated business taxable						7b			<u>0</u>
_	 -		aroa babinees rarabi	<u> </u>	1 01111 000 1, 11	11004	 	Prior Yea		Curre	nt Year	
Revenue	8	Contribut	tions and grants (Part	VIII line 1h)			<u> </u>					
	9		service revenue (Part	•			—	\$17	0075.99		\$260,19	
	10	_	•	Ψ,					0			0
æ	11		ent income (Part VIII, c						0			0
			renue (Part VIII, colum						2088.03		-\$2,33	
_	12		enue—add lines 8 thro						7987.96		\$257,85	
	13		nd similar amounts pa					\$18	7983.33		\$279,32	<u> 26.78</u>
	14		paid to or for membe						0			0
es	15		other compensation, e						0			0
Expenses	16a		onal fundraising fees (0			0
×	b		draising expenses (Pa					* * * . 77 &	<u> </u>	- 4 (10)	<u> </u>	
ш	17		penses (Part IX, colun					\$	1769.11		\$737	78.07
	18	Total exp	enses. Add lines 13-	17 (must equal	Part IX, colum	nn (A), line 25	5)	\$189	9,742.44		\$286,70)4.85
	19	Revenue	less expenses. Subtr	act line 18 fron	n line 12			-\$2	1,754.48		-\$28.84	17.76
Assets or							Beg	ginning of Cur	rent Year	End o	of Year	
sets	20	Total ass	ets (Part X, line 16)					\$72	2,950.43		\$46,02	20.47
ABS	21	Total liab	ollities (Part X, line 26)						0			
Feet.	22		ts or fund balances. S				–	\$7	2,950.43		\$46.02	20.47
P	art II		ture Block					<u>~</u>	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- + + + + + + + + + + + + + + + + + + +	
Un	der pena	Ities of periu	ry, I declare that I have exa	mined this return.	ncluding accompa	anving schedule	s and stateme	ents, and to th	e best of r	ny knowledge	and belie	ef itis
tru	e, correc	t, and compl	lete Declaration of preparei	(other than officer) is based on all in	formation of whi	ch preparer ha	as any knowle	dge	,		.,
_		1	Markon						03/16	12014		
Sig	an	Sign	ature of officer					Dat		7 3-1 7		
He	-		AVIN BACHAPIT	T	LEASURER							
		 •	or print name and title		1011911011							
_		1,	pe preparer's name	Prena	rer's signature		Date		Т	PTIN		
Pa				,	g		5410		Check	IJ # ¦		
	epare							T	self-em	pioyeu		
Us	se Onl								's EIN ▶			
N 4 =	المعالمين		address >		h O /:			Phor	ne no			
ıvıa	y the II	10 discus	s this return with the i	preparer snow	above? (see	instructions)				[Yes 🗌	No

6-17 22

Cat No 11282Y

Form **990** (2013)

o) (Revenue \$

0

(Expenses \$

Total program service expenses ▶

o including grants of \$

Form 99			F	age 3
Part	V 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	√ /	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		· ·
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		<u>·</u>
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-,-	√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	-	· ·
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		∀
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	77. %		
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	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		<u>·</u>
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		√
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? If "Yes," complete Schedule D, Part IX	11d		√
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
	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	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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 and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	√	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		· •
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		√

Part	Checklist of Required Schedules (continued)		-	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	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		✓
d 25a	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		√
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		<i>√</i>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
c	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		▼
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	30		√
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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.	35b		▼
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	/	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
4-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and		·.	
•	reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2.3	66	*
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			* 1
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)	.4.	. 2	*
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		1
b	If "Yes," enter the name of the foreign country: ▶	40	4.3	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		* 3	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ecolor a con ac	√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	. * 8	7.14	is. K
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
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?	_		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	-	✓
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	, .5°	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		*	,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		àk	
9	Sponsoring organizations maintaining donor advised funds.	8	37.00	✓
а	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	Section 501(c)(7) organizations. Enter:	,	7 94	
a	Initiation fees and capital contributions included on Part VIII, line 12		, ya ,	
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:		,	3
a	Gross income from members or shareholders	ĵ		
b	Gross income from other sources (Do not net amounts due or paid to other sources	- 225.		
	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	CALAMATE'S	√
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1,78		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· .	* * *	341
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	. 3 -86	3833×× .
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			100 4
~	the organization is licensed to issue qualified health plans	,	,	
c	Enter the amount of reserves on hand	i de j		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Forn	990	(2013)

Form 99			,	age o
Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ii is	uucu	
Section	on A. Governing Body and Management	<u> </u>	· · ·	<u> </u>
Secur	on A. Governing Body and Management	—–	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		-	-
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			i
	committee, explain in Schedule O.	[]		1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			;
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			/
•	stockholders, or persons other than the governing body?	7b		ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ļ.,
_	The governing body?	8a	1	:
a b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	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		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	\	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		1
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			;
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	*		
Č 4:	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Washington			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	557	(3)(0)0	- O. 119)
40	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	toro-t	neli-	
19	financial statements available to the public during the tax year.			y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	e	
	organization: ► Ramesh Yerramsetti, 22915 SE 13 way, Sammamish, WA 98075			

Form	200	(2013)	

Page 7

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees, Hig	ghest Compensated Employees	s, and
	Independent Contractors				

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	anız	atıc	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
		(C) Position								
(A) Name and Title	(B) Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee)							(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Highest compensated employee Key employee Officer		Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Ramesh Yerramsetti Address: 22915 SE 13th Way. Sammamish, WA 98075	10	·		1				0	0	0
(2) Jaimin Barot Address: 2155 East Liberty Lane Apt 323, Phoenix, AZ 85048	5			✓				0	0	0
(3) Navin Bachani Address. 22720, SE 29th Street, Apt A 101, Sammamish, WA 98075	8			1				0	0	0
(4) Narayanan Subramanian 23018, SE 14th Street, Sammamish, WA 98075	10			1				0	0	0
(5) Deepak Chandani 20984 AlvesDrive, Cupertino CA, 95014-1828	10			1				0	0	0
(6)					-					
(8)					_					
(9)										
(10)										
(11)										
(12)										
(13)				_						
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (contin	ued)	p1
					•	C)							
	(A)	(B)	(do n	ot ch		ition	e than o	ana	(D)	(E)	1		(F)
	Name and title	Average					ıs both		Reportable	Reportab	le	Esti	mated
		hours per	office				or/trus		compensation	compensation			ount of
		week (list any hours for	일	5	Q	<u>~</u>	9 ∓	ק	from the	related organization			ther ensation
		related	Individual trustee or director	≨	Officer	Key employee	ᇴ	Former	organization	(W-2/1099-N			m the
		organizations	불	ह	=	Ħ	oye st	역	(W-2/1099-MISC)	(** 2	,		nization
		below dotted	약품	a		ğ	e Si		,		1	and	related
		line)	Kg	∄		8	l g					orgar	nizations
		1) e	Institutional trustee	Ì	i	Highest compensated employee			1	ì		
				٣ ا			red]			
(15) N/	Α												
3			İ								-		
(46)		 	-	\vdash	├	-	-	 —			\longrightarrow		
(10)													
		ļ		<u> </u>	<u> </u>		ļ	<u> </u>			\longrightarrow		
(17)			1			i							
						1							
(18)								T					
3	······································	T	1		ĺ						1		
(19)		· · · · · · · · · · · · · · · · · · ·	 	├-	t	\vdash	 	+	 	 	-+		
7127			}										
(00)			├	├	-	-		 —	 		-		
(20)			ļ							ļ			
			ļ		<u> </u>	ļ		<u> </u>					
(21)		<u> </u>		ł		1					j		
			1	ł	ł	1				1			
(22)					T								
2		T	i			ŀ							
(23)		 	\vdash	 	t -			 			+		
129/		 	1		l					1			
	· · · · · · · · · · · · · · · · · · ·	 			<u> </u>	-		-		ļ			
(24)		ļ]	Ì	1			})	1		
		<u> </u>		<u> </u>	l			L_					<u></u>
(25)		1				ļ							
				ļ									
1b	Sub-total							\overline{lack}	0		0		(
С	Total from continuation sheets to Part	VII. Sectio	n A					▶	0		0		(
ď	Total (add lines 1b and 1c)							•	0		0		
	Total number of individuals (including but							_		ara Abam (*1	-	0 - f	
2			1 to tr	iose	IISI	tea	apove	e) w	no received m	ore than \$1	00,00	U OT	
	reportable compensation from the organ	ization > 0											
_	_						_						Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsate	d	
	employee on line 1a? If "Yes," complete	Schedule J	for su	uch	ındı	ividi	ual					3	✓
4	For any individual listed on line 1a, is the	sum of re	portal	ble (con	npei	nsatio	n a	ind other comp	ensation fr	om th	ie 🔣	13.0 385
	organization and related organizations												
	ındividual			. ′								4	
5	Did any person listed on line 1a receive of	or accuse co	mne	neat	tion	fro	m anı		rolated organi	estion or inc	dwidou		│
5	for services rendered to the organization										IIVIGG	7.202.0	
		11 163, 6		Cic	007	1000	110 0 1	01 3		· · · ·	<u> </u>	5	
	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	пе с	alend	lar y	year ending wit	h or within	the or	ganızatı	on's tax
	year.												
	(A)								(B)	_,_,_,		(C)	
	Name and business add	iress							Description of s	ervices	ĺ	Compens	sation
								81//					
<u>None</u>								N/A	Α				N/A
								_			ļ		
							•						
_2	Total number of independent contractor							th	nose listed ab	ove) who	ík i	11/	. ***
	received more than \$100,000 of compen	sation from	the o	rgar	nıza	tion	>		0	•	1,1		. 2.44
												× × ×	

Form **990** (2013)

Part VIII												
,		Check if Schedule O contains a resp	oonse or note to	any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
ts	1a	Federated campaigns 1a	0									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0									
G, E	С	Fundraising events 1c	0									
iifts ar A	d	Related organizations 1d	0									
a, ig	e	Government grants (contributions) 1e	0			. "						
Sil	f	All other contributions, gifts, grants,	-			٠	*					
et je	•	and similar amounts not included above	\$250 100 67	•			*					
Contributic and Other	_	Noncash contributions included in lines 1a-1f. \$	\$260,190 67									
P P	g	· ·	0		*							
<u>0 e</u>	h	Total. Add lines 1a-1f	Business Code	\$260,190 67	 	,	*					
Program Service Revenue	_	•	Business Code									
eke	2a											
e e	b						<u> </u>					
ξ	С											
Ser	d											
ш	е											
ogri	f	All other program service revenue.										
<u> </u>	g	Total. Add lines 2a-2f	•	0		Α;						
	3	Investment income (including divide	ends, interest,									
		and other similar amounts)	▶	o								
	4	Income from investment of tax-exempt bo	nd proceeds ▶	0	•							
	5	Royalties		0			,					
		(i) Real	(ii) Personal									
	6a	Gross rents 0	0	1		** .						
	ь	Less. rental expenses 0	0	*		\$						
	c	Rental income or (loss)	0									
	d	Nick contailing and a contain										
	7a	Gross amount from sales of (i) Securities	(ıi) Other	0								
	/a	A de discontinuita de la continuita de l										
			0	300	1.5		* *					
	b	Less. cost or other basis			,		* * *					
		and sales expenses . 0	0									
	С	Gain or (loss) . 0	0			**						
	d	Net gain or (loss)	▶									
Other Revenue	8a	Gross income from fundraising events (not including \$				`.						
er Re		of contributions reported on line 1c). See Part IV, line 18 a	o		19 040	″. 、						
掩	ь	Less direct expenses b	0									
0	С	Net income or (loss) from fundraising	events . ►	0		1 36						
	9a	Gross income from gaming activities.				, ,						
		See Part IV, line 19 a	o			*	, ,					
	b	Less: direct expenses b	0	1	*	* *						
	c	Net income or (loss) from gaming activ		0	to the terrestate described in the	***************************************	* * - * - * - *					
	_	Gross sales of inventory, less	VICIOO 1 1 1	<u> </u>	·							
	'04	returns and allowances a	607.40									
	[627.42									
	1	Less: cost of goods sold b	2961.00									
	<u> </u>	Net income or (loss) from sales of inve		-2333.58	-2333.58	0	-2333 58					
	<u> </u>	Miscellaneous Revenue	Business Code		~ - * ****							
	11a						,,,					
	b											
	С											
	ď	All other revenue		0	0	0	0					
	е	Total. Add lines 11a-11d	-	0								
	12	Total revenue. See instructions	🕨	\$257.857.09	-2333.58	0	-2333 58					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and			:33						
	organizations in the United States. See Part IV, line 21	\$13,768.00	\$0	14 13 13 7						
2	Grants and other assistance to individuals in			:33446						
	the United States. See Part IV, line 22	0	O							
3	Grants and other assistance to governments,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16	\$265,558.80	\$4,630							
4	Benefits paid to or for members	0			A 12 % MARKET					
5	Compensation of current officers, directors,									
	trustees, and key employees	0	o	o	0					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	L 0	o	0	0					
7	Other salaries and wages	0	0	0	0					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0	0	0	0					
9	Other employee benefits	0	0	0	0					
10	Payroll taxes	0	0	0	0					
11	Fees for services (non-employees):									
a	Management	0	0	0	0					
b	Legal	0	0	 	0					
C	Accounting	0	0		0					
d	Lobbying	0	0		0					
e	Professional fundraising services. See Part IV, line 17	0		<u>(</u>	0					
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0					
9	(A) amount, list line 11g expenses on Schedule O.)		_	_	_					
12	Advertising and promotion	0	0	0	0					
13	Office expenses	\$137 59	0		0					
14	Information technology	\$137.59	0		0					
15	Royalties	0	0	0	0					
16	Occupancy	0	0	0	0					
17	Travel	\$35.54	0		0					
18	Payments of travel or entertainment expenses	***************************************								
	for any federal, state, or local public officials	o	0	o	0					
19	Conferences, conventions, and meetings .	0	0	0	0					
20	Interest	0	0	0	0					
21	Payments to affiliates	0	0	0	0					
22	Depreciation, depletion, and amortization .	0	0	0	0					
23	Insurance	0	0	0	0					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule (O.)									
_	Bank Fees	\$ 3 3 7 7 1			<u>: </u>					
a b	State and City Taxes	\$90	0	0	0					
C	Translation expense	\$85.32 \$1,669.00	0	, <u> </u>	0					
d	Computer distribution to Needy	\$3156.77			0					
e	All other expenses Depreciation, Books WO	\$2152.16		<u> </u>	<u>U</u>					
25	Total functional expenses. Add lines 1 through 24e	\$286,704.85		0	0					
26	Joint costs. Complete this line only if the	1207,000	+ 1,030							
	organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation Check here									
	following SOP 98-2 (ASC 958-720)	0	n	n	n					

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	\$70,378.1	1	\$43,682.5
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.) L_1)	
	6	Complete Part II of Schedule L	0	5	0
ts		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2572.3:	3		
	b	Less: accumulated depreciation 10b 2152.10	2572.33		\$420.17
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	\$72,950.43		\$44,102 67
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0	_	0
	19	Deferred revenue	0		0
	20 21	Tax-exempt bond liabilities	0		0
"		Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,	0	21	0
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		٥-	
	00		0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		complete lines 27 through 29, and lines 33 and 34.		: :as	di d
룔	27	Unrestricted net assets	0		0
Ä	28	Temporarily restricted net assets	0		0
Net Assets or Fund Balances	29	Permanently restricted net assets	0	29	0
ţ	30	Capital stock or trust principal, or current funds	0	30	0
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	\$2572.33		\$420.17
t A	32	Retained earnings, endowment, accumulated income, or other funds .	0		0
Se	33	Total net assets or fund balances	\$72,950.43		\$44,102.67
	34	Total liabilities and net assets/fund balances	\$72,950.43	34	\$44,102.67
		•			Form 990 (2013)

Page	1	2

	2013)			, Pa	ige 12
Part	IXI Reconciliation of Net Assets				•
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		\$257,8	357.09
2	Total expenses (must equal Part IX, column (A), line 25)	2		\$286,7	04.85
3	Revenue less expenses. Subtract line 2 from line 1	3		-\$28,8	<u> 347.76</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		\$72,9	<u> 50.43</u>
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		\$44,1	02.67
Part	XII Financial Statements and Reporting				
	Check If Schedule O contains a response or note to any line in this Part XII	· · · -		· · ·	
			Fig. 1	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	ın	18 4	, ,
	Schedule O.				~
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled	or 📒 🗓		·
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			-	,
b	Were the organization's financial statements audited by an independent accountant?	• . •	. 2b	 , 	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	a on	a		., ,
	separate basis, consolidated basis, or both:				lina i
	Separate basis Consolidated basis Both consolidated and separate basis		لائد گا		للقلا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		_		
	·				<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain			:
_		£	(.A).		us takes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	ιοπη			,
	-		· 3a	-	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
	required addit of addits, explain why in somedule of and describe any steps taken to undergo such a	uuits.		000	100000
			Fo	m 990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						1	Employer id	entificatio	n number
	ds for Education	or Dublic Cho	with Chatra (All avec				46.5.5.5			13707
Pa			rity Status (All organtion because it is: (Fo						nstructio	ons.
1 2 3 4	☐ A church, con☐ A school desc☐ A hospital or a☐ A medical rese	vention of churc ribed in section a cooperative ho earch organization	hes, or association of 170(b)(1)(A)(ii). (Attacspital service organization operated in conjunc	churches ch Sched ation des	s describe ule E.) cribed in s	ed in sec section	tion 170	(b)(1)(A)(i) (A)(iii).		(iii). Enter the
5	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	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
8 9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that to its exempt functent income and unrelater June 30, 1975. Se	an 33¹/₃% ions—su lated bu	6 of its subject to displemental of the following for the followin	ipport fr certain e xable inc	xceptions come (les	s, and (2) ss section	no more	e than 331/3% of its
10 11	☐ An organization ☐ An organization ☐ purposes of organization	on organized and on organized ar one or more pub	I operated exclusively nd operated exclusive blicly supported organ describes the type of	to test for the	or public s ne benefit described	safety. So t of, to d in sect	ee sectio perform ion 509(a	n 509(a)(a) the funct a)(1) or se	ions of, ection 50	9(a)(2). See section
е	a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).									
f		ation received a	a written determinatio			hat it is	a Type	I, Type I	l, or Typ	pe III supporting
g			he organization accep	pted any	gift or co	ontributio	on from a	ny of the		
	following pers (i) A person v	who directly or i	ndirectly controls, eithody of the supported of	her alone	or toget	her with	persons	described	d in (11) a	
			on described in (i) abo							11g(i) 11g(ii)
			a person described in							11g(iii)
h			on about the support							<u> </u>
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the orga	you notify nization in of your port?	organizat	zed in the	(vii) Amount of monetary support
			, , , , , , , , ,	Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)		×			· · · · · · · · · · · · · · · · · ·			Al.	70 M .s	
		* * * * * * * * * * * * * * * * * * * *	AL CHEST WAS		9 :	(, , S				·

Par	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	70(b)(1)(A)(v	i) -
	(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	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
_	ion A. Public Support					····	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)	٠.	4	93	,	, is	
6	Public support. Subtract line 5 from line 4.	L	<u> </u>		<u></u>		
	ion B. Total Support	(=) 0000	(h) 0010	(-) 0044	(-D-0040	() 0040	727
7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the			 d, third, fourth	or fifth tax yo	12 ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6					14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test—2013. If the organization quality	zation did not i	check the box	on line 13, and	d line 14 is 331	3% or more, c	heck this
b	331/3% support test—2012. If the organ						
	check this box and stop here. The organi	ization qualifie	s as a publicly	supported org	anization .		. ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-ci -and-circumst	rcumstances" tances" test. T	test, check th	is box and st	op here.
18	Private foundation. If the organization di					k this havend	. 🟲 📋
	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						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")]	\$101,577.25	\$170,075.99	\$260,190.67	\$531,843.91
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				\$484.32	\$627.42	\$1,111.74
3	Gross receipts from activities that are not an				\$404.02	4027.42	Ψ1,111.74
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			\$101,577.25	\$170,559.32	¢200 040 00	\$533.055.65
	Amounts included on lines 1, 2, and 3			\$101,577.25	\$170,559.32	\$260,818.09	\$532,955 65
. –	received from disqualified persons .			ا			•
b	Amounts included on lines 2 and 3			0	0	0	0
D	received from other than disqualified	Į]				
	persons that exceed the greater of \$5,000	Ì					
	or 1% of the amount on line 13 for the year			\$38,239.61	£102.000	#102 OFC	#270 42F 22
c	Add lines 7a and 7b			\$38,239.61	\$103,099 \$103,099	\$193,956 \$193,956	\$270,435.22 \$270,435.22
8	Public support (Subtract line 7c from	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				\$193,930	\$270,433.22
_	line 6.)					A Latin	\$261,408.69
Section	on B. Total Support] *** \$ ** *\$, * ,]	<u>'</u>	.3 Q. 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*******	3201,408.03
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(3, 20) 0	\$101,577.25	\$170,559.32	\$260,818 09	\$532,955.65
10a	Gross income from interest, dividends,				4170,000.02	4230,010 00	4002,000.00
	payments received on securities loans, rents,						
	royalties and income from similar sources .						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b						0
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						\$532,955.65
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			· · · · ·			🕨 🗸
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2013 (line					15	%
16	Public support percentage from 2012 Sc					16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2013	•		-		17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box					-	_
b	331/3% support tests—2012. If the organization of the organization						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	pox on line 14	. 19a. or 19b. d	check this box	and see instruc	ctions 🕨 🗀

Schedule v (i	om 950 or 950-22/2013	/e -
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions).	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service Employer identification number

	ds for Education			1913707
Par	Organizations Maintaining Donor Ac			s.
	Complete if the organization answered			d other accounts
	Table wheels to force	(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at end of year		 	
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to			
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the ben conferring impermissible private benefit?	efit of the donor or donor advisor	or for any other purp	ose
Par	rt Conservation Easements.			
	Complete if the organization answered			
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recre	ation or education) 🗌 Preservat	on of an historically in	portant land area
	Protection of natural habitat	☐ Preservat	on of a certified histor	ic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	held a qualified conservation contr	ibution in th <u>e form of a</u>	conservation
	easement on the last day of the tax year.		Held	at the End of the Tax Year
а	Total number of conservation easements		2a	
b	 Total acreage restricted by conservation easeme 	nts	2b	
С				
d	Number of conservation easements included in historic structure listed in the National Register	n (c) acquired after 8/17/06, and		
3	Number of conservation easements modified, tra tax year ▶	nsferred, released, extinguished, c	r terminated by the or	ganization during the
4	Number of states where property subject to cons	ervation easement is located		
5	Does the organization have a written policy r violations, and enforcement of the conservation of			
6	Staff and volunteer hours devoted to monitoring,			
Ū	Stall and volunteer flours devoted to monitoring,	inspecting, and emorcing conserv	ation easements dum	g trie year
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation	easements during the	year
8	Does each conservation easement reported on li			4)(B)
	(i) and section 170(h)(4)(B)(ıı)?			· 🔲 Yes 🗌 No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easen	of the footnote to the organization		
Par	rt III Organizations Maintaining Collectio		s. or Other Similar	Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under S			ent and balance shee
	works of art, historical treasures, or other simil			
	public service, provide, in Part XIII, the text of the			
b		SFAS 116 (ASC 958), to report i	n its revenue stateme	nt and balance shee
	(i) Revenues included in Form 990, Part VIII, line	1		3
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	` }
2	If the organization received or held works of a following amounts required to be reported under	rt, historical treasures, or other s SFAS 116 (ASC 958) relating to th	ımılar assets for fınar ese items:	icial gain, provide the
а				3
	Assets included in Form 990. Part X		.	·

Part	III Organizations Maintaining C	ollections of A	Art, Hist	torical T	reasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, ac collection items (check all that apply):							
а	☐ Public exhibition		d	Loan	or exchang	ge prog	rams	
b	Scholarly research		e	Other				
C	Preservation for future generations							
4	Provide a description of the organization XIII.	n's collections a	nd expla	un how th	hey further	the org	ganization's exem	ipt purpose in Part
5	During the year, did the organization so							r
	assets to be sold to raise funds rather th		ned as p	part of the	e organizatı	on's co	ollection?	☐ Yes ☐ No
Part	Complete if the organization a 990, Part X, line 21.	nswered "Yes"					·	
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?	ustodian or othe	er interm	ediary fo	or contribut	ions or	other assets no	t 🗍 Yes 🗌 No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the fo	llowing ta	able:			
							Ar	nount
C	Beginning balance					10	:	·
d	Additions during the year					10	1	
e	Distributions during the year					1e		
f n-	Ending balance					1f		
2a	Did the organization include an amount of "Yes," explain the arrangement in Part							
	If "Yes," explain the arrangement in Part Endowment Funds.	Alli. Check here	ii the ex	pianation	nas been	provide	ed in Part XIII .	<u> Ц </u>
I GI	Complete if the organization a	nswered "Yes"	to Form	n 990 P	art IV line	10		
		(a) Current year	(b) Pric		(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships				·			
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year end	d balanc	e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowment	>	%					
b	Permanent endowment ▶	_%	_					
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c							
3a	Are there endowment funds not in the p	oossession of the	e organiz	zation tha	at are held	and ad	ministered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
h	(ii) related organizations							3a(ii)
ь 4	If "Yes" to 3a(ii), are the related organizate Describe in Part XIII the intended uses of					• •		3b
Part			ii 3 ciido	WITHERITE				
·	Complete if the organization a		to Forn	n 990. P	art IV line	11a. S	See Form 990 I	Part X line 10
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Book value
1a	Land	<u> </u>					· 3	
b	Buildings			_		·		
c	Leasehold improvements	-						
d	Equipment		2572.33		\$2572.33		\$2152 16	\$2057.86
е	Other							
Total.	Add lines 1a through 1e. (Column (d) mus	st equal Form 99	0, Part X	(, column	(B), line 10)(c).)	>	\$2057.86

	Complete if the organization answer	ered "Yes" to Form			
	(a) Description of security or category (including name of security)		(b) Book value		thod of valuation I-of-year market value
(1) Financial			***		
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶			1 1 1 7 1	
Part VIII	Investments-Program Related.	1		<u> </u>	
	Complete if the organization answer	ered "Yes" to Form	990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation I-of-year market value
(1)				******	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	· · · · · · · · · · · · · · · · · · ·		•		
	b) must equal Form 990, Part X, col. (B) line 13.)			11. 11. 14. 1	
Part IX	Other Assets.	<u> </u>		W 4 W 20 4 4 4	
i di cix	Complete if the organization answer	ered "Yes" to Form	990 Part IV line	11d See Form	990 Part X line 15
	<u> </u>	Description	1 000,1 are 14, 1111	5 1 14. OCC 1 OIIII	(b) Book value
(1)					(-,
(2)					
(3)					
	N-74-1				
(4)					
(5)					
(6)	-				
(7)					
(8)					
(9)	mn (h) must squal Form 000. Flort V. sal	(B) line 15.)			
	mn (b) must equal Form 990, Part X, col.	(B) III (B 15.)	<u> </u>	<u>.</u>	
Part X	Other Liabilities. Complete if the organization answer	ered "Yes" to Form	n 990, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
4	line 25.	(L) D 1 1	2021. 2000 400		
1.	(a) Description of liability	(b) Book value		•	
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)		-, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>			
(6)				·	
(7)					
(8)					
(9)			- 147 H	¥\$, "	
	b) must equal Form 990, Part X, col. (B) line 25.)			****	
	r uncertain tax positions. In Part XIII, provide	the text of the footno	te to the organization	n's financial statem	ents that reports the
	s liability for uncertain tax positions under F				

Part	e D (Form 990) 2013 XI Reconciliation of Revenue per Audited Financial Stateme	ents With Payonus per	, Page 4
rare	Complete if the organization answered "Yes" to Form 990, F		neturi.
1	Total revenue, gains, and other support per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		* * * * * * * * * * * * * * * * * * * *
a		2a	(2 m)
	Net unrealized gains on investments	2b	4. 3.
b	Recoveries of prior year grants		
C			-
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		30°
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
_	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	· · · · · · · · · · · · · · · · · · ·		er Return.
	Complete if the organization answered "Yes" to Form 990, F	····-	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	**
a	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		48.81
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
þ	Other (Describe in Part XIII.)	4b	」 ,。。
С			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	XIII Supplemental Information.		×
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation.
PART	6, 1d - Books previously treated as assets have been written down - \$1872.05 a	and depreciation for Comput	er, printer and monitor in
2012 a	nd 2013 is \$280 11 total depreciation claimed in 2013 is \$1872.05 + \$280.11 = 2	152.16. \$1872.05 accounted	for as costs on "other"
Form 9	990, Part IX line 24e		

Schedule D (F,oi	m 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Friends for Education

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

	is for Education					27-191 ₃₇₀₇
Part	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization an	swered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the				
2	For grantmakers. Describe	e in Part V 1	the organizati	on's procedures for moni	toring the use of its grai	nts and other
	assistance outside the Unite		g.		soming the deep of the gran	
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if additio	nal 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 region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Sri Lanka	1	0	Grants to public charity	Education	\$55,058.80
(2)	India	o	0	Grants to public charities	Education	\$210,500.00
(3)						
(4)						
(5)						
(6)						
						<u> </u>
(7)						
(8)						
(9)						
(10)						
(11)						<u> </u>
(12)						ļ
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)			**		\$265,558.80

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(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)
	, which	India	Education, Cultural	\$500.00 Check	Check	0	0 n/a	book
	608 CM C.		Education, Cultural	\$70,000.00 Check	Check	0		book
3)			Education, Cultural	\$140,000.00 Wire Transfer	Wire Transfer	0	0 n/a	book
4) man se		Sri Lanka	Education, Cultural	\$25,297.30 Check	Check	0	n/a	book
			Orphanage Education	\$29,761.50	\$29,761.50 Wire Transfer	0	n/a	book
7	,) A							
	The state of the s			•				
10)	,							
*								
13)	****							
14)								
15)								
16)	n song trongki Masaak							

Sch	
Schedule F (Form 990) 2013	

ယ

Enter total number of other organizations or entities

N

Page 3

Schedule F (Form 990) 2013

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

Schedule F (Form 990) 2013 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (1) N/A <u>(1</u> 8 ල 4 (2) 9 E 8 6) (10) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2013

on [▶	sə, □	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)	9
ON N	sə∖ □	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)	S
on 🔽	S∌X □	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Þ
ON []	SƏV 🗌	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)	3
0N \\	sə∖ 🗌	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 Trust With a 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).	2
0N 🔼	s⊕, □	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).	ļ

Schedule F (Form 990) 2013

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method,
amounts of investments vs. expenditures per region); 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)

Grant Balaji Foundation, Batticaloa, Sri Lanka, Nov 5 2013 \$25,297.30
Grant Balaji Foundation Batticaloa, Sri Lanka, \$29,761.50
Grant ISKCON Vrindavan, Vrindavan, UP, India Nov 16 2013 \$500.00
Grant ISKCON Juhu, Mumbai, Maharastra, India, \$70,000.00
Grant ISKCON Baroda, Gujarat, India \$140,000.00
The recipients have been Identified by market reserach and Internet research as doing good work in the specific areas Friends for Education
gives grants. The monitoring is done by personal visits of directors in case of India and phone monitoring of activities in Sri Lanka.
Specific criteria are low organizational costs, heavy volunteer base and no cases of misuse of funds.
The charities noted are public charities similar recognized by governments of India and Sri Lanka with strict regulations governing
receipt of foreign funds. In India these charities are governed by Foreigh Currency Regulation Act of government of India
·,

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

	9
	į
	7
	1
	1
Ö.	1
9	
E	
Ĕ	
횬	
둤	Š
ŧ	•
À	
	į
	•
	(
	•
	:
	•

2013

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Publi Inspection **Employer identification number**

Friends for Education	on Grants and	Assistance					27-1913707
Does The s	in records to subsaward the grants	stantiate the amou	nt of the grants or	assistance, the gr	antees' eligibility	for the grants or assistance	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring t	the use of grant fur	nds in the United	States.		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Go	vernments and received more the	Organizations i	n the United St	ates. Complete ted if additional	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Synergy International School 260	91-1918588		2600	0	0 book	n/a	Educational Programs
(2) Grant ISKCON Baltimore 251 Sep	52-1457933		\$251.00	0	0 book	n/a	Educational Programs
(3) Grant Jet USA \$151 July 20 2013	36-397744		\$151.00	0	0 book	n/a	Cultural Programs
(4) Grant VCC 100 May 26 2013	91-0987890		\$100.00	0	book	n/a	Educational Programs
(5) Grant VCC 115 May 19 2014	91-0987890		\$115.00	0	0 book	n/a	Educational Programs
(6) Grant VCC 300 Dec 16 2013	91-0987890		\$300.00	0	0 book	n/a	Educational Programs
(7) Grant VCC 500 Aug 9 2013	91-0987890		\$500.00	0	0 book	n/a	Free Food Programs
(8) Grant VCC 2000 Aug 19 2013	91-0987890		\$2,000.00	0	0 book	n/a	Cultural Programs
(9) Grant VCC 5000 May 12 2013	91-0987890		\$5,000.00	0	0 book	n/a	Free Food Programs
(10) NW SHARE grant 2013 -1000	91-1918588		\$1,000.00	0	0 book	n/a	Free Food Programs
(11) NW Share Jan 10 2013 -1500	91-1918588		\$1,500.00	0	0 book	n/a	Free Food Programs
(12) Grant VCC \$251 10/30/2013	91-0987890		\$251.00	0	0 book	n/a	Free Food Programs
Enter total number of section 501(c)(3) and government organizatEnter total number of other organizations listed in the line 1 table	501(c)(3) and gov rganizations listec	ernment organization in the line 1 table	organizations listed in the line 1 table ie 1 table	ne 1 table			12
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ca	Cat No 50055P		Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

The funds are provided to government approved charities in USA with 501(c)(3) status. The monitoring happens by the cultural activities, educational programs, and free food distribution (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. programs that these organizations conduct under public eye. The directors have also reviewed the activities by personally reviewing activities conducted by these organizations. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 1 N/A 0 က 4 S ဖ

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Friends for Education

Employer identification number 27-1913707

In 2013 the organization realized a net loss of \$2,333.5 on books- publishing expenses & low Online revenue from book sales. Physical book sales has been extremely slow like in 2012. Over 300 books have been distributed free of cost to aspiring students. And 300 CDs/Videos have also distributed. Books worth 1872.05 have been written off - these were counted in assets last year. Depreciation \$420.17- 200 DB-HY Grants to foreign charities made to following: Grant Balaji Foundation, Batticaloa, Sri Lanka, Nov 5 2013 \$25,297.30 Grant Balaji Foundation Batticaloa, Sri Lanka, \$29,761.50 Grant ISKCON Vrindavan, Vrindavan, UP, India Nov 16 2013 \$500.00 Grant ISKCON Juhu, Mumbai, Maharastra, India, \$70,000.00 Grant ISKCON Baroda, Gujarat, India \$140,000.00 Other assets: Books in inventory are worth 2057.86. There may be a markdown or writeoff as needed if books do not sell in 2014. Grants to US Charities were made as following: Synergy International School 2600 Grant ISKCON Baltimore 251 Sept Grant Jet USA \$151 July 20 2013 Grant VCC 100 May 26 2013 Grant VCC 115 May 19 2014 Grant VCC 300 Dec 16 2013 Grant VCC 500 Aug 9 2013 Grant VCC 2000 Aug 19 2013 Grant VCC 5000 May 12 2013 NW SHARE grant 2013 -1000 NW Share Jan 10 2013 -1500 Grant VCC \$251 10/30/2013 In 2013 we also sourced translation services from Russia.

In 2014 we would like to be a truly global charity with local focus and expand activities in the USA

Schedule O (Form 990 or 990-EZ) (2013)	, Page 2
Name of the organization	Employer identification number
•	
•••••••••••••••••••••••••••••••••••••••	
	,