Form. **990** 

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

2017

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

| Ā                | For the     | 2017 calendar year, or tax year beginning , 2017, and endi  | ng               |                   | , 20                             |
|------------------|-------------|---|------------------|-------------------|----------------------------------|
| В                | Check if    | applicable C Name of organization INDUS EDUCATION AND EMPOWER   | MENT, INC        |                   | er identification number         |
| X                | Address     | change Doing business as TEEF   |                  | 47-               | -4676188                         |
|                  | Name ch     | Number and street (or P.O. box if mail is not delivered to street address) Room/s                             | uite             | E Telephor        | ne number                        |
|                  | Initial ret | turn 4/0 J. M. PANDYA, 2056 ROCKY HOLLOWDR.   |                  | 704               | -256-1554                        |
| כו               | Final retu  | m/terminated City or town, state or province, country, and ZIP or foreign postal code                         |                  |                   |                                  |
| ō                | Amende      |   |                  | <b>G</b> Gross re | eceipts \$ 63,000.00             |
|                  | Applicat    | ion pending F Name and address of principal officer DR. BASANT TARIYA  20022 MARBY PLACE, FORT MILLS, SC OFFI | H(a) Is this a g |                   | subordinates <sup>7</sup> Yes No |
|                  |             | 20022 MARBY PLACE, FORT MILLS, SC OFT   | H(b) Are all     | subordinates      | s included? Yes No               |
|                  | Tax-exe     | mpt status 🔀 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or 🏳 527                                      | // If "N         | lo," attach a     | list (see instructions)          |
| J                | Website     | ► N. A.   |                  | exemption         |                                  |
| K                | Form of     | organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► FO UN DATION L Year of form                        | ation 2015       | M State           | of legal domicile // C           |
| P                | arț:i       | Summary   |                  |                   |                                  |
|                  | 1           | Briefly describe the organization's mission or most significant activities                                    | DUTH             | EDUC              | ATION AND                        |
| Ş                | -           | EMPOWERMENT IN THE NEEDY AREAS.   |                  |                   |                                  |
| Governance       |             |   |                  |                   |                                  |
| /eri             | 2           | Check this box ▶☐ if the organization discontinued its operations or disposed                                 | of more than     | า 25% of          | its net assets                   |
| ő                | 3           | Number of voting members of the governing body (Part VI, line 1a)   |                  | _3                |                                  |
| প্               | 4           | Number of independent voting members of the governing body (Part VI, line 1b                                  | )                | 4                 |                                  |
| ties             | 5           | Total number of individuals employed in calendar year 2017 (Part V, line 2a)                                  |                  | 5                 |                                  |
| Activities &     | 6           | Total number of volunteers (estimate if necessary)  | *                | , 6               |                                  |
| Ac               | 7a          | Total unrelated business revenue from Part VIII column (CRIP)   |                  | 7a                |                                  |
|                  | b           | Net unrelated business taxable income from Form 990-17, line 34   | പ                | 7b                |                                  |
|                  |             | (m)   | Y Prior Y        | ear               | Current Year                     |
| Revenue          | 8           | Contributions and grants (Part VIII, line 1h) . JUN 27 2018   | 1.24 6           | 53                | 63.000                           |
|                  | 9           | Program service revenue (Part VIII, line 2g)  | (C)              |                   |                                  |
| eve              | 10          | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 4                |                   |                                  |
| Œ                | 11          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                      |                  |                   |                                  |
|                  | 12          | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                              | 174.6            | <i>5</i> 3        | 63 000                           |
|                  | 13          | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  |                  |                   | 213.519                          |
|                  | 14          | Benefits paid to or for members (Part IX, column (A), line 4)   |                  |                   | 0                                |
| ý                | 15          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                             |                  |                   | O                                |
| nse              | 16a         | Professional fundraising fees (Part IX, column (A), line 11e)   |                  |                   | 0                                |
| Expenses         | b           | Total fundraising expenses (Part IX, column (D), line 25) ▶   | 200              | ž,                | *                                |
| ú                | 17          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                  | 15                | 105.                             |
|                  | 18          | Total expenses Add lines 13–17 (must equal Page X, column (A), line 25)                                       |                  | 15                | 213,624                          |
|                  | 19          | Revenue less expenses Subtract line 18 from Hine 12 CEIVED  | 1746             | 38                | -150,624                         |
| 5 8              | 3           |   | Beginning of C   |                   | End of Year                      |
| Assets<br>Baland | 20          | Total assets (Part X, line 16)  | 176,             | 729               | 26,105                           |
| ASS              | 21          | Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)                                      |                  | 0                 | 0                                |
| S.S.             | 22          | Net assets or fund balances Subtract line 21 from line 20   | 176.7            | 129               | 26,105                           |
|                  | art II      | Signature Block UGDEN UT  |                  |                   |                                  |
| Ur               | ider pena   | alties of perjury, I declare that I have examined this return, including accompanying eshedules and sta       | ements, and to   | the best of r     | ny knowledge and belief, it is   |
| tru              | ie, correc  | and complete. Declaration of preparer (other than officer) is based on all information of which prepare       | er has any know  | ledge             |                                  |
|                  |             | In Indandy  |                  | 06/2              | 3/2018                           |
| Sig              | gn          | Signature of officer  | Da               | ate               |                                  |
| He               | ere         | JAYANTILAL M. PANDYA, TREASURE  | R                |                   |                                  |
|                  |             | Type or print name and title  |                  |                   |                                  |
| D-               |             | Print/Type preparer's name Preparer's signature [   | Date             | Charle            | PTIN                             |
|                  | iid         |   |                  | Check self-em     | oloyed                           |
|                  | epare       | l = .   | Fire             | n's ElN ▶         | <u></u>                          |
| US               | se On       | Firm's address >  |                  | one no            |                                  |
| Ma               | y the If    | RS discuss this return with the preparer shown above? (see instructions)                                      |                  |                   | Yes No                           |
| _                |             |   | No. 11282Y       | · · · ·           | Form <b>990</b> (2017)           |



Form 990 (2017)

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| Part l | V Checklist of Required Schedules  |     |         |            |
|--------|--|-----|---------|------------|
| 1      | Is the organization described in section 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Ves."  |     | Yes     | No         |
| •      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | V       |            |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   | V       |            |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |     |         | V          |
| 4      | candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |         | _ <u>-</u> |
| •      | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   |         | <b>∨</b>   |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   |         | ~          |
| 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   |         | V          |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |         | ~          |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   |         | V          |
| 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   | 1       | <b>'</b>   |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes." complete Schedule D, Part V   | 10  |         | -          |
| 11     | If the organization's answer to any of the following questions is "Yes" then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | , i | . 1864. | , *<br>    |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a |         | ~          |
| b      | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .  | 11b |         | 1          |
| С      | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |         | 1          |
| d      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |         | ~          |
|        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11e |         | 1          |
| 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 |         | V          |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |         | ~          |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$ .  | 13  |         | ·          |
| 14 a   | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |         | -          |
| 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 | 1       |            |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  | ~       |            |
| 16     | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .  | 16  |         | V          |
| 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  |         | V          |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |         | ~          |
| 19<br> | 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  |         |            |
|        |  |     | 000     | (2017)     |

| Part     | V Checklist of Required Schedules (continued)   |            |                                       |         |
|----------|---|------------|---------------------------------------|---------|
| •        |   |            | Yes                                   | No      |
| _        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a        |                                       |         |
| 21       | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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 | 20b        |                                       | V       |
| 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         |                                       | ~       |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | 23         |                                       | ~       |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  | 24a        |                                       | ~       |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24b<br>24c |                                       |         |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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          | 24d<br>25a |                                       |         |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 25b        |                                       | ~       |
| 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         |                                       | V       |
| 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         | ,.                                    | 1       |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |            | , , , , , , , , , , , , , , , , , , , | ,       |
| a<br>b   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a<br>28b |                                       | ~       |
| С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c        |                                       | ~       |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                             | 30         |                                       | ~       |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |                                       | 1       |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32         |                                       | ~       |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33         |                                       |         |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34         |                                       |         |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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                  | 35a<br>35b |                                       | 1       |
| 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         |                                       |         |
| 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         |                                       | ~       |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38         |                                       |         |
|          |   | <b></b>    | aar                                   | 1 10017 |

| 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   |
| 1a     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0   |          |                        |  |
| b      | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .    1b 0   |          |                        |  |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and   |          |                        | ر ٠٠   |
| _      | reportable gaming (gambling) winnings to prize winners?  | 1c       |                        |  |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |          |                        | ;  |
| _      | Statements, filed for the calendar year ending with or within the year covered by this return 2a   |          |                        | -  |
| ь      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       |                        | ├  |
| 2-     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).   | 3-       |                        |  |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |                        | -  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.   | 3b       | -                      | <del></del>                                      |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial |          |                        | 1 1/   |
|        | account)?  | 4a       |                        |  |
| b      | If "Yes." enter the name of the foreign country.   | 44       |                        | <del> </del>                                     |
| U      |  |          |                        | 1.   |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   | -        |                        |  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .  | 5a       |                        | 1  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |                        | <u> </u>   |
| c      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |                        |  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |          |                        |  |
|        | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a       |                        |  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | -        |                        | <del>                                     </del> |
|        | gifts were not tax deductible?   | 6b       |                        |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |          | .51                    | 7  |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  | \$ ×     | - <b>4</b> 2.<br>2⋅21. |  |
|        | and services provided to the payor?  | 7a       |                        |  |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |                        |  |
| C      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |          |                        |  |
|        | required to file Form 8282?  | 7с       |                        |  |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | ]        | Ñ.                     |  |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |                        | <u> </u>   |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f       |                        | <u> </u>   |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       | <br>!                  | ļ  |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |                        | <del> </del>                                     |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 6.62     | 22.2                   | * *3   |
| _      | sponsoring organization have excess business holdings at any time during the year?   | 8        | - 41                   | <del> </del>                                     |
| 9      | Sponsoring organizations maintaining donor advised funds.  | 0-       | #                      | 1 ′  |
| a      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       | -                      |  |
| 10     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter $N \cdot A$ .   | 9b       | «                      | , 7,   |
| 10     | Initiation fees and capital contributions included on Part VIII, line 12   | 330      | )<br>) }               | ) · ·,   |
| a<br>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 N. A.  | -{.      |                        |  |
| ' a    | Gross income from members or shareholders  |          |                        |  |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources   | <b>-</b> | ,                      | 1  |
|        | against amounts due or received from them )  |          |                        | _  |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |                        | -  |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year .  |          |                        | <del>                                     </del> |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers. N.A.  | <b>1</b> | Ì                      | 1  |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |                        |  |
|        | Note. See the instructions for additional information the organization must report on Schedule O   |          |                        | 1.   |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which   | · , ^ '  | <b>)</b> ,             |  |
|        | the organization is licensed to issue qualified health plans   | -        | 1                      |  |
| С      | Enter the amount of reserves on hand   |          |                        | !  |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |                        | /  |
| b      | If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | 14b      |                        |  |
|        |  | Forr     | ո <b>99</b> 0          | (2017)   |

| Part              | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI   |             |            |              |
|-------------------|--|-------------|------------|--------------|
| Section           | on A. Governing Body and Management  |             |            |              |
| 1a                | Enter the number of voting members of the governing body at the end of the tax year.  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  |             | Yes        | No           |
| b<br>2            | committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2           | -          | ئو           |
| 3                 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   | 3           |            | V            |
| 4<br>5<br>6<br>7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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? | 4<br>5<br>6 |            | V<br>V<br>V  |
| b                 | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b          |            | ~            |
| 8                 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   | à:          | , ,5\$\$ f |              |
| а<br>b<br>9       | The governing body?  | 8a<br>8b    | ,          | レン           |
| Section           | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | ue Co       | ode.)      | <u> </u>     |
|                   |  |             | Yes        | No           |
| 10a<br>b          | Did the organization have local chapters, branches, or affiliates?   | 10a         | ;          | ~            |
| 44.               | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b         |            |              |
| 11a               | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a         | V          | <del> </del> |
| b<br>12a          | Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a         |            |              |
| b                 | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b         |            | -            |
| c                 | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c         |            |              |
| 13                | Did the organization have a written whistleblower policy?  | 13          |            | V            |
| 14                | Did the organization have a written document retention and destruction policy?   | 14          |            | ~            |
| 15                | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | ,; °«       | **         | * *          |
| а                 | The organization's CEO, Executive Director, or top management official   | 15a         |            | V            |
| b                 | Other officers or key employees of the organization  | 15b         |            | <u> </u>     |
| 16a               | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 10          | ,          |              |
| 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 organization's exempt status with respect to such arrangements?   | 16a         | `          |              |
| Secti             | on C. Disclosure   |             | <u> </u>   | L            |
| 17<br>18          | List the states with which a copy of this Form 990 is required to be filed <b>NONE</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply  | า 501(      | c)(3)s     | only)        |
| 19                | Own website Another's website Vipon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year  |             |            | y, and       |
| 20<br>MR.         | State the name, address, and telephone number of the person who possesses the organization's books and re JAYANTILAL M PANDYA, 2656 ROCKY HOLLOW DR. MARVIN NO.  | - 2         | 81         | 73           |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest

compensated employees, and former such persons.

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

| The Check this box is rightner the organization not | ary relate                     | u orga   | CAITIZ   |              | C)                | отпрс                                     | 1130     | lica any curren   | t officer, director          | , or truster                |
|---|--------------------------------|--|--|--------------|-------------------|---|----------|-------------------|------------------------------|-----------------------------|
|   | Position                       |  |  |              | 1                 |   |          |                   |                              |                             |
| (A)   | (B)                            | (do n  | ot ch  |              |                   | than c                                    | ne       | (D)               | (E)                          | <b>(F)</b>                  |
| Name and Title                                      | Average                        | box, unless person is both an office and a director/trustee) |  |              |                   | is both                                   | an       | Reportable        | Reportable                   | Estimated                   |
|   | hours per<br>week (list any    | <del></del>  |  |              |                   | or/trust                                  |          | compensation from | compensation from<br>related | amount of<br>other          |
|   | hours for                      | 9 3  | Officer Institutional trustee Individual trustee or director |              |                   | Highest compo<br>employee<br>Key employee |          | the               | organizations                | compensation                |
|   | related                        | dire   | Ē  | Cer          | eg.               | hes<br>ploy                               | Former   | organization      | (W-2/1099-MISC)              | from the,                   |
|   | organizations<br>ibelow dotted | Ct a   | ion  |              | 夏                 | 99/                                       | "        | (W-2/1099-MISC)   |                              | organization<br>and related |
|   | line)                          | Individual trustee<br>or director                            | al tr  |              | yee               | ă   |          |                   |                              | organizations               |
|   | 1                              | tee  | uste   |              |                   | ens                                       |          |                   |                              |                             |
|   | 1                              | ĺ  | 96   |              | ĺ                 | Highest compensated employee              |          |                   |                              |                             |
| 2.2.1   | 1                              | ,  |  |              |                   |   |          |                   |                              | •                           |
| (1) DR. SURENDRA GARG                               | )                              | 1  |  |              | l                 |   |          | 0                 | 0                            | 0                           |
| CHARMAN OF BOARD                                    |                                |  |  |              |                   |   |          |                   |                              |                             |
| (2) DR. BRAHM AGGARWAL                              | 1                              | 1  | 1  |              |                   |   |          | 0                 |                              | <b>-</b>                    |
| BOARD MEMBER  |                                | Ļ <u>.</u> .   |  |              | <u> </u>          | <u> </u>                                  | <u></u>  |                   | 0                            | 0                           |
| (3) R. P. KHAITAN                                   | i                              |  | į  | ĺ            | į                 |   |          | 0                 | 0                            | 0                           |
| BOARD MEMBER  | ļ                              | ļ  |  |              | <u> </u>          | ļ   | L        | ļ                 |                              |                             |
| (4) C. K. PATEL                                     | ļ <u>I</u>                     | ~  |  |              |                   |   | i        | 0                 | ٥                            | 0                           |
| BOARD MEMBER  | ļ                              |  | <u> </u>   |              |                   |   | _        |                   | !                            |                             |
| (5) NIRMAL MATTOO                                   | ,                              |  |  |              |                   |   | İ        | 0                 | 0                            | 0                           |
| BOARD MEMBER  | ļ                              | ļ  | <u> </u>   |              | <u> </u>          | <u> </u>                                  |          |                   |                              |                             |
| (6) DR. BASANT TARIYAL                              | 2                              | 1  |  | 1            |                   |   | İ        | 0                 | 0                            | 0                           |
| BOARD MEMBER/PRESIDENT                              |                                | <b> </b>   | <u> </u>   |              |                   | <u> </u>                                  |          |                   |                              |                             |
| (7) DA. ISHWAR AGGARWAL                             | · · · · · ·                    |  |  | <u></u>      | ļ                 |   |          | 0                 | 0                            | 0                           |
| SECRETARY (8) JAYANTILAL PANDYA                     | 5                              | -  |  |              |                   | <del> </del> -                            |          |                   |                              |                             |
| TREASURER   |                                | 1  |  | -            |                   | Ì   |          | 0                 | 0                            | 0                           |
| (9)   |                                |  |  |              | -                 | <del> </del>                              | -        | <del></del>       |                              | _ <del></del>               |
|   |                                | 1  |  |              |                   | İ   | ļ        |                   |                              |                             |
| (10)  | <del> </del>                   |  | <del>-</del> -   |              |                   |   | <u> </u> |                   |                              |                             |
| <u> </u>  | 1                              | 1  |  |              |                   |   |          |                   |                              |                             |
| (11)  | Ī                              | ]  |  | - <i>-</i> - | $\lceil - \rceil$ |   |          |                   |                              |                             |
|   | <u> </u>                       | İ  |  | L_           |                   |   |          |                   |                              |                             |
| (12)  | <u> </u>                       | į  |  |              |                   | i   |          |                   |                              |                             |
| (13)  | <del> </del>                   |  | -  |              | -                 | -   |          |                   |                              |                             |
| 1.9/  | - <del></del>                  | 1  |  |              | ļ                 | 1   |          |                   |                              |                             |
| (14)  | <del> </del>                   | <del> </del>   |  |              |                   | i   |          |                   | <del> </del>                 |                             |
| 3   |                                | 1  |  |              | ļ                 | į   |          |                   |                              |                             |

| Part      | VII Section A. Officers, Directors, Trust                                       | lees, key E                             | inpio                          | yees                    |         | 2)           | iigiies                      | <u> C</u>    | ompensated L                    | inployees (cortin                | lueu)    |                      |     |
|-----------|---|---|--------------------------------|-------------------------|---------|--------------|------------------------------|--------------|---------------------------------|----------------------------------|----------|----------------------|-----|
|           | (A)   | (B) Position (go not check more than or |                                |                         |         |              |                              | nne.         | (D)                             | (E)                              | }        | (F)                  |     |
|           | Name and title  | Average                                 | box,                           | unles                   | s pe    | rson         | ıs both                      | an           | Reportable                      | Reportable                       | 1        | mated                |     |
|           |   | hours per<br>week (list any             |                                | cer and a director/trus |         |              |                              |              | compensation<br>from            | compensation from related        |          | ount of<br>other     |     |
|           |   | hours for related                       | or div                         | Institutional           | Officer | Key employee | digh:                        | Former       | the                             | organizations<br>(W-2/1099-MISC) |          | ensatio<br>im the    | n   |
|           |   | organizations                           | rect                           | utio                    | 9       | emp          | est c                        | ब्           | organization<br>(W-2/1099-MISC) | (44-271099-14113C)               |          | nızatıon             | 1   |
|           |   | below dotted                            | 9 2                            | nal t                   |         | loye         | amo                          |              |                                 |                                  |          | related<br>nization: | -   |
|           |   | line)                                   | Individual trustee or director | trustee                 |         | Ď            | Highest compensated employee |              |                                 |                                  | orga     | nzation.             | 3   |
|           |   |   |                                | 96                      |         |              | ated                         |              |                                 |                                  |          |                      |     |
| 15)       |   |   |                                |                         |         |              |                              |              |                                 |                                  |          |                      |     |
|           |   |   |                                | -                       |         | _            |                              |              |                                 |                                  |          |                      |     |
| 16)       |   |   |                                |                         |         | l            |                              |              |                                 |                                  |          |                      |     |
| 17)       |   |   |                                |                         | -       |              |                              |              |                                 |                                  |          |                      |     |
|           |   |   |                                |                         | _       | _            |                              |              |                                 |                                  | <b> </b> |                      |     |
| 18)       |   |   |                                |                         |         |              |                              |              |                                 |                                  | }        |                      |     |
| 19)       |   |   |                                |                         |         |              |                              |              |                                 |                                  |          |                      |     |
| 20)       |   | ļ                                       |                                |                         |         | -            |                              | _            | ļ                               |                                  |          |                      |     |
| 20)       |   | ļ                                       | !                              |                         |         | ĺ            |                              |              |                                 |                                  |          |                      |     |
| 21)       |   |   |                                |                         |         |              |                              |              |                                 |                                  |          |                      |     |
|           |   | ļ ———                                   |                                | ļ                       |         | -            |                              | _            |                                 |                                  | <u></u>  |                      |     |
| 22)       |   |   | Ì                              |                         |         |              | ĺ                            |              |                                 |                                  |          |                      |     |
| 23)       |   |   |                                |                         |         |              |                              | -            |                                 |                                  |          |                      |     |
|           |   |   | <u> </u>                       |                         |         | _            |                              |              |                                 |                                  |          |                      |     |
| 24)       |   | ļ                                       | 1                              | Ì                       |         |              | }                            |              |                                 |                                  |          |                      |     |
| (25)      |   |   |                                | -                       |         | -            |                              | _            | ļ                               |                                  | <u> </u> | <del></del>          |     |
|           |   |   |                                | <u> </u>                |         |              | <u> </u>                     |              |                                 |                                  | L        |                      |     |
|           | Sub-total  Total from continuation chaots to Bort                               | <br>VII Contin                          | A                              |                         | •       |              |                              | <b>▶</b>     |                                 |                                  |          |                      |     |
| c<br>d    | Total from continuation sheets to Part Total (add lines 1b and 1c)              | vii, Secue                              | пА                             |                         |         |              | •                            | -            |                                 |                                  |          |                      |     |
| 2         | Total number of individuals (including bu                                       | t not limited                           | i to th                        | 7056                    | lie:    | ted          | ahove                        | 2) 14        | ho received m                   | ore than \$100 0                 | DD of    |                      |     |
| _         | reportable compensation from the organ  |   | J 10 11                        | 1036                    | , 113   | ieu          | above                        | <i>5)</i> VV | no received in                  | ore man proo,o                   | 00 01    |                      |     |
| _         |   |   |                                |                         |         |              |                              |              |                                 |                                  |          | Yes                  | N   |
| 3         | Did the organization list any former of employee on line 1a? If "Yes," complete |   |                                |                         |         |              |                              | emp          | ployee, or high                 | est compensat                    |          | :2                   |     |
| 4         | For any individual listed on line 1a, is the                                    |   |                                |                         |         |              |                              | n a          | Ind other comi                  | nensation from t                 |          | +                    | -   |
|           | organization and related organizations  |   |                                |                         |         |              |                              |              |                                 |                                  | ch       | - \$                 | 1   |
|           | ındıvıdual  |   |                                |                         |         |              |                              |              | •                               |                                  | 4        | 1                    | 1   |
| 5         | Did any person listed on line 1a receive of                                     |   |                                |                         |         |              |                              |              |                                 | zation or individu               |          | 3.                   |     |
| \         | for services rendered to the organization                                       | ' IT "Yes," (                           | comp                           | ete                     | SCI     | ned          | JIE J 1                      | ors          | sucn person                     | <del>.</del>                     | _   5    | 1                    | Г.  |
| Section 1 | on B. Independent Contractors  Complete this table for your five highest        | compensat                               | ed in                          | den                     | end     | ent          | contr                        | act          | ors that receive                | ed more than \$1                 | 00.000   | f                    |     |
| •         | compensation from the organization Rep  |   |                                |                         |         |              |                              |              |                                 |                                  |          |                      | ax  |
|           | year  |   |                                |                         |         |              |                              |              |                                 |                                  |          |                      |     |
|           | (A)   |   |                                |                         |         |              |                              |              | (B)                             |                                  | (C       |                      |     |
|           | Name and business add   |   |                                | _                       |         |              |                              | -            | Description of s                | sei vices                        | Comper   |                      |     |
|           |   |   |                                |                         |         |              |                              |              |                                 |                                  |          |                      |     |
|           |   |   |                                |                         |         |              |                              |              |                                 |                                  |          |                      |     |
|           |   |   |                                |                         |         |              |                              |              |                                 |                                  |          |                      |     |
| 2         | Total number of independent contractor  | ore (include                            | na hi                          | ıt n                    | O†      | lımit        | ed to                        | 1+           | nose listed ab                  | ove) who                         |          |                      |     |
| _         | received more than \$100,000 of compens   |   |                                |                         |         |              |                              | , u          | iose iisieu du                  | SVE) WITO                        | ye* , 3  |                      |     |
|           |   | <del></del>                             |                                | <u> </u>                |         |              |                              |              |                                 | . <del> `</del>                  | - Fo     | m <b>990</b>         | //2 |

| Part   | VIII              | Statement of Revenue  |                |                                       | D-41/111                               |   |  |
|--|-------------------|---|----------------|---------------------------------------|--|---|--|
|  |                   | Check if Schedule O contains a respon   | ise or note to | (A) Total revenue                     | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| ifts, Grants<br>r Amounts                              | 1a<br>b<br>c<br>d | Federated campaigns . 1a Membership dues . 1b Fundraising events . 1c Related organizations . 1d                      |                | ·                                     |  |   | 0.20   |
| Contributions, Gifts, Grants and Other Similar Amounts | e<br>f            | Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  1f | 63,000         | , , , , , , , , , , , , , , , , , , , |  | . ^                                     |  |
| Cont   | g<br>h            | Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f  | ▶              | 63,000                                | ,                                      | ,                                       | ٠  |
| Program Service Revenue                                | 2a<br>b           |   | usiness Code   | 5 554                                 | 6<br>20<br>64                          |   |  |
| am Serv  | d<br>e            |   |                |                                       |  |   |  |
| Progra   | f<br>g            | All other program service revenue  Total. Add lines 2a–2f   | . >            | 0                                     | , , ,                                  |   | l<br>A ,y 2  |
|  | 3 4 5             | Investment income (including dividend and other similar amounts) Income from investment of tax-exempt bond Royalties  | Is interest,   |                                       |  | V.V. S.E. 6                             |  |
|  | 6a<br>b           |   | (II) Personal  |                                       |  |   |  |
|  | c<br>d            | Rental income or (loss)  Net rental income or (loss)  |                | O                                     |  |   |  |
|  | 7a                | Gross amount from sales of assets other than inventory  | (1) Other      |                                       |  |   | 5  |
|  | b                 | Less cost or other basis and sales expenses  Gain or (loss)   | <u></u>        |                                       |  |   |  |
|  | d                 | Net gain or (loss)  | <b>&gt;</b>    | 0                                     |  |   |  |
| Other Revenue  | 8a                | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a  |                |                                       |  |   |  |
| oth  | b                 | Less direct expenses . b  | 0              |                                       |  |   |  |
|  |                   | Net income or (loss) from fundraising every Gross income from gaming activities See Part IV, line 19                  | ents >         |                                       |  |   | 3, 5   |
|  | b<br>c<br>10a     | Less direct expenses b  Net income or (loss) from gaming activitie  Gross sales of inventory, less                    | es . ►         | 0                                     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   |  |
|  | b                 | returns and allowances a  Less. cost of goods sold b  |                |                                       |  |   |  |
|  | C                 | Net income or (loss) from sales of inventor  Miscellaneous Revenue  | ory >          | 0                                     | 22 27                                  |   | >c v   |
|  | 11a<br>b<br>c     |   |                |                                       |  |   |  |
|  | d<br>e            | All other revenue   | 0              | 0                                     | 7 (0.73                                |   |  |
|  | 12                | Total revenue. See instructions   | <u> </u>       | 63,000                                |  |   | Form <b>990</b> (2017)                               |

| Form 99  | 0 (2017)  |                       |                              |                                       | Page 10                                |
|----------|---|-----------------------|------------------------------|---------------------------------------|--|
|          | X Statement of Functional Expenses  |                       |                              |                                       |  |
| Sectio   | n 501(c)(3) and 501(c)(4) organizations must con  | <del></del>           | <del></del>                  | s must complete co                    | lumn (A).                              |
|          | Check if Schedule O contains a respon   |                       |                              | · · · · · · · · · · · · · · · · · · · |  |
|          | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses   | ( <b>D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                              |                                       |  |
| 2        | Grants and other assistance to domestic individuals See Part IV, line 22  |                       |                              |                                       |  |
| 3        | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16                     | 113,519               |                              |                                       | ,                                      |
| 4<br>5   | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  |                       |                              |                                       |  |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)       |                       |                              |                                       |  |
| 7        | Other salaries and wages  |                       |                              |                                       |  |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                              |                                       |  |
| 9        | Other employee benefits   |                       |                              |                                       |  |
| 10       | Payroll taxes   |                       |                              |                                       |  |
| 11       | Fees for services (non-employees):  |                       |                              |                                       |  |
| a        | Management .  |                       |                              |                                       |  |
| ь        | Legal   |                       |                              |                                       |  |
| C        | Accounting  |                       | <del></del>                  |                                       | <del></del>                            |
| d        | Lobbying  |                       | <b>7</b> 7 7 7 7             |                                       | 71                                     |
| e<br>f   | Professional fundraising services See Part IV, line 17 Investment management fees   |                       | <u> </u>                     | * * * *                               | · ·                                    |
| g        | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | 105                   |                              |                                       |  |
| 12       | Advertising and promotion .   |                       |                              |                                       |  |
| 13       | Office expenses   |                       |                              |                                       |  |
| 14       | Information technology  | <u></u>               | i                            |                                       |  |
| 15       | Royalties .   |                       | <u> </u>                     |                                       |  |
| 16       | Occupancy .   |                       |                              |                                       |  |
| 17       | Travel  | ļ                     |                              |                                       |  |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                              |                                       |  |
| 10       | Conferences, conventions, and meetings .  |                       |                              |                                       |  |
| 19<br>20 | Interest  |                       |                              |                                       |  |
| 21       | Payments to affiliates  |                       | -                            |                                       |  |
| 22       | Depreciation, depletion, and amortization   |                       |                              |                                       |  |
| 23       | Insurance   |                       |                              |                                       | · · · · · · · · · · · · · · · · · · ·  |
| 24       | Other expenses Itemize expenses not covered   | 7 , 4 27 , 3          |                              | 77 3                                  | 1                                      |
|          | above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                              |                                       |  |
| а        |   | * ()                  | ***                          | , , , , , , , , , , , , , , , , , , , |  |
| b        |   |                       | !                            |                                       |  |
| C        |   |                       |                              |                                       |  |
| d        |   |                       |                              |                                       |  |
| е        | All other expenses  |                       |                              |                                       |  |
| 25       | Total functional expenses. Add lines 1 through 24e  | 213,624               |                              |                                       |  |
| 26       | 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 Fig. 1 (following SOP 98-2 (ASC 958-720)                               |                       |                              |                                       |  |

Form **990** (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 176,729 26,105 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net . 3 4 Accounts receivable, net . . . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 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 7 Notes and loans receivable, net R Inventories for sale or use . . R Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 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 . 15 176.729 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses . 17 18 Grants payable . . . . 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, 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 Unsecured notes and loans payable to unrelated third parties 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 . . . . 25 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds . Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 Net 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances Form 990 (2017)

|      | 90 (2017) `  |          |          | Pa            | ige <b>12</b> |
|------|--|----------|----------|---------------|---------------|
| Pari | XI Reconciliation of Net Assets  |          |          |               |               |
|      | Check if Schedule O contains a response or note to any line in this Part XI  | <u> </u> | <u> </u> |               |               |
| 1    | Total revenue (must equal Part Vill, column (A), line 12)  | 1        | 63       | 3,00          | 00            |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 213      |               | 24            |
| 3    | Revenue less expenses Subtract line 2 from line 1  | 3        | -150     | 6,6           | 24            |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4        | 176      | 2,7           | 29            |
| 5    | Net unrealized gains (losses) on investments   | 5        | <u>.</u> | <u> </u>      |               |
| 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)   | 9        |          |               |               |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   |          | _        |               | سے یہ         |
|      | 33, column (B))  | 10       | ユ        | 6,1           | 05            |
| Part |  |          |          |               |               |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |          |          |               |               |
| 1    | Accounting method used to prepare the Form 990 Tarcash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," ex  | plaın i  | n [      | Yes           | No            |
| _    |  |          |          | -             | V             |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis consolidated basis, or both | piled c  | r 🎠      | 4.            | ,             |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |          | ž .      | 1             | l             |
| b    | Were the organization's financial statements audited by an independent accountant? .   |          | 2b       |               | ~             |
| D    | If "Yes," check a box below to indicate whether the financial statements for the year were audit   | ed on    | -        | 200           | <br>  3       |
|      | separate basis, consolidated basis, or both.   |          |          | ١,            | )             |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis   |          | ñ.       | 1 : "         | F.,           |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o  | versiah  | nt l     | 1             | •             |
| ·    | of the audit, review, or compilation of its financial statements and selection of an independent according   |          |          | 1             | !             |
|      | If the organization changed either its oversight process or selection process during the tax year, e Schedule O.   |          |          | 13 00         |               |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?  | forth I  |          |               | /             |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not underguired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a   |          | e 3b     |               |               |
|      |  |          | For      | m <b>99</b> 0 | (2017)        |

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| 1.6    | NDUS EDUCATION Reason for Public Char  | ity Status (A                                    | ll organizations must   | comple                                 | te this p                             | art.) See instructio                                     | 676188<br>ins.                                  |  |  |  |  |
|--------|--|--|---|--|---------------------------------------|--|---|--|--|--|--|
|        | organization is not a private founda   | tion because it                                  | is (For lines 1 through   | 12, chec                               | k only or                             | e box )  | 14  |  |  |  |  |
| 2      | A school described in section  | 170(b)(1)(A)(ii)                                 | . (Attach Schedule E (F   | orm 990                                | or 990-E                              | Z).)   | *   |  |  |  |  |
| 3      | A hospital or a cooperative hos  |  |   |  |                                       |  |   |  |  |  |  |
| 4      | A medical research organization hospital's name, city, and state   | e  | ·   |  |                                       |  |   |  |  |  |  |
| 5      | An organization operated for section 170(b)(1)(A)(iv). (Com  | olete Part II.)                                  |   |  |                                       | -  | al unit described in                            |  |  |  |  |
| 6<br>7 |  |  |   |  |                                       |  |   |  |  |  |  |
| 8      | A community trust described in   | section 170(                                     | <b>b)(1)(A)(vi).</b> (Complete l  | Part II)                               |                                       |  |   |  |  |  |  |
| 9      | An agricultural research organi<br>or university or a non-land-gra<br>university:  |  |   |  |                                       |  |   |  |  |  |  |
| 10     | An organization that normally receipts from activities related support from gross investment acquired by the organization a  | to its exempt for income and up fter June 30, 19 | functions—subject to conrelated business taxal<br>975 See <b>section 509(</b> a     | ertain exc<br>ble incom<br>a)(2). (Cor | ceptions,<br>ie (less se<br>nplete Pa | and (2) no more tha<br>ection 511 tax) from<br>art III.) | n 33 <sup>1</sup> /3% of its                    |  |  |  |  |
|        | An organization organized and  |  |   |  |                                       |  |   |  |  |  |  |
| 12     | An organization organized and  |  |   |  |                                       |  |   |  |  |  |  |
|        | of one or more publicly support<br>Check the box in lines 12a thro   | -  |   |  |                                       |  |   |  |  |  |  |
| }<br>; | Type I. A supporting organithe supported organization supporting organization. You   | zation operate<br>(s) the power t                | ed, supervised, or contr<br>o regularly appoint or e                                | olled by i<br>lect a ma                | ts suppor                             | rted organization(s),                                    | typically by giving                             |  |  |  |  |
| I      | Type II. A supporting organ<br>control or management of<br>organization(s). You must   | the supporting                                   | organization vested in  | the same                               |                                       | • •  |   |  |  |  |  |
| •      | Type III functionally integ<br>its supported organization(   |  |   |  |                                       |  | ally integrated with,                           |  |  |  |  |
| •      | Type III non-functionally in<br>that is not functionally integrity integrity in the requirement (see instructionally in the requirement in the req | grated The org                                   | janization generally mu   | st satisfy                             | a distribu                            | ition requirement an                                     |   |  |  |  |  |
| •      | Check this box if the organ functionally integrated, or  |  |   |  |                                       |  | e II, Type III                                  |  |  |  |  |
| 1      | Enter the number of supported of   |  |   |  |                                       |  |   |  |  |  |  |
|        | Provide the following information  | about the sup                                    | oported organization(s).  |  |                                       |  |   |  |  |  |  |
|        | (i) Name of supported organization   | (u) EIN  | (III) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | listed in you                          | organization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions)  | (vi) Amount of other support (see instructions) |  |  |  |  |
|        |  |  |   | Yes                                    | No                                    |  |   |  |  |  |  |
| (A)    | VIDYA BHARATI<br>FOUNDATION INDIA  | N.A.   | YOUTH EDUCATION   | ×                                      |                                       | 0  | 0   |  |  |  |  |
| (B)    |  |  |   |  |                                       |  |   |  |  |  |  |
| (C)    |  |  |   |  |                                       |  |   |  |  |  |  |
| (D)    |  |  |   |  |                                       |  |   |  |  |  |  |
| (E)    |  |  |   |  |                                       |  |   |  |  |  |  |
|        |  |  |   |  |                                       |  |   |  |  |  |  |

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

| Part        | (Complete only if you checked the  | ne box on line  | e 5, 7, or 8 of   | Part I or if th  | e organizatio     | n failed to qu    |                   |
|-------------|--|-----------------|-------------------|------------------|-------------------|-------------------|-------------------|
| Secti       | Part III. If the organization fails to on A. Public Support  | quality unde    | er the tests is   | sted below, p    | iease compie      | te Part III.)     |                   |
|             | dar year (or fiscal year beginning in)   | (a) 2013        | <b>(b)</b> 2014   | (c) 2015         | (d) 2016          | (e) 2017          | (f) Total         |
| 1           | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | (a) 2013        | (5) 2014          | (6) 2013         | (4) 2010          | (e) 2011          | (I) Total         |
| 2           | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                 |                   |                  | J                 |                   |                   |
| 3           | The value of services or facilities furnished by a governmental unit to the organization without charge  |                 |                   |                  |                   |                   |                   |
| 4           | Total. Add lines 1 through 3.  |                 |                   |                  | /                 |                   |                   |
| 5           | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). |                 |                   |                  |                   |                   |                   |
| 6<br>Canti  | Public support. Subtract line 5 from line 4 on B. Total Support  | 4               | 1 7 2 × 15        |                  | 1719.5-21         | 1                 | <u> </u>          |
|             |  | (a) 2013        | <b>(b)</b> 2014   | (a) 2015         | (4) 2016          | (a) 2017          | (f) Total         |
| 7           | dar year (or fiscal year beginning in) Amounts from line 4   | (a) 2013        | ( <b>D</b> ) 2014 | (c) 2015         | (d) 2016          | (e) 2017          | (f) Total         |
| 8           | Gross income from interest, dividends, payments received on securities loans, rents royalties, and income from similar sources   |                 |                   |                  |                   |                   | -                 |
| 9           | Net income from unrelated business activities, whether or not the business is regularly carried on   |                 |                   |                  |                   |                   |                   |
| 10          | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)   |                 |                   |                  |                   |                   |                   |
| 11          | <b>Total support.</b> Add lines 7 through 10   | 1000            |                   | (L v. ) 40 h     | · 500 - 1. 7      |                   |                   |
| 12          | Gross receipts from related activities, etc  |                 |                   |                  |                   | 12                | ·                 |
| 13          | First five years. If the Form 990 is for the   |                 | n's first, secon  | d, third, fourth | n, or fifth tax y | ear as a sectio   | on 501(c)(3)      |
| <del></del> | organization, check this box and stop he   |                 | ·                 | <u> </u>         |                   | <u> </u>          | <u> </u>          |
|             | on C. Computation of Public Suppor   | <del>_</del>    |                   |                  |                   | F 2.1             |                   |
| 14          | Public support percentage for 2017 (line   |                 |                   | 1, column (f))   |                   | 14                | <u>%</u>          |
| 15          | Public support percentage from 2016 Sci 331/3% support test—2017. If the organ   |                 |                   |                  | <br>              | 15                | %                 |
| 16a         | box and <b>stop here.</b> The organization qua   |                 |                   |                  | na line 14 is 3   | 5 73% Of more,    | <b>.</b> —        |
| b           | 33½% support test—2016. If the organi  |                 |                   |                  | <br>Sa and baa 15 |                   | . P               |
| U           | this box and <b>stop here</b> . The organization   |                 |                   |                  |                   | 15 33 73 70 01 11 | lore, check       |
| 17a         | 10%-facts-and-circumstances test—2   |                 |                   | _                |                   | 62 or 16b an      | d line 14 is      |
| 114         | 10% or more, and if the organization me<br>Part VI how the organization meets the organization   | eets the "facts | -and-circumst     | ances" test, c   | heck this box     | and stop here     | . Explain in      |
| b           | 10%-facts-and-circumstances test—2<br>15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization.   | ation meets th  | e "facts-and-o    | circumstances    | " test, check     | this box and      | stop here.        |
| 18          | Private foundation. If the organization di instructions  |                 | box on line 13    |                  | a, or 17b, chec   | k this box and    | see ▶ □           |
|             | _  |                 |                   |                  | 94                | adule A (Form 99  | 0 az 000 EZ\ 2047 |

|       | e A (I O(1) 930 01 930-L2/2017   |                 |                                       |                    |                   |                  | Fage 3        |
|-------|--|-----------------|---------------------------------------|--------------------|-------------------|------------------|---------------|
| Part  |  |                 |                                       |                    |                   |                  |               |
|       | (Complete only if you checked the  |                 |                                       |                    |                   |                  | ider Part II. |
| Cook: | If the organization fails to qualify   | under the tes   | sts listed belo                       | ow, please co      | omplete Part I    | 1.)              |               |
|       | on A. Public Support   | (-) 0010        | <b>G-</b> \ 0014                      | (n) 2015           | (4) 2016          | (0) 0017         | #6 Total      |
| _     | dar year (or fiscal year beginning in)   | (a) 2013        | <b>(b)</b> 2014                       | (c) 2015           | (d) 2016          | (e) 2017         | /(f) Total    |
| 1     | Gifts, grants contributions, and membership fees received (Do not include any "unusual grants.") | l               |                                       |                    | 1                 |                  |               |
| 2     | Gross receipts from admissions, merchandise  |                 |                                       |                    | <del> </del>      |                  | <del></del>   |
| _     | sold or services performed, or facilities  | }               |                                       |                    |                   |                  | 1             |
|       | furnished in any activity that is related to the   |                 |                                       |                    |                   |                  |               |
| 2     | organization's tax-exempt purpose  |                 |                                       |                    | <del> </del>      | /                |               |
| 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  |                 |                                       | /                  | 1                 |                  |               |
|       | furnished by a governmental unit to the  |                 |                                       |                    |                   |                  |               |
|       | organization without charge .  |                 |                                       |                    | <u> </u>          | <u> </u>         |               |
| 6     | Total. Add lines 1 through 5.  |                 |                                       |                    |                   |                  |               |
| 7a    | Amounts included on lines 1, 2, and 3  |                 |                                       |                    |                   |                  |               |
|       | received from disqualified persons .   |                 |                                       | <i></i>            |                   |                  |               |
| b     | Amounts included on lines 2 and 3  | ]               | 1                                     | ĺ                  |                   |                  |               |
|       | received from other than disqualified  |                 | 1                                     |                    |                   |                  |               |
|       | persons that exceed the greater of \$5,000   |                 | 1                                     |                    |                   |                  |               |
|       | or 1% of the amount on line 13 for the year  |                 |                                       |                    |                   |                  |               |
| C     | Add lines 7a and 7b  |                 |                                       |                    |                   |                  |               |
| 8     | Public support. (Subtract line 7c from   |                 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                    | 1 2 1 3           |                  |               |
|       | line 6)  |                 | * J J J J J J                         |                    | 11:12 11          | w. ide           |               |
| Secti | on B. Total Support  | ,               |                                       |                    |                   |                  |               |
| Calen | dar year (or fiscal year beginning in)   | (a) 2013 /      | <b>(b)</b> 2014                       | (c) 2015           | (d) 2016          | (e) 2017         | (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  | 1               |                                       |                    |                   |                  |               |
|       | section 511 taxes) from businesses   |                 |                                       |                    |                   |                  |               |
|       | acquired after June 30, 1975 .   |                 |                                       |                    |                   | ł                | l             |
| C     | 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   | he organization | 's first, secon                       | d. third. fourt    | h, or fifth tax v | ear as a section | on 501(c)(3)  |
|       | organization, check this box and stop he   |                 |                                       |                    |                   | •                | . ``▶ □       |
| Secti | on C. Computation, of Public Suppo   |                 | e                                     |                    |                   |                  |               |
| 15    | Public support percentage for 2017 (line   | <del></del>     |                                       | 3. column (fl)     |                   | 15               | %             |
| 16    | Public support percentage from 2016 Sc   |                 |                                       | .,                 | • •               | 16               | %             |
|       | on D. Computation of Investment In   |                 |                                       | <del>· · · ·</del> | <del></del>       |                  |               |
| 17    | Investment income percentage for 2017  |                 |                                       | v line 13 colu     | mp (fl)           | 17               | %             |
| 18    | Investment income percentage from 2011   |                 |                                       |                    |                   | 18               |               |
|       | 33½% support tests—2017. If the organ  |                 |                                       |                    |                   |                  |               |
| 19a   | 17 is not more than 331/3%, check this box   |                 |                                       |                    |                   |                  |               |
|       | 7  | -               | _                                     |                    |                   |                  |               |
| b     | 331/3% support tests – 2016. If the organi. line 18 is not more than 331/3%, check this          |                 |                                       |                    |                   |                  |               |
| 20    | Private foundation If the organization of  |                 |                                       |                    |                   |                  |               |

#### Part 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 of this toric 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

|                | Yes            | No        |
|----------------|----------------|-----------|
|                |                | ě.        |
| 1              | X              |           |
|                |                |           |
|                |                | *         |
| 2              |                | ^         |
| 3a             |                | X         |
| ,              |                | j         |
| 3b             | X              | ,         |
| 3c             |                | ν,        |
| 3c             | X              | <u> </u>  |
| 4a             | X              | ~ '       |
| 2.4            | ,              | \$ 4      |
| . i j          |                | ;         |
| 4a<br>4b<br>4c | <u>^</u>       | * .       |
| 3.3            | ( * 5<br>  )   | 1         |
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| 5b             |                | X         |
| 5c             | 1 1 1          | X         |
| , ,            | ***            |           |
| 8 %            |                | ,,        |
| 5b<br>5c<br>6  | Ų.             | <i>X</i>  |
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|                |                | مَرُ. ا   |
| 9a             | ļ              | X         |
| 9b             | 1              | X         |
| اد میں میں     |                | - 🗸       |
| 9c             | 1 to 2         | -         |
|                |                |           |
| 10a            |                | X         |
| 10b            |                | ×         |
| IOD            |                | _ <u></u> |

| Part  | Supporting Organizations (continued)   |            |                |               |
|-------|--|------------|----------------|---------------|
|       |  |            | Yes            | No            |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  |            |                |               |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a        |                | ~             |
| h     | A family member of a person described in (a) above?  | 11b        |                | X             |
|       | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>   | 11c        |                | X             |
|       | on B. Type I Supporting Organizations  |            |                |               |
|       |  |            | Yes            | No            |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1          | -              | X             |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | <u>^</u> 2 |                | X             |
| Secti | on C. Type II Supporting Organizations   |            | ,              |               |
|       |  | rax v      | Yes            | No            |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)   | 1          | ,-<br>,-<br>,- | X             |
| Sect  | on D. All Type III Supporting Organizations  |            |                |               |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1          | Yes            | No<br>X       |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2          | ×              |               |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.   | 3          | * *            | \\ \tag{\chi} |
| Sect  | ion E. Type III Functionally Integrated Supporting Organizations   |            |                |               |
| 1     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   | instru     | ction          | s)            |
| а     | ☐ The organization satisfied the Activities Test. Complete line 2 below. N. A.   |            |                |               |
| b     | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.  |            |                |               |
| С     | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity  | (see in    | struct         | ions          |
| 2     | Activities Test. Answer (a) and (b) below.   |            | Yes            | No            |
| a     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   | ì          | 100            | <u> </u>      |
| a     | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities   | 2a         | X              |               |
| b     | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement   | 2b         | - , -<br>22    | X             |
| 3     | Parent of Supported Organizations Answer (a) and (b) below.  | \$ 10      | 1 3            | , '           |
| а     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | , (<br>За  | -              | ,             |
| b     | 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 <b>Part VI</b> the role played by the organization in this regard.   | 3b         | X              |               |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org   |               |  |  |
|--|---------------|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ  | g tru<br>nzat | st on Nov. 20, 1970 (explaii<br>ions must complete Sectiol | n in Part VI). <b>See</b><br>ns A through E. |
| Section A - Adjusted Net Income  |               | (A) Prior Year   | (B) Current Year<br>(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) Prior Year   | (B) Current Year<br>(optional)               |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | × 4 5         |  | , ""   |
| 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)  | 1 X           |  |  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2             |  | <u> </u>                                     |
| 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             |  |  |
| 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             | 14844 4 4 7 14 3   |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3             | Ministra Call S  |  |
| 4 Enter greater of line 2 or line 3.   | 4             |  |  |
| 5 Income tax imposed in prior year   | 5             | M 187 A 2 2 W .  |  |
| 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-functional instructions).  | ly in         | tegrated Type III supporting                               | organization (see                            |

| Part           | Type III Non-Functionally Integrated 509(a)(3                | 3) Supporting Organ           | izations (continued)                  |   |
|----------------|--|-------------------------------|---------------------------------------|---|
| Secti          | on D - Distributions   |                               |                                       | Current Year                            |
| 1_             | Amounts paid to supported organizations to accomplish        | exempt purposes               |                                       |   |
| 2              | Amounts paid to perform activity that directly furthers exe  | empt purposes of suppo        | orted                                 |   |
|                | organizations, in excess of income from activity             |                               |                                       |   |
| 3              | Administrative expenses paid to accomplish exempt purp       | oses of supported orga        | anizations                            |   |
| 4              | Amounts paid to acquire exempt-use assets                    |                               |                                       |   |
| 5              | Qualified set-aside amounts (prior IRS approval required)    |                               |                                       |   |
| 6              | Other distributions (describe in Part VI) See instructions.  |                               |                                       |   |
| 7              | Total annual distributions. Add lines 1 through 6.           |                               |                                       |   |
| 8              | Distributions to attentive supported organizations to which  | h the organization is res     | enoneive                              |   |
| _              | (provide details in <b>Part VI</b> ). See instructions.      | in the organization is rec    | sponsive                              |   |
| 9              | Distributable amount for 2017 from Section C, line 6         |                               |                                       |   |
| 10             | Line 8 amount divided by line 9 amount                       | ·                             | <del></del>                           |   |
|                | Line o amount divided by line 9 amount                       | <u> </u>                      | (ii)                                  | (iii)                                   |
| S              | ection E - Distribution Allocations (see instructions)       | (i)                           | Underdistributions                    | Distributable                           |
|                | Journal Plantadon Andoducità (acc instructions)              | Excess Distributions          | Pre-2017                              | Amount for 2017                         |
|                | Distributable area at fact 2017 from Control Office          | [V 18. ] 1 - 14 - 1           |                                       | Allouin to 2011                         |
|                | Distributable amount for 2017 from Section C, line 6         |                               |                                       | 45)                                     |
| 2              | Underdistributions, if any, for years prior to 2017          |                               |                                       | ***                                     |
|                | (reasonable cause required - explain in Part VI) See         |                               |                                       |   |
|                | instructions.  | <u> </u>                      |                                       | · · · · · · · · · · · · · · · · · · ·   |
| 3              | Excess distributions carryover if any, to 2017               | ****                          |                                       | - 44.                                   |
| <u>a</u>       |  | MENTALLS Y                    | λ / t . ' š λ . Σ'                    | 13 % % X X                              |
| b_             | From 2013  | <b>*</b>                      | <u> </u>                              | * |
| <u>C</u>       | From 2014  | 23 83 43 63 63                |                                       |   |
| d              | From 2015  |                               | 1. 海网络沙兰                              |   |
| е              | From 2016  |                               |                                       | 16 \$ 19 6 7 5 ×                        |
| f              | Total of lines 3a through e                                  |                               |                                       | 44.428.34.2                             |
| <u>g</u>       | Applied to underdistributions of prior years                 |                               |                                       | 2 1/2 ( <b>57</b> )                     |
| h              | Applied to 2017 distributable amount                         | P. 整点 19 中心发 完                |                                       |   |
| i              | Carryover from 2012 not applied (see instructions)           | 医黄色 11 三个第二个                  | 7. 78.30.40.66                        |   |
| j              | Remainder Subtract lines 3g, 3h, and 3i from 3f.             |                               |                                       |   |
| 4              | Distributions for 2017 from                                  |                               |                                       |   |
|                | Section D, line 7: \$  |                               | A STANDARD B                          |   |
| а              | Applied to underdistributions of prior yeals                 |                               |                                       |   |
| b              | Applied to 2017 distributable amount                         |                               | 1. 18.38 18.2 1                       |   |
| Ç              | Remainder Subtract lines 4a and 4b from 4.                   |                               | · 注题点系统。                              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 5              | Remaining underdistributions for years prior to 2017, if     | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |                                       | 3/34:34 /-                              |
| -              | any Subtract lines 3g and 4a from line 2. For result         |                               |                                       |   |
|                | greater than zero, explain in Part VI. See instructions.     |                               |                                       |   |
| 6              | Remaining underdistributions for 2017. Subtract lines 3h     | Y 8 8 1 4 3 3 3 3 4 8         |                                       | 3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 |
| •              | and 4b from line 1. For result greater than zero, explain in |                               |                                       |   |
|                | Part VI. See instructions.                                   |                               |                                       |   |
| 7              | Excess distributions carryover to 2018 Add lines 3           | 1                             |                                       | * |
| •              | and 4c   |                               |                                       |   |
| -8             | Breakdown of line 7 <sup>-</sup>                             | \$ \$ \$\$ \$4.24 \$\$        |                                       |   |
| <del></del> a  | Excess from 2013 .   |                               | £ 40, 5 ,                             | *                                       |
| <u>a</u>       | Excess from 2014   | 1                             |                                       | , |
| <u>C</u>       | Excess from 2015 .   |                               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <del></del>                             |
| <del>U</del> _ | Excess from 2016   |                               |                                       | · · · · · · · · · · · · · · · · · · ·   |
|                |  |                               | 13 136 6 2 2 3 3 3 5 1 3              |   |
| е              | Excess from 2017   |                               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 1 1                                   |

| Parť 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.) |
|--------------|---|
| /-           | THE PRESIDENT OF THE EXECUTIVE COMMITTEE OF   |
|              | THIS ORGANIZATION IS ALSO MEMBER OF THE BOARD   |
|              | OF THE SUPPORTED ORGANIZATION - VIDYA BHARATI   |
|              | FOUNDATION, INDIA. HE HAS A VETO POWER ON THE   |
|              | UTILIZATION OF FUNDS  |
| 2.           | THE SUPPORTED ORGANIZATION is REQUIRED TO   |
|              | SEND ANNUAL REPORT ON FUND UTILIZATION FOR  |
|              | YOUTH EDUCATION.  |
| 3            | THE PRESIDENT OF THIS ORGANIZATION ENSURES  |
|              | THAT THE FUNDS EARMARKED FOR SPECFIC YOUTH  |
|              | EDUCATION FACILITIES ARE INFACT UTILIZED  |
|              | FOR THAT PROJECT,   |
|              | + THE SCHOOLS ARE DULY ACCREDITED BY THE  |
|              | DEPARTMENT OF EDUCATION IN INDIA. TO  |
| ************ | ENSURE MAIN STREAM EDUCATION AT THE   |
|              | ELEMENTARY MIDDLE AND HIGH SCHOOL   |
|              | LEVELS  |
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2017

Open to Public Inspection

Employer identification number 47-4676188 Name of the organization INDUS EDUCATION AND EMPOWERMENT FOUDATION 1. THE PRESIDENT OF THIS ORGANIZATION IS ALSO MEMBER OF THE SUPPORTED ORGANIZATION - VIDYA BHARATI OF INDIA. HE HAS A VETO POWER ON THE UTILIZATION OF FUNDS DONATED BY THIS DREANIZATION. 2. THE SUPPORTED ORGANIZATION IS REQUIRED TO SEND ..... PERIODIC REPORTS AND INFORMATION TO THIS \_\_\_\_\_ ORGANIZATION ON FUND UTILATION TO SUPPORT YOUTH EDUCATION. 3. THE PRESIDENT OF THIS ORGANIZATION ENSURES THAT THE FUNDS PROVITED TO THE SUPPORTED ORGANIZATION ARE UTILIZED FOR SCHOOL FACILITIES IN THE NEEDY AREAS 4. THESE SCHOOLS ARE ACCREDITED BY THE DEPARTMENT OF EDUCATION IN THE GOVERNMENT 5. THE PRESIDENT REVIEWS THE ANNUAL FINANCIAL REPORT OF THE SUPPORTED DREAMIZATION.

| Schedule O (Form 990 or 990-EZ) (2017)     |   |             |            | Page 3                                    | 2          |
|--|---|-------------|------------|---|------------|
| Name of the organization  LINDUS EDUCATION | AND                                     | EMPOWERMENT | FOUNDATION | Employer identification number 47-4676188 | _          |
|  |   |             |            |   |            |
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## SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

2017

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

|      | of the organization | ATION AN                           | UD EMPO                             | WERMEN   | T FOUNDATION  | Employer i  | dentification number 467618                                       |
|------|---------------------|------------------------------------|-------------------------------------|--|---|---|---|
| Par  | Genera              |                                    | n on Activiti                       |  | the United States. Comp   | <b>_</b>  |   |
| 1    | For grantma         | ikers. Does the<br>he grantees' el | organization                        |  | ords to substantiate the amo  |   |   |
| 2    | For grantma         |                                    |                                     | he organizati  | on's procedures for monito  | oring the use of its gran   | •   |
| 3    | Activities per      | Region (The fe                     | ollowing Part I                     | l, line 3 table o  | can be duplicated if additions  | al space is needed.)  |   |
|      | (a) Regi            |                                    | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services investments, grants to recipients located in the region) | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of<br>service(s) in the region | (f) Total<br>expenditures for<br>and investments<br>in the region |
| (1)  | SOUTH               | ASIA                               | 0                                   | 0  | GRANTS  | N.A.  | 213,519   |
| (2)  |                     | <del></del>                        |                                     | <del></del>  |   |   |   |
| (3)  |                     | <del></del>                        |                                     |  |   |   |   |
| (4)  | <del></del>         |                                    |                                     |  |   |   |   |
| (5)_ |                     |                                    |                                     |  |   |   |   |
| (6)  |                     |                                    |                                     |  |   |   |   |
| (7)  |                     |                                    |                                     |  |   | ·   |   |
| (8)  |                     |                                    |                                     |  |   |   |   |
| (9)  |                     |                                    |                                     |  |   |   |   |
| (10) |                     |                                    |                                     |  |   |   |   |
| (11) |                     |                                    |                                     |  |   |   |   |
| (12) |                     |                                    |                                     |  |   |   |   |
| (13) |                     | ·                                  |                                     |  |   |   |   |
| (14) |                     |                                    |                                     |  |   |   |   |
| (15) | . <u></u>           |                                    |                                     |  |   |   |   |
| (16) |                     |                                    |                                     |  |   |   |   |
| (17) |                     |                                    |                                     |  |   |   |   |
| 3a   | Sub-total .         |                                    | 0                                   | 0  | 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |   | 213,519   |
| b    | sheets to Pa        | continuation rt I .                |                                     |  |   |   |   |

c Totals (add lines 3a and 3b)

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4 4 1 3 3 3 3 1 .

Page 2

Schedule F (Form 990) 2017

| 13) 14) 15) 16) 17) 18) 19) 19) 19) 19) 19) 19) 19) 19) 19) 19 | (g) Amount of (h) Description noncash assistance assistance | (I) Method of assistance valuation (book, FMV, appraisal, other) |
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Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance 13 (14) (15) (16) (17) (18) <u>6</u> (11) (12) Ξ <u>4</u> 3 6 ල ন্ত্ৰ **©** 9 8

| Part . | Ņ              | Foreign Forms   |                              |             |
|--------|----------------|---|------------------------------|-------------|
| 1      | the c          | the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)   | ☐ Yes                        | Ø No        |
| 2      | may<br>Trust   | the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign its and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign it With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | ☐ Yes                        | <b>∑</b> No |
| 3      | the c          | the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)  | Yes                          | <b>⊠</b> No |
| 4      | quali<br>Infor | the organization a direct or indirect shareholder of a passive foreign investment company or a field electing fund during the tax year? If 'Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing if (see Instructions for Form 8621)  | ☐ Yes                        | <b>№</b> No |
| 5      | the c          | the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)  | ☐ Yes                        | <b>⊠</b> No |
| 6      | "Yes           | the organization have any operations in or related to any boycotting countries during the tax year? If it is," the organization may be required to separately file Form 5713. International Boycott Report (see uctions for Form 5713; don't file with Form 990)  | ، <sup>ک</sup> رم<br>آ Yes ' | ∭ No        |

Schedule F (Form 990) 2017

| Part V       | Supplementa | Info   | rmation  |
|--------------|-------------|--------|----------|
| ال الما الما | Supplementa | n inte | ormation |

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.

| 1. THE PRESIDENT OF THIS ORGANIZATION IS ALSO MEMBER |
|--|
| OF THE BOARD OF SUPPORTED FOUNDATION - VIDYA         |
| BHARATI FOUNDATION IN INDIA. HE HAS A VETO POWER     |
| ON THE UTILIZATION OF FUNDS DONATED BY THIS          |
| ORGANIZATION.  |
|  |
| 2. THE SUPPORTED ORGANIZATION IS REQUIRED TO SEND    |
| PERIODIC PROGRESS REPORTS TO THIS ORGANIZATION       |
| ON FUND UTILIZATION TO SUPPORT YOUTH EDUCATION.      |
|  |
| 3. THE PRESIDENT OF THIS ORGANIZATION ENSURES        |
| THAT THE FUNDS PROVIDED TO THE SUPPORTED             |
| ORGANIZATION ARE UTILIZED FOR SCHOOL FACILITIE       |
| IN THE MEEDY AREAS.                                  |
|  |
| 4. THESE SCHOOLS ARE ACCREDITED BY THE               |
| DEPARTMENT OF EDUCATION IN THE GOVERNMENT            |
|  |
| 5. THE PRESIDENT OF THIS ORGANIZATION REVIEW-        |
| THE ANNUAL REPORT OF THE SUPPORTED                   |
| ORGANIZATION,  |
|  |
|  |
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