Form **990**

BOX C & UT TO THE MOUSE

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2015

Open to Public

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.

Inspection

Α	For the	2015 calendar year, or tax year beginning , 2015, and en	ding		, 20	
В	Check if a	pplicable. Name of organization Association for India's Development, Inc		D Employ	er identification number	
	Address o			04-3652609		
	Name cha	Number and street (or P O box if mail is not delivered to street address) Room	/suite	E Telepho	ne number	
$\overline{\Box}$	Initial retu				301-345-5308	
\Box	Final return					
	Amended			G Gross re	eceipts \$ 2,291,595	
\exists	Applicatio		H/a) Is this a d		subordinates? Yes V No	
_	Applicatio	Satindar M. Bhagat, 5011 Tecumseh St., College Park, MD 20740	I	-	s included? Yes No	
	Tax-exem				a list (see instructions)	
<u>'</u>	Website:		H(c) Group			
K		ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for				
	art I	Summary	mation 2001	W State	of legal domicile MD	
-		· · · · · · · · · · · · · · · · · · ·	upport dovolor	mont wo	rk and tackle newarty in	
ø)	Į.	Briefly describe the organization's mission or most significant activities: To s	·			
Governance		ndia by making grants and creating awareness in areas of education, agriculture,		e technol	logy, environment	
I.		ivelihood generation, women and children's empowerment, anti corruption and h				
Š	ı	Check this box ▶☐ if the organization discontinued its operations or dispose	d of more than	-1 1 _	its net assets.	
	3 1	lumber of voting members of the governing body (Part VI, line 1a)	ENTERY	3	6	
S.	4 1	Number of independent voting members of the governing body (Part WR Inc.)	D) V.	4	6	
iţie	5 1	otal number of individuals employed in calendar year 2015 (Part Vi-line 2a)	18	3 5	2	
Activities &	1	otal number of volunteers (estimate if necessary)	3 -2017	6	500	
ĕ	1	otal unrelated business revenue from Part VIII, column (C), line		γ 7a		
	bΛ	let unrelated business taxable income from Form 990-T, line 34		🎏 7b	0	
	Ì		EN, Prior Ye	ar)	Current Year	
<u>o</u>		Contributions and grants (Part VIII, line 1h)	,117,618	1,881,744		
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0	0	
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		38,390	16,735	
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	155,637	138,469		
	12 T	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	,311,645	2,036,948	
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	,031,580	1,312,334	
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0	0	
Š	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		54,641	88,041	
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0	0	
be	ьт	otal fundraising expenses (Part IX, column (D), line 25) ▶ \$10,055	244			
û	ľ	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		174,805	176,850	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	,261,026	1,577,225	
	i	levenue less expenses. Subtract line 18 from line 12		,050,619	459,723	
es es			Beginning of Cu		End of Year	
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	4	,808,125	5,315,309	
Ass d Ba	21 T	otal liabilities (Part X, line 26)		2,153	49,614	
Fe	22 N	let assets or fund balances. Subtract line 21 from line 20	4	,805,972	5,265,695	
	rt II	Signature Block	-1	,000,010	5/205/505	
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the	ne best of m	ny knowledge and belief, it is	
		and complete Declaration of preparer (other than officer) is based on all information of which prepare			,	
		Sunnae Chadanan ARTO ATTO				
Sig	n 📗	Signature of officer	Dat	e ,	1.01-	
Here		SRINIVAS NAGA CHADARAM, DIRE	CTOR	1/	/18/2017	
		Type or print name and title				
		Pront/Type preparer's name Preparer's signature	Date] o	PTIN	
Pai		, , , , , , , , , , , , , , , , , , ,		Check L	」	
	eparer	E-min annu B	-	1	,	
Us	e Only	Firm's name	i	's EIN ▶		
NAO:	the IDS	discuss this return with the preparer shown above? (see instructions)	Pho	ne no	□ Van □ Na	
		discuss this return with the preparer shown above? (see instructions)	<u> </u>	· · ·	· · U Yes U No	
For	Paperwo	rk Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2015)	

		· age
Pari		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Association for India's Development, Inc. is a volunteer movement that promotes sustainable, equitable, and just development by generating awareness about poverty, development, and related issues, and supporting programs to alleviate these issues.	
	provides grants and support to organizations in India, and initiates efforts in various interconnected spheres such as agricultu	
	energy, education, health, livelihoods, natural resources, women's empowerment, and social justice.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☑ 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?	☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	ured by
	the total expenses, and revenue, if any, for each program service reported.	others
	and total expenses, and revenue, in any, for each program convice reported.	
4a	(Code:) (Expenses \$ 505,025 including grants of \$ 505,025) (Revenue \$	1
	Educational programs for children and training programs for adults that lead to better livelihoods including:	,
	a) Providing lodging and supplementary education for girls from tribal communities in rural Gujarat	
	b) Providing holistic environmental education to children in rural West Bengal	
	c) An after-school learning program designed to improve the quality of education in rural areas in Tamil Nadu	
	d) A home for orphan and destitute children in Karnataka	
	e) Design intervention and marketing linkages for artisans from underprivileged sections in Rajasthan	
	f) Training of farmers in multi-cropping technique in West Bengal	
46	(Code) \(\sigma_{\text{Code}}\) \(\sigma_{\tex	
4b	(Code:) (Expenses \$ 156,996 including grants of \$ 156,996) (Revenue \$)
	Relief and rehabilitation projects including. a) Providing relief after floods in Tamil Nadu	
	b) Rehabilitation efforts after floods in Assam, Tamil Nadu and West Bengal	
	c) Providing relief to cyclone-hit communities in Andhra Pradesh	
	d) Long term rehabilitation programs in floods-hit Uttarakhand	
	e) Reclamation and Rehabilitation of agricultural lands affected in TN floods	
40	(Code) \(\sum_{\text{code}}\) (Code)	
4c	(Code:) (Expenses \$ 650,313 including grants of \$ 650,313) (Revenue \$)
	Support for sustainable development and empowerment programs for marginalized communities including:	
	a) Creating a creche program for young children in tribal areas of Chhattisgarh b) Achieving soil and water conservation by building bunds and using appropriate rural technology in Gujarat	
	c) Generating awareness of the Right to Information act in multiple Indian states	
	d) Generating employment through awareness of government employment schemes and full and fair wages including pensions	
	e) Non-formal rights education to indigenous communities as well as building and strengthening youth groups and women's leg	al cell
	in rural Andhra Pradesh	lai ceii.
	f) Spreading awareness about acts related to socially oppressed communities to the communities in Karnataka	•
	g) Building a library in Uttarakhand to support environmental learning camps for children	
	h) Creating a helpline and workshops for Right to Information awareness in Rajasthan	
4d	Other program services (Describe in Schedule O.)	
45	(Expenses \$ 147,221 including grants of \$ 147,221) (Revenue \$)	
4e	Total program service expenses ► 1,459,555	

Part	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 "Yes," complete Schedule C, Part II</i>	4	~	
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		v
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? <i>If "Yes,"</i> 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	9		~
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, VII, 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	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		,
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		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	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		,
12 a	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		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	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		~

Part	V Checklist of Required Schedules (continued)			I
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	,		1
	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	-	\vdash	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	İ		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			1
		24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			١.
	to defease any tax-exempt bonds?	24c	_	~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		ŀ	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		1	
	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		~
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 "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 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,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_		200	<u> </u>	~
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		-
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		~
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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified]		
	conservation contributions? If "Yes," complete Schedule M	30		>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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		~
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, Part II, III,			
•	or IV, and Part V, line 1	34		/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	2EL	1	/
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
50	related organization? If "Yes," complete Schedule R, Part V, line 2			
	-	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	/	

Part			-	
_	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>		. [
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	,	Yes	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (,		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	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	2		
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		~
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		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
E -	(FBAR).			
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		7
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	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		_
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ĺ	
	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		V V
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:	1) J	
a	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 . [10b]			
11	Section 501(c)(12) organizations. Enter:	1	4	
a b	Gross income from members or shareholders		ij	
	against amounts due or received from them.)		1	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			~
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	j) 1	
	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.			
	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			
-	Enter the amount of reserves on hand			
	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		

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
Saat	Check if Schedule O contains a response or note to any line in this Part VI	 	<u></u>	<u> </u>	
Seci	ion A. Governing Body and Management			Yes	No
10	Enter the number of victing members of the governing body at the end of the tay year	10		165	140
1a		1a ,	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	,			
	committee, explain in Schedule O.			0 1	
	·			;	
þ	Enter the number of voting members included in line 1a, above, who are independent .		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business r	•			
_	any other officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4	L	
5	Did the organization become aware during the year of a significant diversion of the organization		5		
6	Did the organization have members or stockholders?		6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to		ł		
	one or more members of the governing body?		7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions und	dertaken during			
	the year by the following:				
а	The governing body?		8a	7	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t 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 Rever	iue 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.	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exemple affiliates, and branches to ensure their operations are consistent with the organization's exemple affiliates, and branches to ensure their operations are consistent with the organization's exemple.		10b	~	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	• •	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	V	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12b	7	
C	Did the organization regularly and consistently monitor and enforce compliance with the p		120	<u>-</u>	
·	describe in Schedule O how this was done	oncy: II res,	12c	1	
12	Did the organization have a written whistleblower policy?		13		
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 a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				<u> </u>
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>
b	Other officers or key employees of the organization		15b		1
	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	-			
	with a taxable entity during the year?		16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Section	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ Please see Schedi	ule O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an	d 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	-	,		- /
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer	,	erest r	olicv	and
-	financial statements available to the public during the tax year.	,	J. 301 p	·y,	
20	State the name, address, and telephone number of the person who possesses the organization	n's hooke and re-	oordo.		
	·				
	Satindar Bhagat, 5011 Tecumseh St, College Park MD 20740. 2015 accounts on Blackbaud Hosting s	ervices - Raisers	& Fina	ncial t	age

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. .
- 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 org	aniz	atic	on c	ompe	ensa	ated any curren	nt officer, directo	r, or trustee.
(C)										
(A)	(B)	 (45 5			Position check more than o			(D)	(E)	(F)
Name and Title	Average	,				ıs both		Reportable	Reportable	Estimated
	hours per week (list any	⊢	officer and a director/trustee)					compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key employee	릙	Former	the	organizations	compensation
	related organizations	rect	Institutional trustee	Ĕ	emp	lest	뤝	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or th) na	ĺ	öy	l [©] Sin	1	,		and related
	line)	ıste	trus		8	pen				organizations
		0	8			Highest compensated employee				
(1) Satindar M Bhagat	10	-	:							
President & Director	 	1	ļ					0	o	0
(2) Nirveek Bhattacharjee	10		-		-					
Secretary & Director	† ''	~						o	o	0
(3) Sunita Manı	10								<u>_</u>	
CFO & Director	†	~]	}				0	o	o
(4) Nigamanth Sridhar	10									
Director	1	~	ļ					0	o	0
(5) Srinivas Naga Chadaram	10									
Director		~						0	o	0
(6) Rashim Singh	10									
Director		~						0	0	0
(7) Sravanthi Dandamudi	10]	ļ		
Executive Board Member				~			_	0	0	0
(8) Shivang Mandalia	10									
Executive Board Member				~				0	0	0
(9) Shyamala Gopalan	10									
Executive Board Member				~				0	0	0
(10) Aravind Natarajan	10									
Executive Board Member	<u> </u>			~				0	0	0
(11) Archna Monga	10	1								
Executive Board Member				~				0	0	0
(12) Renu Periyadath	10									
Executive Board Member			_	~				0	0	0
(13) Srinivas Mirle	10	ľ				ļ		İ		
Executive Board Member				•				0	0	0
(14) Santosh Rohit Yerrabolu	10	[
Executive Board Member	<u> </u>			~	Щ			0	0	0

Par	t VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, aı	nd l	lighe	st C	ompensated E	mployees (cont	ınued)
					(6	C)					
	(A)	(B)	/do =			ation	- +b		(D)	(E)	(F)
	Name and title	Average	officer and a director/t						Reportable compensation		Estimated
		hours per									
		week (list any hours for	우콩	Ins	요	즇	象	_₽	from the	related organizations	other compensation
		related	Individual trustee or director	Ē	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	
		organizations below dotted	ctor	ğ		npk) è c	-	(W-2/1099-MISC)		organization and related
		line)	trus	함		yee	ğ				organizations
			1	nstitutional trustee			Highest compensated employee				
				0			ed.				
(15) s	onali Tamhankar	10									
Execu	utive Board Member				~				o	<u> </u>	,
(16) P	avan Vaidyanathan	10									
	utive Board Member				~				. 0	0	+
(17) s	rikanth Jandhyala	10									
	ıtive Board Member				~				0	0	
	parna Limaye	10									
	itive Board Member				~				0	0	
	ushyant Sethi	10									
	utive Board Member				~				0	0	1
	alaji Subramaniam	10			7						
(21)	tive Board Member							-	0	0	
<u> </u>											
(22)				\dashv		\dashv					
S?					ı	ĺ					
(23)					T					-	
			ł		-	ļ					
(24)								T	-		
(25)											-
							l		_		
1b	Sub-total						. 1	▶	0		
C	Total from continuation sheets to Part	-				•	. 1	>	0	<u></u>	
<u>d</u>		· · · ·				•	.	>	0]		
2	Total number of individuals (including but		to the	ose	liste	ed a	bove) wh	no received mo	ore than \$100,00	00 of
	reportable compensation from the organiz	zation ► 0									
3	Did the organization list any former off	icar direct	or o	- tri	ıcto	ام	·0.4 0	mal	ovos or bigh	ant commonant	Yes No
J	employee on line 1a? If "Yes," complete S	icer, unecc	oi, oi for su	ch i	ndı.	e, r	ey e al				
4	For any individual listed on line 1a, is the										3 /
•	organization and related organizations										
	individual					. "		, .	omplete och	saule o loi sac	4
5	Did any person listed on line 1a receive or	accrue coi	mpen	sati	on f	from	anv	unre	elated organiza	ation or individu	
	for services rendered to the organization?										5 /
Section	on B. Independent Contractors									* -	<u>lYl</u>
1	Complete this table for your five highest c	ompensate	d ind	epe	nde	nt c	ontra	cto	rs that received	d more than \$10	0,000 of
	compensation from the organization. Repo	ort compen	satio	n foi	r the	е са	lenda	ır ye	ear ending with	or within the oi	ganization's tax
	year.										
	(A)								(B)		(C)
	Name and business addre	ess —————							Description of se	rvices	Compensation
							ļ		_		
		·									
2	Total number of independent contractors	s (including	ı but	DO:	t lin	nito	d to	the	ea listed above	(a) who	
	received more than \$100,000 of componen						u lu	uiO	ישנים וושנים מטטי	ve) WIIO	

Form **990** (2015)

Par	t VIII	<u> </u>							
		Check it Schedule O contains a response of no	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
s, Grants	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	0 0						
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,	0 082						
Contribu and Othe	g	and similar amounts not included above 1f 1,861, Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	662 0 ► 1,881,744						
Program Service Revenue	2a b	Business Co	de						
am Servico	c d e								
Progr	f g 3	All other program service revenue . Total. Add lines 2a–2f	>						
	4 5	and other similar amounts)	16,735						
	6a b	Royalties				1			
	c d 7a	Rental income or (loss)	> 0						
		assets other than inventory Less. cost or other basis and sales expenses .							
	c d	Gain or (loss)	> 0						
Other Revenue	8a	Gross income from fundraising events (not including \$				1			
ther R	h	of contributions reported on line 1c) See Part IV, line 18 a 393, Less: direct expenses b 254,							
0	С	Net income or (loss) from fundraising events . I Gross income from garning activities. See Part IV, line 19							
	С	Less: direct expenses b Net income or (loss) from gaming activities I Gross sales of inventory, less returns and allowances a	0						
		Less: cost of goods sold b	► le						
	11a b								
	c d e	All other revenue	• 0						
İ	12	Total revenue. See instructions	2,036,948						

	90 (2015)				Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com-	anlote all natumns. A	Il other ergenization	s must complete co	olumn (A)
Section	Check if Schedule O contains a response			····	
<u>Do n</u>	ot include amounts reported on lines 6b, 7b,	(A)		(C)	<u></u>
	b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	o	0		2
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	o	o		
3	Grants and other assistance to foreign	_			
	organizations, foreign governments, and foreign		i		
	individuals. See Part IV, lines 15 and 16	1,312,334	1,312,334		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	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)	0	0	0	
7	Other salaries and wages	76,135	38,068	38,068	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	6,082	3,041	3,041	
10	Payroll taxes	5,824		5,824	(
11	Fees for services (non-employees):			_	
а	Management	52,725	52,725	0	
b	Legal	0	0 0	0	
C	Accounting	8,664	6,498	2,166	(
d	Lobbying	0	0	0	(
e	Investment management fees	0	0	0	(
g	Other (If line 11g amount exceeds 10% of line 25, column	U			
9	(A) amount, list line 11g expenses on Schedule O.)	o	o	o	(
12	Advertising and promotion	0	0	0	
13	Office expenses	7,852	5,497	2,356	
14	Information technology	22,006	15,404	3,301	3,301
15	Royalties	0	0	0	
16	Occupancy	0	0	0	(
17	Travel	9,615	9,615	0	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	О	o	0	(
19	Conferences, conventions, and meetings .	1,756	1,756	0	
20	Interest	0	0	0	(
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	
23	Insurance	2,690	0	1,345	1,345
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.)				
а	Publications and Awareness	18,273	14,618	0	3,655
b	State Registrations	3,509	0	1,754	1,755
C	Prior Period Adjustments	27,967		27,967	0
d	Foreign Exchange Adjustment	19,261	+	19,261	
е	All other expenses Loss on Investments Total functional expenses Add lines 1 through 24e	2,533	1 == ===	2,533	
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,577,225	1,459,555	107,615	10,055
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	13.13.11.11g GGT GG E (1.00 GGG 1.20)			-	Form 990 (2015)

Form 990 (2015) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash—non-interest-bearing 3,103,172 2,097,906 2 2 1,570,458 2,678,833 3 Pledges and grants receivable, net . . . 3 ol 45.613 4 4 0 952 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. o١ Loans and other 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). Complete Part II of Schedule L 6 0 0 7 0 0 8 8 0 0 9 Prepaid expenses and deferred charges . . . ol O 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 0 10c 0 Investments—publicly traded securities 11 11 134,495 492,005 12 Investments—other securities. See Part IV, line 11 . 12 0 0 13 Investments-program-related. See Part IV, line 11 0 13 0 0 14 14 0 15 Other assets. See Part IV, line 11 15 0 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,808,125 5,315,309 17 17 2,153 49,614 18 18 0 0 19 19 0 0 20 20 o 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 23 23 Secured mortgages and notes payable to unrelated third parties . 0 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 26 26 Total liabilities. Add lines 17 through 25 2.153 49.614 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 2,361,924 2,224,956 28 28 2,444,048 3.040.739 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds o 0

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

31

32

33

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5,265,695

5,315,309

0

0

31

33

34

0

0 32

4,805,972

4,808,125

Par	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				. 🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1			36,948
2	Total expenses (must equal Part IX, column (A), line 25)	2			77,225
3	Revenue less expenses. Subtract line 2 from line 1	3			59,723
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-4		4,80	05,972
5	Net unrealized gains (losses) on investments	5	ýs.		C
6	Donated services and use of facilities	6			C
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		5,2€	55,696
Pari	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın		ĺ
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	V	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled ()r		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
D	Were the organization's financial statements audited by an independent accountant?		. 2b	V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	tea on	а		
	•				
c	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a			إحصا	
C	of the audit, review, or compilation of its financial statements and selection of an independent acco			1.1	
	If the organization changed either its oversight process or selection process during the tax year, e			V	
	Schedule O.	хріанті	''		
3a		forth :	n		2
Ja	the Single Audit Act and OMB Circular A-133?	Outill	'' . 3a		~
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao th		+	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such		3b		
	, , separation of an account of an account of an account of an account of an account of an account of an account of an account of an account of a count of			m 990	(201E)
			1-01	556	(در ری)

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.

2015

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 .					Employer identificatio	n number	
	ciation for India's Development, Inc					04-3652609		
Pai			_ 				ons.	
_	organization is not a private found		•		•	•		
1	A church, convention of church					• • • • • • • • •		
2	A school described in section		•			• •		
3 4	A medical research organizati						(iii) Enter the	
-	hospital's name, city, and sta	te:	-					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)	_				tal unit described in	
6 7								
8	☐ A community trust described			Part II.)				
9	☑ An organization that normally				from con	tributions, members	ship fees, and gross	
	receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	o certain taxable i	exception	ns, and (2) no more less section 511 ta	than 331/3% of its	
	An organization organized and	-	-					
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	d organizations of	described in section 5	09(a)(1) c	r section	509(a)(2). See sect	ion 509(a)(3). Check	
а	Type I. A supporting organization(sorganization.	s) the power to r	egularly appoint or ele					
b	☐ Type II. A supporting organic control or management of the organization(s). You must c	e supporting or	ganization vested in th					
С	Type III functionally integrated its supported organization(s						y integrated with,	
đ	☐ Type III non-functionally in that is not functionally integring requirement (see instruction	ated. The organ	ization generally must	satisfy a	dıstributi	on requirement and		
е	Check this box if the organize functionally integrated, or Ty						I, Type III	
f	Enter the number of supported							
g	Provide the following information	n about the supp	ported organization(s)					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
			1	;				

	(Complete only if you checked the Part III. If the organization fails to						alify under
Sect	ion A. Public Support	quanty uno	<u> </u>	<u> </u>	odoo oompic	oto i dit iii.y	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) Zo		(5) 25 75	(4) 2011	,	(1)
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)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
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 VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the	-			=		
\4!	organization, check this box and stop her		· · · · ·		· · · · ·	·····	· · • <u> </u>
	on C. Computation of Public Support			4		44	
14 15	Public support percentage for 2015 (line 6, Public support percentage from 2014 Sche		•			14	<u>%</u>
16a	331/3% support test—2015. If the organization quality	ation did not o	check the box	on line 13, and	i line 14 is 331	3% or more, c	
b	331/3% support test—2014. If the organic check this box and stop here. The organiz					15 is 33 ¹ / ₃ %	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ts the "facts-a cts-and-circu	and-circumstai	nces" test, che t. The organiza	eck this box an ation qualifies a	d stop here. E	xplain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	on meets the ets the ets the	facts-and-cir- and-circumst-	cumstances" ances" test. Ti	test, check th he organization	is box and st	and line op here. publicly
18	Private foundation. If the organization did instructions					this box and	. ► ∐ see ► □

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

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.)

Soot	in the organization rails to quality	under the te	sts listed beit	ow, please co	impiete Part i	11.)	
	ion A. Public Support	(=) 0011	(h) 0010	(-) 2012	(d) 0014	(a) 0015	/A Total
Caler	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	received. (Do not include any "unusual grants.")						
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	1,712,432 228,840	1,285,291 324,336	1,743,815 201,618	2,117,618 155,637	1,881,744 393,116	8,740,900 1,320,282
3	Gross receipts from activities that are not an unrelated trade or business under section 513	220,010	02 1/000	231/310	100,007	000,110	1,020,202
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	1,941,272	1,609,627	1,945,433	2,273,255	2,274,860	10,061,182
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	559,951	136,894	617,424	1,178,812	391,463	2,493,081
	Add lines 7a and 7b	559,951	136,894	617,424	1,178,812	391,463	2,493,081
8	Public support. (Subtract line 7c from line 6.)						7 677 505
Secti	on B. Total Support	-		التهنب تستندها	الشدي يتبين المادية	<u> </u>	7,677,595
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	1,941,272	1,609,627	1,945,433	2,273,255	2,274,860	10,061,182
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b		51,153	25,709	42,059	38,390	16,735	174,046
С	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	54.450	25.700	42.050	20, 200	40.705	474.046
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	51,153	25,709	42,059	38,390	16,735	174,046
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,992,425	1,635,336	1,987,492	2,311,645	2,291,595	10,337,266
14	First five years. If the Form 990 is for the	e organization	s first, second	l, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Sooti.	organization, check this box and stop her			· · · · · ·	· · · · ·	· · · · ·	· · • U
15	on C. Computation of Public Support			R column (fl)		15	74 %
16	(// // // // // // // // // // // // //						
	on D. Computation of Investment Inc			· · · · · · · · · · · · · · · · · · ·	<u> </u>	1	03 70
17						1.61 %	
18	Investment income percentage from 2014 Schedule A, Part III, line 17						
19a	331/3% support tests-2015. If the organize						
	17 is not more than 331/3%, check this box a		_			-	
b	331/3% support tests – 2014. If the organize line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
2		
3a		
3b		F Park Co.
3c	\$ \ E	
4a		
4b		
4c	Osat	
	(EV 3)	
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5a		
5b		
5c		
6		Market Ti
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8		
9a		**
9b	·	
9c		
10a		
10b	3E 1E 19	2 200

Scheau	le A (Form 990 or 990-EZ) 2015	Page 5
Part	IV Supporting Organizations (continued)	AI
4.4	Lies the expensation appeared a gift or contribution from any of the following persons?	Yes No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
u	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	经 , 100 着
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	2
Jecu	on o. Type it oupporting organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
J	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Secti	on E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year (B) Curren (option			
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2		',		
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		4		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3		, in the second second		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035	6				
7 Recoveries of prior-year distributions	7	<u></u>			
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The state and a water was to the co			
2 Enter 85% of line 1	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	ĺ				
emergency temporary reduction (see instructions)	6				
7 Check here if the current year is the organization's first as a non-functionally instructions).	y-ınt	egrated Type III supportin	g organization (see		

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			<u> </u>
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		<u> </u>	
3	Excess distributions carryover, if any, to 2015:			
а				
b				
C	1			
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount		and the second second second	
<u>i</u>	Carryover from 2010 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	1			
b			·	
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	•
·	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 20**15**

Open to Public Inspection

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	<u>ecti</u> on 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Name	of organization			Employer ide	ntification number
Part	-A Complete if th	e organization is exempt und	ler section 501(c) or is a section 527	organization.
1		the organization's direct and indire			
2					5
3	Volunteer hours				
Part		e organization is exempt und			
1		excise tax incurred by the organiz			§
2	•	excise tax incurred by organization	=		}
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organia		· .	
	• • • • • • • • • • • • • • • • • • • •			•	+
2		filing organization's funds contrib	-		
_	•	vities			
3		expenditures. Add lines 1 and 2			
				\$	·
4	• •	n file Form 1120-POL for this year			
5		ses and employer identification nu			
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	• •			filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
			1		political organization if
					none, enter -0-
(1)]		
(2)			_		
(3)					
					
(4)			1		
(5)			1		
	·		-		
(6)					

Sch	edu	ıle C (Form 990 or 990-EZ) 2015			Page 2		
Pa	art	II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (el	ection under		
A	С		ongs to an affiliated group (and list in Part IV oses, and share of excess lobbying expenditur		oup member's		
В	Ci	heck $ ightharpoonup$ if the filing organization che	cked box A and "limited control" provisions a	apply.			
		Limits on Lobby	ring Expenditures	(a) Filing organization's totals	(b) Affiliated group totals		
			ans amounts paid or incurred.)				
•	la	Total lobbying expenditures to influence p			by generating awa		
	b	Total lobbying expenditures to influence a	· · · · · · · · · · · · · · · · · · ·	provides grants ar	energy, education		
	С	Total lobbying expenditures (add lines 1a	•		505,025		
	d	Other exempt purpose expenditures		505,025	_		
	е		lines 1c and 1d)	Educational progr	a) Providing lodgii		
	f	Lobbying nontaxable amount. Enter the columns.	ne amount from the following table in both	b) Providing holist	c) An after-school		
	ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Ţ	Not over \$500,000	20% of the amount on line 1e.				
	ſ	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000				
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	_	Over \$17,000,000	\$1,000,000				
	g	Grassroots nontaxable amount (enter 25%	6 of line 1f)	d) A home for orpl	e) Design ınterven		
	h	Subtract line 1g from line 1a. If zero or les	s, enter -0	f) Training of farm			
	i	Subtract line 1f from line 1c. If zero or less	s, enter -0-				
	j	If there is an amount other than zero of	on either line 1h or line 1i, did the organization	file Form 4720			
	reporting section 4911 tax for this year?						
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
		Lobbying E	Expenditures During 4-Year Averaging Period				

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a	Lobbying nontaxable amount	215,256	208,638	195,896	320,956	1,156,002	
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,734,003	
С	Total lobbying expenditures	0	0	0	0	0	
d	Grassroots nontaxable amount	53,814	52,160	48,974	80,239	235,187	
е	Grassroots ceiling amount (150% of line 2d, column (e))					352,781	
f	Grassroots lobbying expenditures	0	0	0	0	0	

Schedule C (Form 990 or 990-EZ) 2015

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	i 5768	1	
For 6	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	2)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e 4	Publications, or published or broadcast statements?					
f	Direct contact with legislators, their staffs, government officials, or a legislative body?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
i	Total. Add lines 1c through 1i					
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			·		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		ļ
_3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	(5), C R (b)	Part	III-A,	line	3, is
1 2	Dues, assessments and similar amounts from members	of	1			
а	Current year	.	2a			
b	Carryover from last year	.	2b			
С	Total	.	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	- 5	3_			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	ing				
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ın list	\· Par	† II-Δ Ι	ines 1	and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	1p 110t	<i>γ</i> , ι αι	, ., .		· unu
						•••
		- -				

	rm 990 or 990-EZ) 2015	Page 4
Part IV	Supplemental Information (continued)	
		•

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

		ganization		Empir	oyer ident	AA 2052000
_		for India's Development, Inc				04-3652609
Ра	rt I	Organizations Maintaining Donor Adv			r Accol	unts.
	_	Complete if the organization answered		6.		
			(a) Donor advised funds		(b) Fur	nds and other accounts
1		number at end of year				
2		egate value of contributions to (during year)				
3		egate value of grants from (during year) .		_		
4		egate value at end of year				
5		he organization inform all donors and donor				
		are the organization's property, subject to the	•			
6		ne organization inform all grantees, donors, a				
	•	for charitable purposes and not for the bene		_	-	·
			<u> </u>		<u>· · · · </u>	Yes <u></u> No
Par	t	Conservation Easements.		_		
		Complete if the organization answered		<u>7</u>		
1	•	ose(s) of conservation easements held by the	-			
		eservation of land for public use (e.g., recrea	·		•	•
	_	otection of natural habitat	☐ Preservation	of a cer	tified his	storic structure
		eservation of open space				
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribu	ition in th		
	easer	nent on the last day of the tax year.			Н	eld at the End of the Tax Year
а	Total	number of conservation easements			2a	
b	Total	acreage restricted by conservation easement	ts		2b	
C		per of conservation easements on a certified h	, ,		2c	
d		per of conservation easements included in				
		ic structure listed in the National Register .			2d	
3		per of conservation easements modified, trans	sferred, released, extinguished, or to	erminate	d by the	organization during the
	tax ye					
4		er of states where property subject to conse				
5		the organization have a written policy re-				
		ons, and enforcement of the conservation ea				
6	Staff a	nd volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcir	ig conser	vation ea	sements during the year
_	>					
7		nt of expenses incurred in monitoring, inspectin	ig, handling of violations, and enforcir	ng conse	rvation e	asements during the year
	▶ \$	•••••				
8		each conservation easement reported on line	• • •			
		ection 170(h)(4)(B)(ii)?				
9		t XIII, describe how the organization reports of				
		ce sheet, and include, if applicable, the text of		tinanciai	stateme	ents that describes the
		ization's accounting for conservation easeme			<u> </u>	
Par		Organizations Maintaining Collection			r Simil	ar Assets.
		Complete if the organization answered '				
1a		organization elected, as permitted under SF	· • • • • • • • • • • • • • • • • • • •			
		of art, historical treasures, or other similar				
		service, provide, in Part XIII, the text of the f				
b		organization elected, as permitted under S				
		of art, historical treasures, or other similar		educatio	on, or re	search in furtherance of
	-	service, provide the following amounts relati	-		_	•
		venue included on Form 990, Part VIII, line 1			🏲	\$
_		sets included in Form 990, Part X			🕨	\$
2		organization received or held works of art,			s tor fir	iancial gain, provide the
		ing amounts required to be reported under S			_	•
а		ue included on Form 990, Part VIII, line 1				\$
		s included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	<u> </u>	\$
For Pa	perwor	k Reduction Act Notice, see the Instructions for	Form 990. Cat No 5228	33D		Schedule D (Form 990) 2015

Pai	t III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	ords, ched	ck any of th	ne follo	wing that are	a signif	icant u	se of it
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	jra ms			
b	Scholarly research		е	☐ Othe	r					
C	Preservation for future generation						•			
4	Provide a description of the organiza XIII.	ation's collections a	and exp	lain how t	they further	the or	ganızation's e	xempt p	ourpose	∍ın Par
5	During the year, did the organization							milar		
	assets to be sold to raise funds rathe		ained as	part of th	e organizat	ion's co	ollection? .	· [☐ Yes	□ No
Par	t IV Escrow and Custodial Arr. Complete if the organization		" on Fo	rm 990, I	Part IV, lin	e 9, or	reported an	amour	nt on F	orm
	990, Part X, line 21. Is the organization an agent, trustee	oustodian or oth	or inter	nodian, f	or contribu	tiono o	r ether ecepte			
1a	included on Form 990, Part X?							not –	7 V	
b	If "Yes," explain the arrangement in F					•			_ res	☐ No
	ii 103, Oxpidiii tile difangement iii i	art Am and compr		Jiiowing t	abic.		1	Amou	nt	
С	Beginning balance					10	:			
d	Additions during the year					10	1			
е	Distributions during the year					16	,	_		
f	Ending balance					11				
2a	Did the organization include an amou	nt on Form 990, Pa	art X, lınd	e 21, for e	scrow or c	ustodia	l account liabi	lity?	Yes	☐ No
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been	provid	ed on Part XIII		<u> </u>	
Par	Endowment Funds.	1.004								
	Complete if the organization				, , , , , , , , , , , , , , , , , , , 		(87			
4.	Desirates of war halance	(a) Current year	(b) Pr	or year	(c) Two year	's back	(d) Three years b	ack (e)	Four year	irs back
1a	Beginning of year balance									
b b	Contributions									
·	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and						·			
	programs							- 1		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a)) held a	as:			
а	Board designated or quasi-endowmer	nt ▶	_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
_	The percentages on lines 2a, 2b, and									
3a	Are there endowment funds not in the organization by:	e possession of the	e organi	zation tha	at are held a	and adi	ministered for	the	-	
	-							<u></u>		s No
	(i) unrelated organizations (ii) related organizations							_	a(i)	
h	If "Yes" on line 3a(ii), are the related or				hadula R2			_ _	a(ii) 3b	+
4	Describe in Part XIII the intended uses								וטנ	
Part										
	Complete if the organization		on For	m 990, P	art IV, line	11a. S	See Form 99	0. Part	X. line	10.
	Description of property	(a) Cost or oth (investme	er basis	(b) Cost or	r other basis her)	(c) A	Accumulated preciation		Book val	
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other									
otal.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0, Part λ	(, column	(B), line 10	c.)				

	Investments – Other Section Complete if the organization		Form 990, Part IV, line	11b. See Form 990, Par	t X, line 12.
	(a) Description of security or (including name of sect	category urity)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
(1) Financial	derivatives				
	eld equity interests				
3) Other					
(A)					
(B)		~			
(C)					
(D)					
(E)					
(F)					
(G) (H)					
) must equal Form 990, Part X, col (B) line	101		·	
Part VIII	Investments – Program R				
are viii	Complete if the organization		Form 990. Part IV. line	11c. See Form 990. Par	t X. line 13.
	(a) Description of invest		(b) Book value	(c) Method of valuate	-
	(0, 2000) page 1		, , ,	Cost or end-of-year mark	
(1)	,				
(2)		•			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	15 000 P 4 V - 1 (P) 1	401 6			
) must equal Form 990, Part X, col. (B) line Other Assets.	13.) 🖊			
Part IX	Complete if the organization	on answered "Ves" on	Form 990 Part IV line	11d See Form 990 Part	t X line 15
····	Complete it the organization	(a) Description	11 01111 000, 1 411 14, 11110		look value
(1)					• • • • • • • • • • • • • • • • • • • •
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			**************************************		
(8)					
(9)	45 000 5	1 (0) 1 - 45)			
	nn (b) must equal Form 990, Pa	nπ X, col. (B) line 15.) .	<u> </u>	▶	
Part X	Other Liabilities. Complete if the organization	n answered "Vee" on	Form 900 Part IV line	11a or 11f See Form 00	O Part Y
	line 25.	in answered tes on	FOITH 990, Fait IV, line	rie di Til. Gee i dilli 33	o, rait X,
	(a) Description of liability	(b) Book va	lue		
(1) Federal inc		(1, 1			
(2)					
(3)					
(4)	· · · · · · · · · · · · · · · · · · ·				
\ · /					
(5)					
(5) (6) (7)					
(5) (6) (7)					
(5) (6) (7) (8) (9)	must equal Form 990, Part X, col. (B) line				

Par	Reconciliation of Revenue per Audited Financial Statem			eturn.
	Complete if the organization answered "Yes" on Form 990,		l	
1	Total revenue, gains, and other support per audited financial statements			2,291,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	l a i		
a	Net unrealized gains (losses) on investments	2a	0	a.
b	Donated services and use of facilities	2b	0	
C	Recoveries of prior year grants		0	
d	Other (Describe in Part XIII.)		0 🔊	
e	Add lines 2a through 2d		<u> </u>	<u>e 0</u>
3	Subtract line 2e from line 1	· · · · · ·	5.25	2,291,595
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		0	
b	Other (Describe in Part XIII)		0	
C				C 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part				Return.
	Complete if the organization answered "Yes" on Form 990,		·	
1	Total expenses and losses per audited financial statements			1,577,225
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	10-1	1,75	The state of the s
а	Donated services and use of facilities	2a	O	
b	Prior year adjustments		0	
C	Other losses		0	
d	Other (Describe in Part XIII.)		0	
e	Add lines 2a through 2d		2	
3	Subtract line 2e from line 1	i	3	1,577,225
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		0[:	
b	· · · · · · · · · · · · · · · · · · ·		- 0	
с 5	Add lines 4a and 4b			
	XIII Supplemental Information.	10.)	• • • •	1,577,225
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			

Schedule D (Fo		Page
Part XIII	Supplemental Information (continued)	
	•	
	·	
	······································	
	•	

		•••••

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Inspection Employer identification number

Assoc	nation for India's Development,	Inc	_			04-3652609
Par		n on Activiti	es Outside	the United States. Comp	olete if the organization an	swered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for the	e grants or as	ssistance, and the selection		
2	For grantmakers. Describ assistance outside the Unit		the organizati	on's procedures for monit	toring the use of its grain	nts and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	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)	South Asia - India	0	0	Grants to recipients		_1,312,334
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(3)						
11)						
12)						
13)						
14)						
15)			·			
16)	<u> </u>					
17)					,	
3a b	Sub-total Total from continuation	0	0			1,312,334
С	sheets to Part I	0	0			0 1,312,334

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. Part II

ı	3	5			טיססי. ו מונ וו כמו	than \$2,000. I at it call be duplicated if additional space is needed	ultioliai space is	needed.	
1 (a) Name of organization	-	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of non-cash	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
		(ii applicable)				Tipling Deliging	assistance		appraisal, other)
(1)			South Asia (India)	Agriculture	20.672 Wire	Wire			
(3)			South Asia (India)	Agriculture	37 369 Wire	Wire			
(2)			South Asia (India)	Agriculture	8.288 Wire	Wire			
(4)			South Asia (India)	Agriculture	10,370 Wire	Wire			
(5)			South Asia (India)	Agriculture	19,029 Wire	Wire			
(9)			South Asia (India)	Agriculture	14,499 Wire	Wire			
(2)			South Asia (India)	Agriculture	27,742 Wire	Wire			
(8)			South Asia (India)	Agriculture	7,522 Wire	Wire			
(6)			South Asia (India)	Agriculture	4,773 Wire	Wire			
(10)			South Asia (India)	Agriculture	7,675 Wire	Wire			
(11)			South Asia (India)	Agriculture	7,715 Wire	Wire			
(12)			South Asia (India)	Agriculture	9,456 Wire	Wire			
(†3)			South Asia (India)	Agriculture	4,152 Wire	Wire			
(14)			South Asia (India)	Agriculture	3,944 Wire	Wire			
(15)			South Asia (India)	Agriculture	2,208 Wire	Wire			
(16)			South Asia (India)	Community Empower	7,923 Wire	Wire			

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

Enter total number of other organizations or entities . . .

Schedule F (Form 990) 2015

16

Schedule F (Form 990) 2015

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

							or oppide in the second		
- [(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)
Ξ			South Asia (India)	Community Empower	7,873				
ଥି			South Asia (India)	Community Empower	12,544				
ල			South Asia (India)	Community Empower	5,721				
4			South Asia (India)	Community Empower	51,642				
<u>(</u>			South Asia (India)	Community Empower	5,508				
<u>©</u>			South Asia (India)	Community Empower	7,928				
ε			South Asia (India)	Community Empower	20,944				
<u>©</u>			South Asia (India)	Community Empower	24,221				
6			South Asia (India)	Community Empower	22,008				
(<u>1</u> 0			South Asia (India)	Community Empower	9,920				
Ē			South Asia (India)	Community Empower	6,709				
12			South Asia (India)	Community Empower	18,566				
13)			South Asia (India)	Community Empower	2,287				
2			South Asia (India)	Community Empower	15,760				
(15)			South Asia (India)	Community Empower	7,092				
(16)			South Asia (India)	Community Empower	5,983				
8	Enter total nur	mber of recipie	Enter total number of recipient organizations listed above that		gnized as charities	are recognized as charities by the foreign country, recognized as tax-exempt	itry, recognized as t	ax-exempt	

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ო

Enter total number of other organizations or entitles

Schedule F (Form 990) 2015

16

Schedule F (Form 990) 2015 Part II

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.

1 (a) N orgar	(a) Name of organization	(b) IRS code	(c) Region	a a	(e) Amount of	of (e) Amount of (f) Manner of (g) Amount of (h) Cash	(g) Amount of	(h) Description	(i) Method of valuation
		(if applicable)		grant	cash grant	disbursement	assistance	of non-cash assistance	(book, FMV, appraisal, other)
(1)			South Asia (India)	Community Empower	6,739				
(2)			South Asia (India)	Community Empower	12,596				
ල			South Asia (India)	Community Empower	6,933				
(4)			South Asia (India)	Education	2,617				
<u>(S</u>			South Asia (India)	Education	16,922				
(9)			South Asia (India)	Education	9,572	,			
ε			South Asia (India)	Education	5,330				
(8)			South Asia (India)	Education	1,554				
6			South Asia (India)	Education	6,954				
(10)			South Asia (India)	Education	10,392				
(11)			South Asia (India)	Education	4,535				
(12)			South Asia (India)	Education	7,409				
(13)			South Asia (India)	Education	7,165				
(14)			South Asia (India)	Education	8,228				
(15)			South Asia (India)	Education	4,610				
(16)			South Asia (India)	Education	9,817				

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

Enter total number of other organizations or entities

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Schedule F (Form 990) 2015

Page 2

Schedule F (Form 990) 2015

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 Part II

				לי מין בין בין בין בין בין בין בין בין בין ב	מיססיי שייי	ש וו שטווטווטשי סמ	שמיים ושויים ושיים		
-	(a) Name of organization	(tf applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(l) Method of valuation (book, FMV, appraisal, other)
Ξ			South Asia (India)	Education	6,041				
ର			South Asia (India)	Education	1,787				
ව			South Asia (India)	Education	9,493				
(4)			South Asia (India)	Education	12,020				
<u>©</u>			South Asia (India)	Education	5,201				
9			South Asia (India)	Education	10,057				
ε			South Asia (India)	Education	1,235				
<u>®</u>			South Asia (India)	Education	9,731				
6			South Asia (India)	Education	936				
(10)			South Asia (India)	Education	14,311				
3			South Asia (India)	Education	5,344				
(12)			South Asia (India)	Education	6,376				
(13)			South Asia (India)	Education	16,662				
(14)			South Asia (India)	Education	6,472				
(15)			South Asia (India)	Education	8,161				
(16)			South Asia (India)	Education	6,574				
8	Enter total nu	mber of recipie	Enter total number of recipient organizations listed above that	ed above that are reco	anized as charities	are recognized as charities by the foreign country recognized as tay evenual	t ac bostanooda yat	tamoso se	

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

3 Enter total number of other organizations or entities . . .

Schedule F (Form 990) 2015

16

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. Part II

					100 11 100010	ביביי לכלכי . ביני ביני ביני בין ביני ביני ביני ביני	יי האשלה יהי והוויהו	ובפספים.	
- [(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)
Ξ			South Asia (India)	Education	5,099				
8			South Asia (India)	Education	21,514	1			
ල			South Asia (India)	Environment	7,991				
€			South Asia (India)	Environment	7,093				
(2)			South Asia (India)	Environment	6,282				
9			South Asia (India)	Environment	7,630				
3_			South Asia (India)	Environment	14,316				
(8)			South Asia (India)	Environment	2,435				
6			South Asia (India)	Health	151,875				
(10)		-	South Asia (India)	Health	9,571				
£			South Asia (India)	Health	2,961				
(12)			South Asia (India)	Health	7,336				
(13)			South Asia (India)	Health	7,575				
(4)			South Asia (India)	Health	11,630				
(12)			South Asia (India)	Health	5,181				
(16)			South Asia (India)	Health	7,157				

¹⁶ Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

Page 2

Schedule F (Form 990) 2015

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Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance disbursement (f) Manner of 12,833 39,020 8,672 7,838 9,548 3,265 4,570 8,438 25,625 10,362 11,287 (e) Amount of cash grant Women's Empower Women's Empower Women's Empower Women's Empower Women's Empower (d) Purpose of grant People's Rights People's Rights People's Rights People's Rights People's Rights People's Rights South Asia (India) South Asia (India) South Asia (India) South Asia (India) South Asia (India) South Asia (India) South Asia (India) South Asia (India) South Asia (India) South Asia (India) South Asia (India) (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II 6 E

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

6,472

Women's Empower

South Asia (India)

3,322

1,121

Livelihood

South Asia (India)

Livelihood

South Asia (India)

Livelihood

South Asia (India)

1,726

20,000

Women's Empower

South Asia (India)

₹ 2

₹ (4)

15

(16)

Ø

9 Enter total number of other organizations or entities ო

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

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. Part II

-	(a) Name of			W Manager Carlot		/6 Monocof	200000000000000000000000000000000000000		(A) 144-44-45
.	organization	(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	cash cash disbursement	non-cash assistance	(h) Description of non-cash assistance	(b) Musticon (book, FMV, appraisal, other)
Ξ			South Asia (India)	Livelihood	2,200				
(2)			South Asia (India)	Livelihood	1,378				
<u>(C</u>			South Asia (India)	Relief & Rehabilitation	1,070				
€			South Asia (India)	Relief & Rehabilitation	12,500				
(2)			South Asia (India)	Relief & Rehabilitation	25,799				
(9)			South Asia (India)	Relief & Rehabilitation	7,599				
3			South Asia (India)	Relief & Rehabilitation	7,182				
<u>@</u>			South Asia (India)	Relief & Rehabilitation	1,000				
6			South Asia (India)	Relief & Rehabilitation	16,904				
(10)			South Asia (India)	Relief & Rehabilitation	10,000				
(11)			South Asia (India)	Relief & Rehabilitation	3,791				
(12)			South Asia (India)	Relief & Rehabilitation	71,152				
(13)									
3								•	
13									
(16)									

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2015

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Schedule F (Form 990) 2015

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

(f) Amount of (g) Description valuation of non-cash of non-cash assistance assistance appraisal,																		
(e) Manner of cash disbursement																		
(d) Amount of cash grant																		
(c) Number of recipients	15 15 15																	
(b) Region																		,
(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

P:	ane	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 Foreig Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; do not file with Form 990).	n	☑ 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)		☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	1,	☑ 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)		☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to separately file Form 5713, International Boycott Report (se Instructions for Form 5713; do not file with Form 990)		☑ No

Part V

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).

•
Proposals from deserving organizations that are registered as charities in India are reviewed for support for specific programs and support to
social workers and activities they intend to pursue to help the poor and marginalized, and are in line with AID's mission and its 501(c)(3)
status. After discussion of detailed budgets and project goals and objectives in chapter meetings that are open to public and/or Executive
Board meetings, and communication with the NGOs and social workers that help address any questions raised by volunteers, they are voted
on for approval. On approval, they are forwarded to a central Projects and Long-term Partners team that works with the Projects and
Long-term Partners coordinators on the Executive Board, to ensure compliance with the 501(c)(3) standards, AID's mission, and ideology
Every group being considered for support or supported by AID is visited by volunteers and these independent visit reports are documented.
The groups receiving support send detailed reports on progress of work and make available their financial and audit statements. The Board
of Directors makes the final decisions in case any concerns or issues arise, and also works with the Executive Board to maintain oversight
In 2015, proposals from 108 organizations were approved for grants, a total of \$1,312,334 was disbursed.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Association for India's Development, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Special fundraising events Phone solicitations ☐ In-person solicitations ď Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? fundraiser listed in col (i) or entity (fundraiser) from activity organization Yes No 1 2 3 5 6 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

	edule (Fundraising Events. Co	molete if the organizati	on answered "Yes" or	Form 990 Part IV lin	Page te 18 or reported more
		than \$15,000 of fundraisi	ng event contributions			
		, , , , , , , , , , , , , , , , , , ,	(a) Event #1 Concert series (event type)	(b) Event #2 Run for India (event type)	(c) Other events 55 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	170,676	91,191	131,249	393,11
Œ	2	Less: Contributions Gross income (line 1 minus	0	0		
		line 2)	170,676	91,191	131,249	393,11
	4	Cash prizes	0	0	0	
	5	Noncash prizes	0	0	0	
enses	6	Rent/facility costs	0	0	0	
Direct Expenses	7	Food and beverages	0	0	0	
Direc	8	Entertainment	0	0	0	
	9	Other direct expenses .	188,242	0	66,405	254,64
	10 11	Direct expense summary. Ac Net income summary. Subtr	act line 10 from line 3, c	olumn (d)	>	254,64
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or	reported more
Revenue		man project on remine	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Rev	1_	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
-	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
9	En	iter the state(s) in which the or	ganization conducts gar	ming activities:		
ŧ	a Is	the organization licensed to co		in each of these states	?	🗌 Yes 🗌 No
10a			amıng licenses revoked		ted during the tax year?	P . ☐ Yes ☐ No

Schedu	ule G (Form 990 or 990-EZ) 2015		F	age 3
11 12	Does the organization conduct gaming activities with nonmembers?	_	'es □ 'es □	
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			<u>%</u>
b	<u> </u>			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ▶			
15a	revenue?	□ Y	es 🗌	No
b				
	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 ►			
	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?	□ Y	es 🗌	No
	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. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations).	nd (v) matio	; and n (see	
		-		

Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE 0 (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.

2015

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Open to Public Inspection

Association for India's Development, Inc	· 04-3652609
Form 990 Part III 4d Other program services include support for social workers in India as well as spre	•
sustainable development in the US via various means such as websites, publications and handouts, so	eminars and conferences.
Form 990 Part VI B 11a: The Form 990 and all Schedules were sent to members of the governing Board	l and reviewed with all officers and the
Board by way of a conference call, prior to submission. Most members of the governing Board and sev	veral officers were also actively
involved in the preparation of the forms and the relevant Schedules.	
Form 990 Part VI B 12c: We communicate the policy to our officers and volunteers through email, and to	the governing Board of Directors
directly receives and addresses any situation brought to its attention. Disciplinary action, as appropria	te, is taken against any violators.
Form 990 Part VI B 15a. The CEO/top management official receives zero compensation. This has been	a considered decision of the
governing Board and the organization, taken after due deliberation.	
Form 990 Part VI B 15b: No director or officer of the organization is compensated for being a director of	r officer. This has been a considered
decision of the governing body and the organization, taken after due deliberation	
The organization has two employees with the title of "Development Coordinator". This individual is not	a Director or an Officer of the
organization. Compensation for this position was determined after careful analysis of similar positions	in other similar organizations
Form 990 Part VI C 17: List of states with which this Form 990 will be filed for registration:	
AZ, CA, CT, GA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OK, PA, RI, SC, TN	, VA, WA, WI, WV
Form 990 Part VI C, 18: The Form 990 is made available on the organization's website. Copies of 1023 a	re mailed on request. All these
documents are available for inspection at: 5011 Tecumseh Street, College Park, MD, 20740.	

ame of the organization	Employer identification number
ssociation for India's Development, Inc.	04-3652609
orm 990 Part VI C, 19 We make our documents available to the public through different me	ans. By-laws, articles of incorporation, and
nnual reports containing the financial statements are published on our website (www.aiding	dia.org). The conflict of interest policy is
, ommunicated by email every six months to volunteers and is currently available to the gene	eral public upon request. Also, General Bod
eetings are open to the general public where financial and governance issues are discusse	ed, information is presented, and questions
nswered	
Amended Form 990 is being filed as there were errors in prior period adjustments that we	ere discovered when bank reconciliation for
as initiated.	

rm 990 Part XI 1 & 2 The total Gross revenue from fundraising events is netted in Part VIII	I Other Revenue Line 8 b hence total reven
d total expenses have been netted. Expenses of \$254,647 is deducted from Events in Part	VIII and Part XI.
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