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**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	al Nevertile Service				
Α	For the 2015 calendar year, or tax year beginning 7/01 , 2015, and endin	ig 6/3	0	, 2016	
В	Check if applicable C		D Employer iden	tification number	
	Address change American Institute of Indian Studies	İ	23-6297	039	
	Name change 1130 East 59th Street	-	E Telephone num		
	H Chicago II 60637				
			<u>(773) 7</u>	02-8638	
	Final return/terminated				
	Amended return		G Gross receipts	<u>\$ 5,956,</u>	
	Application pending F Name and address of principal officer Philip Lutgendorf	H(a) Is this a	group return for su	ibordinates? Yes	X No
	Univ of Iowa,667 Phillips Hall Iowa City, IA 52242	H(b) Are all s	ubordinates include ttach a list (see in	ed? Yes	∐ No
ī	Tax-exempt status   X   501(c)(3)   501(c) ( ) ◀ (insert no )   4947(a)(1) or   527	ii No. a	itach a list (see in	Structions)	
	Website: ► www.indiastudies.org	H(c) Group a	kemption number		
ĸ	Form of organization X Corporation Trust Association Other L Year of formati				
	<del></del>	1961	IN State of	legal domicile IL	
Pa	rt   Summary	1			
	1 Briefly describe the organization's mission or most significant activities <u>Dedicate</u>				
မွ	knowledge about India and the promotion of intellectua				
aŭ	American universities by providing research fellowship				
ᇤ	languages, knowledge of Indian culture, and supporting				<u>··</u>
Activities & Governance	2 Check this box \( \subseteq \subseteq if the organization discontinued its operations or disposed of mo	ore than 25°	% of its net as	sets	<b>.</b> .
S G	3 Number of voting members of the governing body (Part VI, line 1a)		3		11
Si	4 Number of independent voting members of the governing body (Part VI, line 1b)		4		11_
ij	<ul> <li>Total number of individuals employed in calendar year 2015 (Part V, line 2a)</li> <li>Total number of volunteers (estimate if necessary)</li> </ul>		5		1
댨	• • • • • • • • • • • • • • • • • • • •		6 7a	<del> </del>	118
¥	<ul><li>7a Total unrelated business revenue from Part VIII, column (C), line 12</li><li>b Net unrelated business taxable income from Form 990-T, line 34</li></ul>		7a 7b	· · · · · · · · · · · · · · · · · · ·	0.
	Net unrelated business taxable income from Form 930-1, line 34				0.
	Contributions and provide (Dark VIIII June 16)		or Year	Current Ye	
<u>.</u>	8 Contributions and grants (Part VIII, line 1h).	5,	497,507.	4,093	
Revenue	9 Program service revenue (Part VIII, line 2g)	ļ	251,271.		<u>,682.</u>
Š	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		643,898.		,224.
<b>CC</b>	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		461,037.		<u>,270.</u>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,	853,713.	5,140,	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		512,385.	320,	,324.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>			
,,	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		739,148.	457,	,040.
Se	16a Professional fundraising fees (Part IX, column (A), line 11e)				
Expenses	b Total fundraising expenses (Part IX, column (D), line 25) ► 40, 958.	123.		. \$ % ·	^ <b>*</b>
Ĕ		·	*	<u> </u>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		841,162.	3,718,	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		092,695.	4,495	<u> </u>
	19 Revenue less expenses Subtract line 18 from line 12	<del></del>	761,018.		<u>,687.</u>
15 o	RECEIVED		of Current Year	End of Ye	
Net Assets or Fund Balance	20 Total assets (Part X, line 16)		749,685.	12,031	
A P	21 Total liabilities (Part X, line 26) MAY 1 5 2017	2,	547,656.	2,857	, 969.
žΞ	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  MAY 15 2017	9.	202,029.	9,173	,869
Pa	rt II Signature Block				
lind-	consisting of persury I declare that I have examined this return including accompany and the statement and to	the best of mu	knowledge and be	blief it is true correct	 t_and
comp	penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to lete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	are best of my	Knowledge and De	and, it is tide, correct	i, and
	El. (140)	r	nu 10, 20		
c:-	Signature of officer	Date	25 W 40		
Sig He	e U.S. Director Elise Averbach				
116	Type or print name and title				
		<del>-</del> -	<u> </u>	PTIN	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Check if		
Pa	d Sheila Y. Kaczynski		self-employed	P00218480	
		<u> 17                                    </u>			
	parer Firm's name Kaczynski & Associates, Ltd.	17		, , , , , , , , , , , , , , , , , , , ,	
Us			Firm's EIN ► 36		
Us	parer Firm's name Kaczynski & Associates, Ltd.		Firm's EIN ► 36		_

Form	990 (2015) American Institute of Indian Studies	23-6297039	Page <b>2</b>
Ŗaŗ	till® Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	See Schedule 0	<del>-</del>	
		- <del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	_	_
	Form 990 or 990-EZ?		Yes X 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 servi	ces?	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported	es, as measured to others, the to	by expenses tal expenses,
4 2	(Code ) (Expenses \$ 3,753,565. including grants of \$ 320,324.) (Re	venue \$	19,682.)
	Study of Indian culture and civilization, awarding fellowships to		
	and study		
4 t	(Code ) (Expenses \$ including grants of \$ ) (Re	venue \$	)
		· <del>-</del>	
40	: (Code ) (Expenses \$including grants of \$ ) (Re	venue \$	
		· · · · · · · · · · · · · · · · · · ·	
		- <b>-</b>	
4	Other program services (Describe in Schedule O)		
-71	(Expenses \$ including grants of \$ ) (Revenue \$		)
4 6	☐ Total program service expenses  ☐ 3,753,565.		
BAA			Form <b>990</b> (2015)

		r -	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	Х	l
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_X	
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		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
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_		Х
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		Х
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_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		х
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		Х
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	**. **.		
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	<u></u> .
ļ	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c 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	11 c		Х
(	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	11 d		Х
(	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	X	
1	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	11 f		Х
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	Х	
	<b>b</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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
ĺ	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	х	
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		Х
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	Х	
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		Х
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		Х
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		х

Par	t IV   Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
Ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
i	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
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		x
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		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ì	3,000	
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	<b> </b> i	X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
(	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		х
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		х
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		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	1 <b>990</b> (	(2015)

## Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 2 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1 c 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 2 a 1 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3 a **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country India See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a 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? X 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3 7 h 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. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 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 a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c $\overline{\mathbf{x}}$ 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 11 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 b Enter the number of voting members included in line 1a, above, who are independent 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? See Schedule O 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule 0 Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body? b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Nο 10a Did the organization have local chapters, branches, or affiliates? 10a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O Schedule O how this was done Х 12c Х 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х 15 b **b** Other officers or key employees of the organization See Schedule O If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records 20

Elise Auerbach 1130 E. 59th Street Chicago IL 60637 (773) 702-8638

BAA

Form 990 (2015)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

Check this box if neither the organization nor any re	elated organiz	ation	con	nper	isate	ed any	' cu	rrent officer, direct	or, or trustee	
		(C)						;		
(A) Name and Title	(B) Average hours per	thar	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from the organization	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) Purnima Mehta	40									
India Director		<b>x</b>			ļ		Į	63,209.	0.	0.
(2) Elise Auerbach	40									
US Director		X				1 ]		69,612.	0.	0.
(3) Philip Lutgendorf	2									
President	0	X	İ	Х				0.	0.	0.
(4) Ralph W. Nicholas	1	Ĭ								<del></del>
Chairman		Х		Х		) )	- 1	0.	0.	0.
(5) Amrita Basu	1								<del></del>	
Trustee		X				1 (	ļ	0.	0.	0.
(6) Anne Feldhaus	1									
Trustee		X						0.	0.	0.
(7) Kathleen Hall	1						- }		_	· — — ·
Trustee	0	<u> </u>						_ 0.	0.	0.
(8) Michael Fisher	11								-	
Trustee	0	X						0.	0.	0.
(9) Sangita Gopal	1_									
Trustee	0	Х					_	0.	0.	0.
(10) Douglas Haynes	1					] ]				
Trustee	0	X			<u>L</u>			0.	0.	0.
(11) Frank Korom	11	}				1				
Trustee	0	X			<u>L</u> .			0.	0.	0.
(12) Sumathi Ramaswamy	11	]			ĺ	1				
Trustee	0	X						0.	0.	1,329.
(13) Neelima Skukla-Bhatt	1		i							
Trustee	0	X						0.	0.	0.
(14) William R. Pinch	6									
Treasurer	0	<u></u>		X				0.	0.	0.

TEEA0107L 10/12/15

Part VII   Section A. Officers, Directors, 1rt	istees, i	ney	Em	ipic	oye	<u>es,</u>	and	a rignest Con	ipensated Emp	oyees (continued)	
(A) Name and title	Average hours per week	(do not chec box, unless officer and a			osition ik more than one person is both an a director/trustee)			(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	Estimated amount of other	
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations	
(15) John Cort Secretary	1			х				0.	0.	0.	
(16)				Λ	1			<u> </u>	<u> </u>		
(17)											
(18)		-		_				<del> </del> -			
(19)		-								<u> </u>	
(20)			l								
(21)		-					-			<u> </u>	
(22)										<u> </u>	
(23)										<del></del>	
(24)											
(25)											
1 b Sub-total			<u> </u>		l		•	132,821.	0.	1,329.	
c Total from continuation sheets to Part VII, Section	on A						▶	0.	0.	0.	
d Total (add lines 1b and 1c)							•	132,821.	0.	1,329.	
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	sted	abov	ve) v	vho	recei	ved		0 of reportable comp		
	<del></del> -									Yes No	
3 Did the organization list any <b>former</b> officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h <i>individu</i>	stee, <i>al</i>	key	em	ploy	ee,	or h	ighest compensat	ed employee	3 X	
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportabler than \$1	e coi 50,00	mpe	nsa If 'Y	tion ′es′	and com	othe	er compensation t e Schedule J for	rom		
<ul> <li>such individual</li> <li>Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes</li> </ul>	e compen	satio	n fro	om a	any	unre	late	d organization or	ındıvıdual	4 X	
Section B. Independent Contractors	s, comple	- 50	neu	uie	5 101	Suc	πρ	e13011		1 3 1 1 1 1	
Complete this table for your five highest compensation from the organization. Report compensation.	sated inde	peno the c	dent alend	cor dar y	itrac year	tors endi	that ng v	t received more th	nan \$100,000 of ganization's tax year		
Name and business addi	ress							Description (	of services	(C) Compensation	
							_				
2 Total number of independent contractors (including to \$100,000 of compensation from the organization		ted to	o tha	se I	ısted	l abo	ve)	who received more	than		
RAA		TEΕΔΩ	1001	10/1	0/15					Form 990 (2015)	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (C) Total revenue Related or Unrelated Revenue exempt business excluded from tax under sections 512-514 function revenue revenue Grants 1 a Federated campaigns 1 a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1 b 86,000 c Fundraising events 1 c 1 d d Related organizations e Government grants (contributions) 1 e ,135,628 f All other contributions, gifts, grants, and similar amounts not included above 872,257 Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 4,093,885 **Business Code** Program Service Revenue 2a Service Charges 561000 19,682 19,682 f All other program service revenue q Total. Add lines 2a-2f 19,682 Investment income (including dividends, interest and other similar amounts) 454,734 454,734 Income from investment of tax-exempt bond proceeds. Royalties (i) Real (ii) Personal 6 a Gross rents 388,270 **b** Less rental expenses c Rental income or (loss) 388,270. d Net rental income or (loss) 388,270 388,270 (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 999,711 b Less cost or other basis and sales expenses <u>816,221</u> c Gain or (loss). 183,490 d Net gain or (loss) 183,490 183,490 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 5,140,061 19,682 0. 1,026,494

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Management and Program service Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV. line 21 Grants and other assistance to domestic individuals See Part IV, line 22 112,635 112,635. Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 207,689 207,689. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 147,247 119,674 12,848. 14,725. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 n 0 Other salaries and wages 309,793. 216,855. 92,938. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal c Accounting 33,012 33,012 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0 ) 26,233 26,233. Advertising and promotion 12 Office expenses 165,794 165,794 Information technology 14 15 Royalties Occupancy 16 32,641 32,641 17 Travel 14,883 7,633. 7,250 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 50,746. 27,209 23,537. 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 137,020. 137,020 23 Insurance 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) 3,050,591 3,050,591 Scholary research project exp b <u>Misc</u> \_\_\_\_\_ <u>98,254</u> 244 98,010 45,157 325 44,832 c Supplies\_\_\_\_\_ d Equipment expense 43,413 2,469 40,944 20,266. e All other expenses. 8,241. 12,025. 4,495,374. 25 Total functional expenses. Add lines 1 through 24e 3,753,565. 700,851. 40,958. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)

**Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 144,021 1 202,144. 2 Savings and temporary cash investments 2 5,371,149. 6,415,481. 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,571,656. 10b **b** Less accumulated depreciation 3,442,832. 1,297,664 10 c 1,128,824. Investments - publicly traded securities 4,922,517. 11 11 4,164,116. 12 Investments – other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV. line 11 15 14,334 121,273. 12,031,838. Total assets. Add lines 1 through 15 (must equal line 34) 16 11,749,685 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 2,547,656 25 2,857,969. Total liabilities. Add lines 17 through 25 26 2,547,656. 26 2,857,969. Organizations that follow SFAS 117 (ASC 958), check here > X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 2,798,458 27 1,816,309. 28 Temporarily restricted net assets 28 6,403,571 7,357,560. Permanently restricted net assets 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 Total net assets or fund balances 9,202,029 33 9,173,869. 34 Total liabilities and net assets/fund balances 34 11,749,685 12,031,838. BAA Form 990 (2015)

		<u>23-629703</u>	9	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,1	40,0	)61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,4	95,3	374.
3	Revenue less expenses Subtract line 2 from line 1	3		44,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		02,0	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	9	-6	72,8	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		.73,8	
Pa	rt XII   Financial Statements and Reporting			,,,,	<del>,05.</del>
	Check if Schedule O contains a response or note to any line in this Part XII				
	Check it Schedule O contains a response of note to any line in this Part XII	<del></del>		V	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Yes	NO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			185	
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	ļ	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	ewed on a	× ×	- 12	
١	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis	oarate			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	ļle	3 a	х	
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	audit	3 h	y	

Form **990** (2015)

BAA

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

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Name of the organization

Employer identification number 23-6297039

Ameri	can Institute of In	ndian Studies				23-629703	9			
Part I	Reason for Public Cha	arity Status (All o	rganizations must o	comple	te this	part.) See instruct	tions.			
The org	anization is not a private found	dation because it is (	For lines 1 through 11,	check or	nly one	box )				
1 [	A church, convention of church	nes, or association of cl	hurches described in <b>sec</b>	tion 170(	b)(1)(A)(	i).				
2	A school described in section 170(bX1XAXii). (Attach Schedule E (Form 990 or 990-EZ))									
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's									
	name, city, and state									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6	A federal, state, or local gov	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).				
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II)	part of its support from a	governm	ental uni	t or from the general pub	lic described			
8 _	A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	1)						
9 [	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	An organization organized a	•	•	•		, ,, ,				
11 [	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q									
a										
<b>b</b> [	Type II. A supporting organize management of the supporting must complete Part IV, Sect	zation supervised or coorganization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizati	naving control or on(s) <b>You</b>			
c [	Type III functionally integrated organization(s) (see instruction)									
ď	Type III non-functionally integ functionally integrated The constructions) You must com	rated. A supporting orgorganization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nection tion requ	with its s iirement	supported organization(s) and an attentiveness i	that is not requirement (see			
e [	Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS t						
fΕ	nter the number of supported	organizations								
_ g P	rovide the following information	n about the supported	d organization(s)							
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1 9 above (see instructions))	(iv) is organizat in your gi docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)							<del></del>			
~~	<del></del>									
(B)				ļ;						
(C)							<u> </u>			
(D)										
(E)										
					Į.					
Total	or Paperwork Reduction Act N	otice see the Instruc	tions for Form 990 or	90-F7		Schedule A (Form	n 990 or 990-EZ) 2015			
	zi i apermora neuaciion Activ	ouce, see the mattac		· · · · · · · · · · · · · · · · · · ·		JUIGUUIC A (FUIII	1 220 01 22012			

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

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

Sec	tion A. Public Support		, —— —	<del></del>	<del>,</del> _		
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	5,189,574.	5,361,295.	3,938,899.	5,497,507.	4,093,885.	24,081,160.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	5,189,574.	5,361,295.	3,938,899.	5,497,507.	4,093,885.	24,081,160.
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)						1,576,450.
6	Public support. Subtract line 5 from line 4						22,504,710.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4	5,189,574.	5,361,295.	3,938,899.	5,497,507.	4,093,885.	24,081,160.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	661,415.	614,789.	1,034,393.	1,104,935.	1,026,494.	4,442,026.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11	Total support. Add lines 7 through 10		\(\frac{1}{2}\)			*	28,523,186.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	914,612.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ırd, fourth, or fifth t	ax year as a section	n 501(c)(3)	
Sec	tion C. Computation of Pu						
14	Public support percentage for 20		· · ·	e 11, column (f))		14	78.90%
15	Public support percentage from 2					15	79.80%
16 a	33-1/3% support test — 2015. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported or	box on line 13, ar ganization	nd line 14 is 33-1/	3% or more, ched	k this box
b	33-1/3% support test — 2014. If it and stop here. The organization	the organization d qualifies as a pu	id not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	test check this	hox and ston her	痒 Explain in Parl	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' i	ind-circumstances test: The organiza	s' test, check this ition qualifies as a	box and <b>stop her</b> a publicly support	<b>'e.</b> Explain in Part ed organization	t VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►
DAA							

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

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

	tion A. Public Support						
	lar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include						
2	any 'unusual grants ') Gross receipts from admis-				<del>                                     </del>		
2	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.		-				
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5 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						
c	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·				
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support			·			
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
-	Amounts from line 6			<u> </u>			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		:				
С	Add lines 10a and 10b			-	t		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	· · · •						
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>		
14	10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as a	section 501(c)(3)	▶ []
14 Sec	10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here blic Support P	ercentage				<u>►</u> ∏
14 Sec 15	10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage for 20	stop here blic Support P 015 (line 8, columi	Percentage n (f) divided by lii			section 501(c)(3)	<u>▶</u> ∏
14 Sec 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	<b>blic Support P</b> 015 (line 8, columi 2014 Schedule A,	Percentage n (f) divided by lii Part III, line 15	ne 13, column (f))			<b>▶</b> □
14 Sec 15 16 Sec	10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage for 20  Public support percentage from tion D. Computation of Inv	stop here blic Support P 115 (line 8, columi 2014 Schedule A, restment Incor	Percentage In (f) divided by lii Part III, line 15 Ine Percentage	ne 13, column (f))		15	8
14 Sec 15 16 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	stop here blic Support P 115 (line 8, columi 2014 Schedule A, restment Incor	Percentage In (f) divided by lii Part III, line 15 Ine Percentage	ne 13, column (f))		15	%
14 Sec 15 16 Sec	10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  Public support percentage for 20  Public support percentage from tion D. Computation of Inv	blic Support P 015 (line 8, column 2014 Schedule A, restment Incor or 2015 (line 10c,	Percentage In (f) divided by lin Part III, line 15 IN Percentage Column (f) divided	ne 13, column (f)) e ed by line 13, colu		15 16	8
14 Sec 16 Sec 17 18 19a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage for 133-1/3% support tests — 2015. It is not more than 33-1/3%, check	blic Support P D15 (line 8, column 2014 Schedule A, restment Incor or 2015 (line 10c, rom 2014 Schedu f the organization t this box and sto	Percentage In (f) divided by ling Part III, line 15, and Percentage column (f) divided le A, Part III, lined did not check the phere. The organism of the column of the co	e 13, column (f)) e d by line 13, column (f) 17 e box on line 14, a	imn (f)) and line 15 is more as a publicly suppo	15   16   17   18   than 33-1/3%, and red organization	% % % % % MINE 17
14 Sec 16 Sec 17 18 19a	10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f Investment income percentage f 33-1/3% support tests – 2015.	blic Support P 15 (line 8, column 2014 Schedule A, restment Incor or 2015 (line 10c, rom 2014 Schedul f the organization this box and sto if the organization	Percentage In (f) divided by ling Part III, line 15, and Percentage column (f) divided le A, Part III, lined did not check the phere. The organdid not check a but the phere is the phere i	ed by line 13, column (f)) e to the total transfer of the transfer of transfer of the total transfer of tran	imn (f)) and line 15 is more as a publicly suppo	15 16 17 18 than 33-1/3%, and rted organization 5 is more than 33-	% % % d line 17 ► [] 1/3%, and

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
------------	-----	------------	---------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation If historic and continuing relationship, explain	1		
2	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 <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
2 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
-	and (c) below	3a		
t	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 <b>Part VI</b> when and how the organization made the determination	3ь	l <del></del>	
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 <b>Part VI</b> what controls the organization put in place to ensure such use	Зс		
	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			
48	if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
Ŀ	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			\$
	organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
				`,
C	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 <b>Part VI</b> 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	4c		ţ
5 a	a 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	نئــــــــــــــــــــــــــــــــــــ		222
	amendment to the organizing document)	5a		
ı.	Turne Law Turne II ambr. Wen approached as substituted supported assessmentant park of a place already decreased in the	ž.,	¥ ')	1
	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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
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	6		
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,'	7		
J	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	a 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 <b>Part VI</b>	9a		[
ŀ	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 <b>Part VI</b>	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,			<u> </u>
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с	ļ	
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			1
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
t	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)	10b		<u> </u>

Sch	edule A	A (Form 990 or 990-EZ) 2015 American Institute of Indian Studies	23-6297039		P	age 5
Pa	rt IV	Supporting Organizations (continued)				
11	, Hac	the organization accepted a gift or contribution from any of the following persons?	Г		Yes	No
	<b>a</b> A pe	erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) beening body of a supported organization?		11a		
	_	mily member of a person described in (a) above?	<u> </u>	11b		
		5% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide deta	-	11c	_	
		B. Type I Supporting Organizations				L
					Yes	No
1	or ele <b>Part</b> If the direc	the directors, trustees, or membership of one or more supported organizations have the power to regular ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No, the VI how the supported organization(s) effectively operated, supervised, or controlled the organize organization had more than one supported organization, describe how the powers to appoint a ctors or trustees were allocated among the supported organizations and what conditions or restified to such powers during the tax year	,' describe in zation's activities and/or remove	1		
2	that bene	the organization operate for the benefit of any supported organization other than the supported operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how efit carried out the purposes of the supported organization(s) that operated, supervised, or continuorting organization	v providing such	2		
Sec	ction	C. Type II Supporting Organizations				
					Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the director	s or trustees			
		ach of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or n porting organization was vested in the same persons that controlled or managed the supported in		1		
Sec	ction	D. All Type III Supporting Organizations				
					Yes	No
1	orga year,	the organization provide to each of its supported organizations, by the last day of the fifth monti inization's tax year, (i) a written notice describing the type and amount of support provided during, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) inization's governing documents in effect on the date of notification, to the extent not previously	ng the prior tax copies of the	1	***	*
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the s inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in organization maintained a close and continuous working relationship with the supported organization.	Part VI how	2	**************************************	
3	võice all tir	eason of the relationship described in (2), did the organization's supported organizations have a e in the organization's investment policies and in directing the use of the organization's income mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organis regard	or assets at	3	`	****
Sec	ction	E. Type III Functionally-Integrated Supporting Organizations			_	
	a 🔲 1	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year. The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.	ır (see instructions):			
	c 🔲 1	The organization supported a governmental entity. Describe in Part VI how you supported a governmen	nt entity (see instructions	)		
2	Activ	vities Test <i>Answer (a) and (b) below.</i>			Yes	No
	supp <b>orga</b> resp	substantially all of the organization's activities during the tax year directly further the exempt pure orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those anizations and explain how these activities directly furthered their exempt purposes, how the organizations to those supported organizations, and how the organization determined that these activities all of its activities	supported ganization was	2a	-	
	<b>b</b> Did t the d	stantially all of its activities  the activities described in (a) constitute activities that, but for the organization's involvement, or  organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part V  organization's position that its supported organization(s) would have engaged in these activities  anization's involvement	'I the reasons for	2b		
3	Pare	ent of Supported Organizations Answer (a) and (b) below.				
	<b>a</b> Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors of the supported organizations? <i>Provide details in <b>Part VI</b></i>	, or trustees of	3a		
	<b>b</b> Did tl supp	the organization exercise a substantial degree of direction over the policies, programs, and activities of ported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this region	i each of its	3b		

Schedule A (Form 990 or 990-EZ) 2015

Pa	rt V{Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	<u>itions                                    </u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovemb Sect	per 20, 1970 <b>See instructio</b> tions A through E	ns. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		<u> </u>
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		
Sec	tion 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)			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	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		
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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	_ <del></del>	4		
5	Income tax imposed in prior year	5	\$ 50 No.	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	**	
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions)	grate	d Type III supporting orga	anization
BAA			Schedule A (Forr	n 990 or 990-EZ) 2015

upporting Organizat	tions (continued)			
tion D — Distributions				
Amounts paid to supported organizations to accomplish exempt purposes				
of supported organizations	5,			
upported organizations				
tion is responsive (provide	details			
(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
		*,		
1 , 1,2 ,	΄, '	, <sup>1</sup>		
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		*		
	upported organizations upported organizations  tion is responsive (provide  Excess Distributions	tion is responsive (provide details  Line (ii)  Excess Distributions  Underdistributions Pre-2015		

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Schedule A (Form 990 or 990-EZ) 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 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.

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

OMB No 1545-0047

m990. Open to Public inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	American Institute of India	an Studies	23-6297039		
Pai	ત્t I 🕾 Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts.		
	Complete if the organization ansi	wered 'Yes' on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor are the organization's property, subject to the		onor advised funds Yes No		
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only purpose conferring Yes No		
Pa	rt II 🕄 Conservation Easements.		_		
		wered 'Yes' on Form 990, Part IV, line	. 7.		
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e g , r	• •	of a historically important land area		
	Protection of natural habitat	Preservation	of a certified historic structure		
_	Preservation of open space				
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
	Held at the End of the Tax Year				
;	a Total number of conservation easements		2 a		
1	<b>b</b> Total acreage restricted by conservation easer	nents	2 b		
	c Number of conservation easements on a certified historic structure included in (a)  2c				
,	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic				
	structure listed in the National Register		2 d		
3	Number of conservation easements modified, trar tax year ►	sferred, released, extinguished, or terminated by t	he organization during the		
4	Number of states where property subject to conse	rvation easement is located >	_		
5	Does the organization have a written policy re and enforcement of the conservation easemer		ndling of violations,  Yes No		
6					
7	Amount of expenses incurred in monitoring, insper-	cting, handling of violations, and enforcing conser	vation easements during the year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i) Yes No		
9		conservation easements in its revenue and exper o the organization's financial statements that d	nse statement, and balance sheet, and lescribes the organization's accounting for		
D.S.	conservation easements	ctions of Art Historical Treasures or	Other Similar Assets		
P,a	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.				
1 :	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	ld for public exhibition, education, or research in f	nue statement and balance sheet works of urtherance of public service, provide,		
!	following amounts relating to these items	or public exhibition, education, or research in further	statement and balance sheet works of art, erance of public service, provide the		
	(i) Revenue included on Form 990, Part VIII,	line 1	<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to these items			
	a Revenue included on Form 990, Part VIII, line	1	<b>▶</b> \$		
	b Assets included in Form 990, Part X		<b>▶</b> \$		

Schedule D (Form 990) 2015 Ameri Part III   Organizations Maintai				23-629	
3 Using the organization's acquisition					
items (check all that apply)	, accession, and	other records, check a	any of the following that a	re a significant use of its	Collection
a Public exhibition		<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research		e Other	•		
c Preservation for future general	ations	_			
4 Provide a description of the organiz Part XIII	ation's collection	s and explain how the	y further the organization	's exempt purpose in	
5 During the year, did the organizate to be sold to raise funds rather the	nan to be mainta	ained as part of the o	organization's collection	?	Yes No
Part IV Escrow and Custodia line 9, or reported an	Arrangeme amount on F	nts. Complete if orm 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian o	or other intermediary	for contributions or oth	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and	complete the follows	ng table		
					Amount
c Beginning balance				1 c	
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance.				1f	
2 a Did the organization include an a	mount on Form	990, Part X, line 21,	for escrow or custodial	account liability?	Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII Ch	eck here if the explai	nation has been provide	ed on Part XIII	
Part V Endowment Funds. C	omplete if th	e organization ar	nswered 'Yes' on Fo	orm 990, Part IV, I	ine 10.
	(a) Current yea	ar (b) Prior yea	ar (c) Two years bac	k (d) Three years back	(e) Four years back
<b>1 a</b> Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					<del>-</del>
e Other expenditures for facilities and programs					
f Administrative expenses	<del></del>				
g End of year balance					
2 Provide the estimated percentage	of the current	year end balance (lir	ne 1g, column (a)) held	as	
a Board designated or quasi-endowment	ent ►	%			
<b>b</b> Permanent endowment ►	-8	<del></del> _			
c Temporarily restricted endowmen	nt -	8			
The percentages on lines 2a, 2b, ar	nd 2c should equa	al 100%			
3 a Are there endowment funds not in the organization by	he possession of	the organization that	are held and administered	d for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ted organization	ns listed as required	on Schedule R?		3b
4 Describe in Part XIII the intended					
Part VI Land, Buildings, and I				<del></del>	
Complete if the organi		ered 'Yes' on For	m 990 Part IV. line	e 11a See Form 9	90 Part X line 10
Description of property		Cost or other basis			(d) Book value
Description of property	(a,	(investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(u) book value
1 a Land			<u> </u>		
<b>b</b> Buildings	<u> </u>		3,180,462.	2,401,140.	779,322.
a Leasehold improvements	-		=,==,,=,=,=		1, 322.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
<b>b</b> Buildings		3,180,462.	2,401,140.	779,322.
c Leasehold improvements				
<b>d</b> Equipment		1,391,194.	1,041,692.	349,502.
e Other		* *		
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, c	column (B), line 10c )	<b>•</b>	1.128.824.

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Schedule **D** (Form 990) 2015

Schedule <b>D</b> (Form 990) 2015 American Institute	of Indian St	ıdies	23-6297039	Page <b>3</b>
Part VII Investments – Other Securities.	or maran set	N/A	23 0231033	
. Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11b	. See Form 990, Part	X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	uation: Cost or end-of-year market	value
(1) Financial derivatives.				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	·			
(F)				
(G)		<u> </u>		
(H)				
(l)			· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		<u> </u>	<u> </u>	
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 99	N/A	See Form 990 Part	Y line 13
(a) Description of investment	(b) Book value		on Cost or end-of-year ma	
(1)	(b) Book value	(c) Wellion of Valuati	on oost or end of year me	arrect value
(2)		<del> </del>	<del></del>	
(3)	·	<del> </del>		
(4)	·	<del> </del>	<del></del>	
(5)	·	<del> </del>	<del></del>	
(6)		<del> </del>		
(7)				
(8)			<del></del>	
(9)	<del></del> ,,	<del> </del>	<del></del>	
(10)		<u> </u>	<del></del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		13 2/2 (44		
Part IX Other Assets. Complete if the organization answered	N/I	) 0	Soo Form 000 Port	V line 15
(a) Des	scription	o, Part IV, line Tru		ok value
(1)		<del></del>	(3) 50	<u> </u>
(2)		-		
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)			<del></del>	
(10)		<del></del>		
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15 )		<b>&gt;</b>	
Part X Other Liabilities.			<del></del>	
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 1	1e or 11f. See Form 990	), Part X, line 25	
(a) Description of liability	(b) Book value	:		
(1) Federal income taxes				
(2) Corpus Fund	2,761,4			
(3) Other	96,5	20.		
(4) (5)	_	<del>-  </del>		
(6)				
(7)	<del></del>			
(8)				
(9)				
(10)				
(11)				
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	2,857,9	69.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule <b>D</b> (Form 990) 2015 American Institute of Indian S	tudies	23-629703	9 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial State			
Complete if the organization answered 'Yes' on Form 9	990, Part IV, line 12a	a.	
1 Total revenue, gains, and other support per audited financial statements		1	5,140,061.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)			
e Add lines 2a through 2d	2 e		
3 Subtract line 2e from line 1			5,140,061.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<del></del>
a Investment expenses not included on Form 990, Part VIII, line 7b			
<b>b</b> Other (Describe in Part XIII)			
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12)	5	5,140,061.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ses per Return.	
Complete if the organization answered 'Yes' on Form S	990, Part IV, line 12a	3.	
1 Total expenses and losses per audited financial statements		1	4,495,374.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		

2 c

2 d

4 b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)
Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

c Other losses

d Other (Describe in Part XIII)

**b** Other (Describe in Part XIII )

c Add lines 4a and 4b

e Add lines 2a through 2d

3 Subtract line 2e from line 1

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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Schedule **D** (Form 990) 2015

2 e

4,495,374.

4,495,374

3

4 c

5

## **SCHEDULE F** (Form 990)

Statement of Activities Outside the United States

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.

General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

American Institute of Indian Studies

on Form 990, Part IV, line 14b.

Employer identification number

23-6297039

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No					
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States $Part\ V$					
3	Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)					
	(a) Region	<b>(b)</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	11	119	Program Services	Lang; research	3,885,072.
(2)						
(3)						
(4)						
(5)						
(6)			_			
(7)						
(8)						···
(9)						
(10)						
(11)						
(12)						<del></del>
(13)						
(14)						
<u>(15)</u>						
(16)						
(17)						
	Sub-total	11	119			3,885,072.
	Total from continuation sheets to Part I					
	Totals (add lines 3a and 3b)  For Paperwork Reduction	Act Notice, see the	119	r Form 990.	Scheo	3,885,072. dule <b>F</b> (Form 990) 2015

23-6297039

American Institute of Indian Studies

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. Schedule F (Form 990) 2015

-	(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)
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(2)		ggish qui shi che is							
(6)		girl department of the state of							
(4)		egipt der externe							
<b>9</b>									
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6		***** *							
8		A SAMP ST. C.							
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(10)		ynoppy yr 38 " "							
(11)									
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(13)		Section Billion			i				
(14)		**							
(15)		\$ \$\$\$ \$ \$							
(16)		Secret for the second s							

2 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

▼ 0 ▼ 0 Schedule F (Form 990) 2015

3 Enter total number of other organizations or entitles

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Page 3

23-6297039

Schedule F (Form 990) 2015 American Institute of Indian Studies

Parill 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.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2015 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 207,689. Check, EFT (d) Amount of cash grant 26 (c) Number of recipients (b) Region South Asia Fellowships for research in (a) Type of grant or assistance (1) India (18) BAA 8 ල 4 9 8 (11) (14) (16) (1) 8 6 (10) (12) (13) (15)

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Sche	edule F (Form 990) 2015 American Institute of Indian Studies	23-6297039	Page 4
Pai	rt IV# Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X 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)	Yes	X 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 C. Foreign Corporations (see Instructions for Form 5471)	Certain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	alified Yes	X 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)	n Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (si Instructions for Form 5713, do not file with Form 990)	e <i>e</i> Yes	X No

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Schedule **F** (Form 990) 2015

## 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).

## Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Stipend and research and travel allowance are paid to AIIS Fellows from the date of arrival in India until the completion of the fellowship period. This is subject to the scholar's physical stay in India; no payment is made for stay out of India. There is no accounting requirement except acknowledgement of payments made. However all fellowship awardees are required to submit quarterly reports and a final report on their research project that indicates the activities, achievements, and outcome of the project in full detail.

# SCHEDULE I

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

1545 0047	15
OMB No	20

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

Employer identification number 23-6297039 **ջ** □

X Yes

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
See Part IV
ld ld

American Institute of Indian Studies

Department of the Treasury Internal Revenue Service Name of the organization

(h) Purpose of grant or assistance **Rational Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section if applicable (P) EIN (a) Name and address of organization or government 1 1 1 1 1 Į ١ \<u>8</u>; E (C) 3 @¦ 8 9  $\epsilon$ 

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) American Institute of Indian Studies

Rankling Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Fellowships for research in 1 India	16	112, 635.			
2					
m		,			
4					
ĸ					
9					
7					
PartiV Supplemental Information. Provide the information	de the information		line 2, Part III, co	lumn (b), and any othe	required in Part I, line 2, Part III, column (b), and any other additional information.

# Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

are required to submit quarterly reports and a final report on their research project requirement except acknowledgement of payments made. However all fellowship awardees their maintenance stipends in the US before travel to India. There is no accounting Depending on the grant involved, fellowship receipients may receive part or all of that indicates the activities, achievements, and outcome of the project in full detail.

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

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American Institute of Indian Studies

## Form 990, Part III, Line 1 - Organization Mission

Dedicated to the advancement of knowledge about India and the promotion of intellectual engagement with India in American universities by providing research fellowship support, training in Indian languages, knowledge of Indian culture, and supporting publications about India.

## Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

87 American colleges and universities support research in India as members of the American Institute of Indian Studies.

## Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Delegates of Member Institutions elect the President, Chair of the Board, and the 9-member Board of Trustees(governing body). The President and Chair of the Board are elected to four-year terms. The Board of Trustees are elected three at a time, for three-year terms. The Treasurer and Secretary are appointed by the President and serve four-year terms.

## Form 990, Part VI, Line 11b - Form 990 Review Process

Return is sent to President, Treasurer and US Director for their review and signing.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Each trustee and principal officer shall annually sign a statement which affirms such person has received a copy of the conflict of interest policy, has read and understands the policy, and has agreed to comply with the policy. If the Board of Trustees has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board of Trustees determines

Employer identification number

23-6297039

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

shall take appropriate disciplinary and corrective action.

## Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

AIIS performs annual reviews to verify that compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents may be inspected at the office of the organization upon request.

## Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Currency translation adjustment

\$ -672,847. Total \$ -672,847.