Short Form 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 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Α	For the	e 2016 calend	ar year, or tax year beginning , and	ending				
В	Check if	applicable	C Name of organization			D Em	ployer identification number	
	Address	change						
	Name ch	ange	JYOTHI CORP	2	7-0902075			
	Initial retu	um	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number		
	Final retu	ım/terminated	PO BOX 10293			2	60-466-6044	
	Amended	d return	City or town, state or province, country, and ZIP or foreign postal code			F Gro	oup Exemption	
	Application	on pending	FORT WAYNE IN 46	851		Nur	mber ►	
G	Accour	nting Method	X Cash		H Ch	eck ▶	If the organization is not	
1	Websi	te: ▶ <u>JYC</u>	THICORP.ORG		req	uired to a	tach Schedule B	
<u>J</u>	Tax-ex	empt status (c	eck only one) — X 501(c)(3) 501(c)() ◀ (insert no)	4947(a)(1) or	527 (Fo	rm 990, 9	90-EZ, or 990-PF)	
K	Form o	of organization	X Corporation Trust Association	Other		_	- -	
ī	Add line	es 5b, 6c, and 7	to line 9 to determine gross receipts. If gross receipts are \$200,0	00 or more, or if total ass	sets			
(Par	t II, colu	mn (B) below) a	re \$500,000 or more, file Form 990 instead of Form 990-EZ			<u> </u>	s 138,718	
, EP	art I	Reven	ue, Expenses, and Changes in Net Assets or	Fund Balances	(see the instru	ctions for	Part I)	
:		Check	the organization used Schedule O to respond to any	y question in this Pa	rt I		X	
	1	Contributions,	ufts, grants, and similar amounts received			1	138,718	
4	2	Program ser	rice revenue including government fees and contracts			2		
	3	Membership	dues and assessments			3	<u>.</u>	
į	4	Investment i	come			4		
2	5a	Gross amou	t from sale of assets other than inventory	5a				
2	b	Less: cost of	other basis and sales expenses	5b				
していていい	С	Gain or (loss)	om sale of assets other than inventory (Subtract line 5b from line 5a)	•		5c		
و ري	6	Gaming and	fundraising events				· Municipality	
	a	Gross incom	e from gaming (attach Schedule G if greater than					
ī		\$15,000)		6a				
Revenue	b	Gross incom	e from fundraising events (not including \$	of contribut	tions			
æ		from fundrais	ing events reported on line 1) (attach Schedule G if the					
		sum of such	gross income and contributions exceeds \$15,000)	6b				
	С	Less direct	xpenses from gaming and fundraising events	6c	·			
	d	Net income of	r (loss) from gaming and fundraising events (add lines 6a ar	nd 6b and subtract			607 11-1 12-1 12-1 12-1 12-1 12-1 12-1 12-	
		line 6c)				6d		
	7a	Gross sales	f inventory, less returns and allowances	7a				
	b	Less: cost of	-	7b		i Marian		
	C		r (loss) from sales of inventory (Subtract line 7b from line 7a	1)		7с		
	8		e (describe in Schedule O)			8		
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			<u>▶ 9</u>	138,718	
	10		milar amounts paid (list in Schedule O)		—	10	67,275	
	11	•	to or for members	RECEIVED	-03	11		
es	12			RESE		12	ļ	
Sus	13		ees and other payments to independent contractors	SEP 1 2 2017	151	13	600	
Expenses	14		ent, utilities, and maintenance cations, postage, and shipping	SEP II B EST	<u> </u> 85	14	 	
ш	15		· · · · · · · · · · · · · · · · · · ·		7	15		
	16	-	es (describe in Schedule O)	OCHEN, U		16	584	
	17		ses. Add lines 10 through 16			<u>▶ 17</u>	68,459	
ফ	18		ficit) for the year (Subtract line 17 from line 9)			18	70,259	
sei	19		fund balances at beginning of year (from line 27, column (A)) (must agree with			<u> </u>	
Net Assets			gure reported on prior year's return)			19	34,815	
Ž	20	_	s in net assets or fund balances (explain in Schedule O)			20	40505	
_	21		fund balances at end of year. Combine lines 18 through 20		_	▶ 21	105,074	
ror	rapen	work Reducti	on Act Notice, see the separate instructions.				Form 990-EZ (2016)	

Form **990-EZ** (2016)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DR. VIJAY CHILAKAMARRI				
PRESIDENT	1.00	0	0	(
DR. PRAVEEN KOLLIPARA				
VICE PRESIDENT	1.00	0	0	
KAREN GORRELL				
TREASURER	1.00	0	0	(
DR. PRASAD BINGI				
SECRETARY	1.00	0	0	(
DR. H.N. RAMAPRAKASH				
DIRECTOR	1.00		0	
	 			
	 	-		

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Form 990-EZ (2016)

10899001 Form 990-EZ (2016) Page 3 JYOTHI CORP 27-0902075 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 ▶ 37a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter: 39 Initiation fees and capital contributions included on line 9 39a 39b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: ; section 4912 > section 4911 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes." complete Schedule L. Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed NONE 260-466-8752 KAREN GORRELL The organization's books are in care of Telephone no 9911 GARMAN ROAD 7IP + 4 > 46765 Located at ▶ LEO At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ | 43 | and enter the amount of tax-exempt interest received or accrued during the tax year Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 450 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," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ (see instructions)

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Form	990-EZ (20	16) JYO'	THI CORP				<u> 27-09</u>	<u> </u>			Page 4
46	Did the or	gapization enga	ge, directly or indirect	h in political c	ampaign activities o	n hehalf	of or in appasiti	DD		Yes	No
40		٠. ٠.	fice? If "Yes," comple	•		II Dellan	or or in opposition	JII	46		X
Pa	TAVIE	Section 501 All section 50 50 and 51.	(c)(3) organizat	ions only ns must answ	er questions 47-			plete the tables for line			
								·		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II						47		Х		
48	•		ol as described in sec			-			48	├	X
49a		•	any transfers to an e	•	•	nization?			49a 49b	├—	X
b 50			ganization a section of organization's five hi	-		ther than	officers directo	ors trustees, and key	[430	<u> </u>	—-
	•		eived more than \$100	•							
			tle of each employee		(b) Average hours per week devoted to position	(c) ∞	Reportable mpensation W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
NC	NE										
						• .					
	·							· -			
	·	 -									
	Total num	ber of other emr	oloyees paid over \$10	00.000	1		<u> </u>				
51	Complete	this table for the	organization's five hi	ghest compens		contracto	ors who each rec	eived more than		_	
	(a) Name and busi	ness address of each I	ndependent con	tractor		(b) Тур	pe of service	(c) Compe	nsatio	n
NO	NE	.									
		, , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
							<u> </u>				
					· · · · · · · · · · · · · · · · · · ·				- -		
	Total num	ther of other inde	pendent contractors	each receiving	over \$100 000		•				
52			lete Schedule A? No	_		ons must	attach a				
		d Schedule A						<u></u>	X Yes		No
		complete Declara	that I have examined that I have examined the intermediation of preparer (other the intermediate)					nd to the best of my knowled y knowledge	dge and belief	, it is	
Sian			Reddi	Krox	sest.						
Sign Here	- I k	Signature of office	Duasan	BIN	61		D	ate 95/10	7		
пете	* J	Type or print name	e and title	<u> </u>				' - - - -	_!		
Paid	. [nt/Type preparer's nam		Pre	eparer's signature	1	eden	Date Check	malawad		
-	. <u>loe</u>	FFREY A. SAN	derson, cpa BADEN, GAG	E & SCAT	ROEDER, L	L.C	dun	Firm's EIN	35-19	2361 <u>9</u> 3396	
-	~~! ├─	m's address	6920 POINT		NESS WAY	#300		THING CHAP		, , ,) (121_
			FORT WAYNE	<u>, IN 4</u>	<u>6804-7926</u>			Phone no 2	60-422		<u>551</u>
May	the IRS dis	cuss this return	with the preparer sho	wn above? Se	e instructions				▶ X Y	es	No

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.

OMB No 1545-0047 **2016**

> Openito Public Inspection

Name of the organization

JYOTHI CORP

Employer identification number 27-0902075

Pa	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete :	this part.) See instructions	S			
The ·	orgai	nization is not a	a private foundation because	it is (For lines 1 through 12, che	eck only or	ne box.)					
1		A church, cor	nvention of churches, or asso-	ciation of churches described in	section 1	70(b)(1)(A)(i).				
2	П	A school desc	nbed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3	П	A hospital or	or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	П	•	· ·	in conjunction with a hospital de				tal's name,			
		city, and state									
5		-		a college or university owned or	operated	by a gove	rnmental unit described in				
	_	section 170(b)(1)(A)(iv). (Complete Part I	1)							
6	Ш	A federal, sta	te, or local government or go	vernmental unit described in sec	ction 170(b)(1)(A)(\	').				
7	X	•	on that normally receives a su section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from implete Part II.)	a govern	mental un	it or from the general public				
8		A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part II	l)						
9		or university		nbed in section 170(b)(1)(A)(ix agriculture (see instructions). Ei		-	-				
		university.									
10	Ш	receipts from support from	activities related to its exempgross investment income and	more than 33 1/3% of its support of functions—subject to certain e if unrelated business taxable inco , 1975. See section 509(a)(2). (xceptions, ome (less	and (2) n section 51	o more than 33 1/3% of its				
11			•	clusively to test for public safety	-	-	a)(4).				
12	П	_		clusively for the benefit of, to pe							
-	ш			itions described in section 509(
		Check the box	x in lines 12a through 12d tha	at describes the type of supporting	ng organiz	ation and	complete lines 12e, 12f, and 12g	g .			
	а	the suppo	orted organization(s) the power	rated, supervised, or controlled be er to regularly appoint or elect a implete Part IV, Sections A and	majority o	_					
	b	_ ``	• •	ervised or controlled in connecti		supporte	d organization(s), by having				
	-	control or		ng organization vested in the sai							
	С	Type III f	functionally integrated. A su	upporting organization operated in the complete Fructions). You must complete F							
	d	Type III r	non-functionally integrated	. A supporting organization opera	ated in coi	nection v	vith its supported organization(s))			
		that is no	t functionally integrated. The	organization generally must satis	sfy a distri	bution req	uirement and an attentiveness				
			•	ust complete Part IV, Sections							
	е	Check the	is box if the organization rece	ived a written determination from functionally integrated supportin	n the IRS t a organiza	hat it is a ition	Type I, Type II, Type III				
	f		nber of supported organization		g -, g						
	g		ollowing information about the					L			
- (e of supported	(ii) EiN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	-	ganization	.,	(described on lines 1-10		ır governing	support (see	other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No	****	<u></u>			
(A)											
(B)											
(C)											
(D)											
(E)											
_											
<u> Tota</u>	<u> </u>										

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	•		· <u> </u>	· · · · · · · · · · · · · · · · · · ·	£	
	dar yèar (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				74,491	138,718	213,209
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				74,491	138,718	213,209
5	The portion of total contributions by each person (other than a governmental unit or publicty supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						101,952
6	Public support. Subtract line 5 from line 4.						111,257
	tion B. Total Support dar year (or fiscal year beginning in)	(a) 2012	(b) 2042	(a) 2014	(4) 2045	(=) 2040	(D. T1-1
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				74,491	138,718	213,209
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			Over up - 2 van - 2 literatur - 12 souve is		Salahin umuu aa ah	
11	Total support. Add lines 7 through 10						213,209
12	Gross receipts from related activities, etc. (•				12	
13	First five years. If the Form 990 is for the	-	second, third, fourti	n, or fifth tax year a	s a section 501(c)(3)	. \Box
<u> </u>	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su	· 					
14	Public support percentage for 2016 (line 6,		-	1))		14	52.18%
15	Public support percentage from 2015 Sche			and line 44 is 22	4/20/		40.85%
16a	33 1/3% support test—2016. If the organization qualified box and stop here. The organization qualified the stop here.				1/3% of more, chec	K UIIS	▶ [X]
b	33 1/3% support test—2015. If the organic				s 33 1/3% or more	check	
5	this box and stop here. The organization q					G. IGOR	▶ □
17a	10%-facts-and-circumstances test—201	6. If the organization	on did not check a b	ox on line 13, 16a	•		, ,
b	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here .						
18	Explain in Part VI how the organization mee supported organization Private foundation. If the organization did			-		ıy	▶ [
	ınstructions						▶ []
		·· - · · · · · · · · · · · · · · · · ·				Schedule A (Form 99	0 or 990-F7) 2016

Page 3

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

(Complete only if you checked the box on line 10 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			,	,			
Calen	dar yèar (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	3	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support		_F	,				<u></u>
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	3	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
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)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the	•	second, third, fourt	n, or fifth tax year a	as a section 501(c)	3)		⊾ □
Sec	organization, check this box and stop here tion C. Computation of Public Su		ane					
	Public support percentage for 2016 (line 8,			(f)			15	%
15 16	Public support percentage from 2015 Sche	• • •	•	v <i>ii</i>			16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2016 (III			column (f))			17	%
18	Investment income percentage from 2015			(1)/			18	
19a	33 1/3% support tests—2016. If the organ			I4, and line 15 is m	ore than 33 1/3%	and line		
	17 is not more than 33 1/3%, check this bo							▶ □
ь	33 1/3% support tests—2015. If the organ	· ·	- ·					
_	line 18 is not more than 33 1/3%, check this							▶ 🗌
20	Private foundation. If the organization did	=	-	- •			(Farm 0)	▶ 🗌

Deat IV/

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

2b

3а

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizat	ions	O / O Page 6
Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
instructions. All other Type III non-functionally integrated supporting organizations	must complet	e Sections A through E	
Section A - Adjusted Net Income		(A) Pnor 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		
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		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
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 Recovenes of pnor-year distributions	7_		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		· · · · · · · · · · · · · · · · · · ·
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrat		pporting organization (see	
instructions)	•	•	

Раг	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	ions (continued)					
Secti	ection D - Distributions							
1	Amounts paid to supported organizations to accomplish exempt purpose	Current Year						
2	Amounts paid to perform activity that directly furthers exempt purposes of							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations						
4	Amounts paid to acquire exempt-use assets	<u>.</u> .						
_ 5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions							
7_	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organization	on is responsive						
	(provide details in Part VI) See instructions	·						
9	Distributable amount for 2016 from Section C, line 6	 .						
10	Line 8 amount divided by Line 9 amount							
		(i)	(ii)	(iii)				
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
			Pre-2016	Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
	Underdistributions, if any, for years prior to 2016							
2	(reasonable cause required-explain in Part VI). See instructions							
3	Excess distributions carryover, if any, to 2016							
a	Excess distributions carryover, if arry, to 2010							
<u>a</u>								
	From 2013							
	From 2014							
	From 2015							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
	Carryover from 2011 not applied (see instructions)							
j	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2016 from							
	Section D, line 7 \$							
а	Applied to underdistributions of prior years							
b	Applied to 2016 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2016, if							
	any Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI See instructions		,- N - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2					
6	Remaining underdistributions for 2016 Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions							
7	Excess distributions carryover to 2017. Add lines 3j							
	and 4c							
8	Breakdown of line 7							
a								
	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
<u>e</u>	Excess from 2016							
			Schedule /	A (Form 990 or 990-EZ) 2016				

Schedule A (Form 990 or 990-EZ) 2016

JYOTHI CORP

27-0902075

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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 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

JYOTHI CORP			27-0902075
FORM 990-EZ, PART I, LINE 10 - GRAN	TS/SIMILAR	AMTS PAID TO	ORGANIZATIONS
NAME AND ADDRESS	CLASS OF	ACTIVITY D	DATE OF GIFT
	DESC. OF	PROPERTY	
	CASH CONT	RIB. NONCASH	CONTRIB.
	BOOK VALU	E BV EXPL.	FMV EXPL.
GNANADHARSHAN SEVA			
OLD NO. 28, NEW NO. 67 AMEERJAN ST			
CHOOLAIMEDU, CHENNAI INDIA	\$ 11	,400 \$	0
600094	\$	0	
HOME FOR THE DISABLED			
5-3-419 JEERA			
BANSILALPET SECUNDERBAD, INDIA	\$ 6	,000 \$	0
500003	\$	0	
SRI SATHYA SAI HEALTH & EDUCATION			
303 TARA APARTMENTS			
132 INFANTRY ROAD, BANGALOR, INDIA	\$ 45	,000 \$	0
560001	\$	0	
FORM 990-EZ, PART I, LINE 16 - OTHER	R EXPENSES		
DESCRIPTION	AMOUN'	T	
EXPENSES			
OFFICE	\$	384	
BANK CHARGES	\$	200	

TOTAL \$

584

Page 2

Employer identification number

27-0902075

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE MISSION OF JYOTHI CORP IS TO EMPOWER AND MINISTER THE POOR, THE HUNGRY, THE VULNERABLE AND THE VISUALLY AND MENTALLY CHALLENGED PEOPLE, TO PROVIDE ALL THAT IS NEEDED TO BRING OUT THEIR BEST BY PERSEVERANCE, UNCONQUERABLE SPIRIT AND PERFORMANCE.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT
IN 2015, JYOTHI PROVIDED GRANTS TO 4 ORGANIZATIONS IN INDIA WHO SHARED
THEIR MISSION OF EMPOWERING THE POOR AND THE VISUALLY OR MENTALLY
CHALLENGED. JYOTHI ALSO SERVED THEIR MISSION IN FORT WAYNE, INDIANA BY
PROVIDING 3,640 MEALS TO THE HUNGRY AND VETERANS IN NEED.