Form	990
	٠.

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Dep:	artment of	f the Treasury nue Service	► Go to www.ir	s.gov/Form9901					! X / /	Inspec	tion			
_			ndar year, or tax year beginn				nd ending		10/0	, 20				
В			C Name of organization IITMAA						D Employer identification number					
	Address		Doing business as						76-0035493					
	Name ch	•	Number and street (or P O box i	if mail is not delivere	ed to street addr	ess)	Room/suite	_	E Telephor	ne number				
	Initial ret	urn	6565 WEST LOOP SOUTH				! !			(650) 453-8616				
	Final retu	rn/terminated	City or town, state or province, o	country, and ZIP or f	foreign postal co	de			-					
	Amende	d return	BELLAIRE, TX 77401						G Gross re		38,021			
	Applicati	on pending	H(a) Is this a gi	oup return for	subordinates? 🔲 Yes	☑ No								
_			Prasanna Vinjamulri, 1064 Mo	<u>-</u>	01, Sunnyvale	, CA 940)89 - ^ 1	4 ''		s included? 🔲 Yes				
1	Tax-exe	•	list (see instruction	ins)										
7	Website		p //www iitmaana org			 	U/		exemption					
				ociation Other	<u> </u>	L Yea	ar of formation	1984	M State	of legal domicile	TX			
	art I	Summ					GENERAL	EDUCATION 8	INFRASTRU	JCTURE IMPROVEM	ENTS			
đù	1		scribe the organization's m HOLARSHIPS FOR STUDENTS											
Š			OFESSIONAL DEVELOPMENT							TIETT ECONTION				
Governance	2		is box ▶☐ if the organization					more than	25% of	ite not assets	- 			
8	3		of voting members of the go				sposed or	more man	3	ns her assers.	5			
	4		of independent voting meml	• •			 line 1b)		4		5			
es	5		nber of individuals employed						5		0			
Activities &	6		nber of volunteers (estimate			IEN	\		6		20			
Act	7a		elated business revenue fro	• • •	mt (C), to b	سيطيطولا	7%I		7a		0			
	ь		ated business taxable incor			DANG	\ \&\		7b		0			
			<u> </u>		NOV 2	Sais	1851	Prior Ye	ar	Current Ye	ar			
ø	8	Contribut	ions and grants (Part VIII, lir	ne 1h)	MOA -		arrest to the last th		68,811		16,737			
eun	9		service revenue (Part VIII, Iii	ne 2g) . \ 1 5\	المستعمنة ا	TT T	<u>لمباري</u> [[6,005		21,254			
Revenue	10		nt ıncome (Part VIII, column			سيلا			41		30			
	11		enue (Part VIII, column (A), i				<u> </u>		0		0			
	12		enue-add lines 8 through 11			ın (A), lın	ne 12)		74,857		38,021			
	13		nd similar amounts paid (Pai			•	·		105,072		37,538			
	14	-	paid to or for members (Part				- 40							
ses	15		other compensation, employed				⁵⁻¹⁰⁾							
Expenses	16a		nal fundraising fees (Part IX			•	· °. ⊢							
ᄍ	b 17		draising expenses (Part IX, o benses (Part IX, column (A),						16,948		36.495			
	18		enses. Add lines 13-17 (mu			 Jine 25	' ⊢		122,020		74,033			
	19	•	less expenses Subtract line	•			′ . ⊢	 -	-47,163		-36,012			
Ses		110101100	TOOD CAPOLICOG CODERAGE IIIA	0 10 11 0111 11110 1	<u>- </u>		Beg	inning of Cu	rrent Year	End of Ye	ar			
Net Assets Fund Balanc	20	Total ass	ets (Part X, line 16) .					•	180,789		141,152			
t Ass	21		ılıtıes (Part X, line 26)						0		0			
운트	22	Net asset	s or fund balances Subtrac	ct line 21 from li	ine 20				180,789		141,152			
Pa	art II	Signat	ure Block											
			ry, I declare that I have examined the							ny knowledge and	belief, it is			
true	e, correct	, and comple	ete Declaration of preparer (other the	nan officer) is based	on all information	on or whic	n preparer na	is any knowi						
C:-			1/ Kanakala							5-2019				
Sig		Signa	ature of officer	16	·	_	_	Da	ie					
He	re	T	RAMAKRISHNA	VEMURI	TREA	SURE	<u>r</u>							
_	_	<u> </u>	or print name and title	Preparer's sign	ature		Date		7	PTIN				
Pa		- 1 - ''	so proparor s name	li reparer a aigin	u.u.c		2000		Check [self-emp	#				
	epare							c,	's EIN ▶					
US	e Onl		ddress ▶						ne no					
May	v the IR		this return with the prepare	er shown above	? (see instru	ctions)		1 7110		. Tyes	No			
_			ction Act Notice, see the sepa			<u> </u>	Cat No	11282Y	<u> </u>		90 (2018)			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	· □
1	Briefly describe the organization's mission. FUNDED GENERAL IMPROVEMENTS IN EDUCATION, INFRASTRUCTURE, SCHOLARSHIPS, TRAVEL GRANTS AT	
	INSTITUTE OF TECHNOLOGY) AT CHENNAI, INDIA, AND OTHER LOCATIONS FUNDED PROFESSIONAL DEVELOP NETWORKING EVENTS FOR ALUMNI OF IIT	'MENT AND
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	e □Yes ☑No
_	If "Yes," describe these new services on Schedule O	•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	n □Yes ☑No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service.	on an managered by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported	
4a	(Code.) (Expenses \$ 37,538 including grants of \$) (Revenue \$ SUPPORTED EDUCATIONAL ACTIVITIES AT IIT MADRAS THROUGH TRAVEL SUPPORT, ENTREPRENEURSHIP FU	0) ND, GENERAL
	FUND, IIT RESEARCH PARK	
	<i>y</i> .	•
	<u></u>	
		•
	1	
4b	(Code.) (Expenses \$ 24,781 including grants of \$) (Revenue \$ SUPPORT ALUMNI NETWORKING EVENTS AT IITMAANA CHAPTERS AT CHICAGO, NEW JERSEY, SAN FRANCISC SUPPORT ALUMNI LEARNING EVENTS MEETINGS IN USA WITH IIT MADRAS DIRECTOR AND DEANS	21,254) O BAY AREA
	(Code) (Expenses \$including grants of \$) (Revenue \$)
	Other program convector (December of Cabrillian)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 62,319	

Form 9	90 (2018)	/		Page :
Part	IV Checklist of Required Schedules			
_	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
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? <i>If "Yes,"</i> 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		v
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, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		>
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	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	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a]	~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

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

Part	Checklist of Required Schedules (continued)	Z		
			Yes	No
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		,
040		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		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		,
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	~
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? Note. All Form 990 filers are required to complete Schedule O.	38	V	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		· · ·	\Box
		r	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	1c		
			n 99 0	(2018)

r ai t	Statements Regarding Other Ind Philips and Tax Compliance (Continued)			
_	Fater the number of employees reported on Form W.S. Transmittel of Wage and Tay		Yes	No
2a	·			l
b	· · · · · · · · · · · · · · · · · · ·	2b		
_	· · · · · · · · · · · · · · · · · · ·			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_		4a		~
b				
50				
_				~
				<u> </u>
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	· ·		·	
а		72		<u></u>
b				-
c		- 11		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			لـــا
е		7e		~
f		_		~
9	Statements, filed for the calendar year ending with or within the year covered by this return 2			
8	· · · · · · · · · · · · · · · · · · ·	711		
•		8		ノ
9				
а				~
b		9b		<u> </u>
10				j
11				1
а]
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	1	12a		
ь 13				{
		13a		1
u		100		
b	· · · · · · · · · · · · · · · · · · ·			
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C	——————————————————————————————————————			1
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15		15		/
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16		16		ブ
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		Form	990	(2018)

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			
Secti	on A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 1a 5		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		v
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	V
6	Did the organization have members or stockholders?	6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	V	
b	Each committee with authority to act on behalf of the governing body?	8b_	_	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	- d - 1	~
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	H-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	~	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			لـــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	L
14	Did the organization have a written document retention and destruction policy?	14	~	Ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		V
Ь	Other officers or key employees of the organization	15b		~
40-	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?	16a		~
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	461		
Secti	organization's exempt status with respect to such arrangements?	16b		<u> </u>
<u>5ecu</u>	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (3)s only) available for public inspection Indicate how you made these available Check all that apply. Own website Another's website Dupon request Other (explain in Schedule O)	Γ (Sec	tion (501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	

Page	

Form	$\alpha \alpha \alpha$	/201	0
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

					_
Check if Schedule O contains a response or note to any line in this Part VI	11				
theck it Schedule O contains a response of note to any line in this Fact vi	ш				_
Citation a series of the serie		 			

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

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

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

☐ Check this box if neither the organization no	r any related	d orga	anız	atıo	n c	ompe	nsa	ted any curren	it officer, director	r, or trustee
)						
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	(do not che						Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	임	2	Q	<u>~</u>	ө프	F	from the	related organizations	other compensation
	related	dire	≝	Officer	ÿ er	등등	Former	organization	(W-2/1099-MISC)	from the
	organizations	icto	🗟	_	륗	e c	1	(W-2/1099-MISC)		organization and related
	below dotted line)	Individual trustee or director	ᆲ		Key employee	ਡ੍ਰੇ				organizations
		tee	Institutional trustee		"	Highest compensated employee				
			ñ			ited				
/4) Pracanna Viniamiiri	4									
(1) Prasanna Vinjamuri President		~		1		1		0	0	0
(2) Srinath Chigullapalli	3	-		-	\vdash					
Vice-President		~		~				0	o	0
(3) Amarendra Nettem	3									
Secretary		~		~				0	0	0
(4) Ramakrishna Vemuri	6									_
Treasurer		~		~			_	0	0	0
(5) Subbaraman Vishwanathan	3								, ,	
Director		/		~	L	<u> </u>		0	, 0	0
(6)										•
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(13)										
(14)	_							-		
					<u>L</u>	<u> </u>	L			<u> </u>

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average	(do not check more than						(D) Reportable compensation	(E) Reportab		(F) Estimated		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-N	ons	other compensation		
(15)						_								
(16)								_						
(17)														
(18)														
(19)														 -
(20)														
(21)														
(22)														
(23)									-		-			
(24)												_		
(25)														
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		· · ·	•	· ·		► ► ►	0 0		0 0			0 0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						emp	oloyee, or high	est compe	ensated	3	Yes	No I
4	For any individual listed on line 1a, is the organization and related organizations individual												-	-
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or inc	dıvıdual	5	-	
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear													ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens		
					_		_							
	· · · · · · · · · · · · · · · · · · ·						_							_ _ _
2	Total number of independent contractor							th	nose listed abo	ove) who				
·	received more than \$100,000 of compens	ation from t	he or	gan	ızatı	ion l	<u> </u>							

	90 (201						Page 9
Par	t VIII	Statement of Revenue			5		
		Check if Schedule O contains a	a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				
ts, (С	Fundraising events	1c				,
ia ia	d	Related organizations	1d				
ns, Sin	е	Government grants (contributions)	1e				
er t	f	All other contributions, gifts, grants,	40.707				
를 들	_	and similar amounts not included above	1f 16,737				
E S	g h	Noncash contributions included in lines 1a— Total. Add lines 1a—1f		16,737			
	. !!	Total. Add lines 1a-11 .	Business Code	10,707			
Program Service Revenue	2a	Program Event Admission Fees	000000	21,254	21,254	0	0
Re	b						
<u>.</u>	c						
Serv.	d			- · · ·			
Ē	е						
ogra	f	All other program service revenue	e .				
<u> </u>	g	Total. Add lines 2a-2f	•	21,254 -	,		
	3	Investment income (including	_				_
		and other similar amounts) .	· · · · · · · · · · · · · · · · · · ·	30	30	0	0
	4	Income from investment of tax-exem	ipt bond proceeds				
	5	Royalties	(II) Personal			·	
	6a	Gross rents .	(1) 1 01001141		İ		
	b	Less rental expenses					Ì
	C	Rental income or (loss)		1	1		
	d	Net rental income or (loss)	•		······································		
	7a	Gross amount from sales of (i) Securities	s (II) Other			-	
		assets other than inventory		ł			
	b	Less. cost or other basis					
		and sales expenses		ŀ			
	С	Gain or (loss) .					
	d	Net gain or (loss)	· · · •				
enne	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c See Part IV, line 18) a				
Ě	b	Less. direct expenses	b				
		Net income or (loss) from fundrai	sing events . ►				
	9a	Gross income from gaming activit See Part IV, line 19	es.				
		Less: direct expenses .	b				
		Net income or (loss) from gaming					
ļ	10a	Gross sales of inventory, le	1				
		returns and allowances					
i		Less: cost of goods sold .	b				<u> </u>
	<u> </u>	Net income or (loss) from sales o Miscellaneous Revenue	Business Code				
}	11a	 					
	b						
	c			-			
	d	All other revenue					
	e	Total. Add lines 11a-11d	•				1
- 1	12	Total revenue .See instructions	. . [38 021	21 284	0	0

Ontil 5	2010)				Page 10
	IX Statement of Functional Expenses				r "
Section	on 501(c)(3) and 501(c)(4) organizations must con			s must complete col	
	Check if Schedule O contains a respon				<u> </u>
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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.	37,538	37,538		
4 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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees) Management				
ь	Legal				
c	Accounting ,	6,612		6,612	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	0.004		0.004	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,064		3,064	
12	Advertising and promotion				
13	Office expenses	76		76	
14	Information technology	1,462		1,462	
15 16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	24,781	24,781	0	0
20	Interest		·		. <u>.</u> -
21 22	Payments to affiliates . Depreciation, depletion, and amortization				
23	Insurance	500		500	
24	Other expenses Itemize expenses not covered		-		
_ `	above (List miscellaneous expenses in line 24e If			. 1	i
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a					
b					
d					
e	All other expenses	-		——————————————————————————————————————	
25	Total functional expenses. Add lines 1 through 24e	74,033	62,319	11,714	0
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 following SOP 98-2 (ASC 958-720).				

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	96,459	1	89,493
	2	Savings and temporary cash investments	69,964	2	40,955
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<u> </u>	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		ll	
		Complete Part II of Schedule L		5	
so.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	,
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	14,366	11	10,704
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	180,789	16	141,152
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	. <u></u>	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
iat.		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	23 24	
	24	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	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	
	26	Total liabilities. Add lines 17 through 25	0	26	0
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
es		complete lines 27 through 29, and lines 33 and 34.			•
ဍ	2 7	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
B	29	Permanently restricted net assets		29	
ڃ	Ī	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and ☐			
~ <u>F</u>		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	180,789	32	141,152
let	33	Total net assets or fund balances	180,789	33	141,152
4	34	Total liabilities and net assets/fund balances	180,789	34	141,152
					Form 990 (2018)

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Page	1	4
Page	•	4

OHIII 9	90 (2018)			Pa	ıge 1∠
Par	XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38	,021
2	Total expenses (must equal Part IX, column (A), line 25)	2		74	,033
3	Revenue less expenses. Subtract line 2 from line 1	3		-36	,012
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		180	,789
5	Net unrealized gains (losses) on investments	5		-3	,662
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			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, colu <u>mn (B)) </u>	10		141	,115
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				₽
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other HYBRID			•	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ain in			}
	Schedule O.		\	l	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis .				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	aın ın			1
	Schedule O.		l		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
	the Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	ıts.	3b		
			Forr	n 990	(2018)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization IITMAANA

Employer identification number 76-0035493

_								
Pa							ons.	
The o	organization is not a private founda						1	
1	A church, convention of churc	hes, or associati	on of churches descr	ibed in s e	ection 17	'0(b)(1)(A)(i).	1/	
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).) / / / _	Y	
3	A hospital or a cooperative ho	spital service org	ganization described i	n section	n 170(b)(⁻	1)(A)(iii). 🗸	1	
4	A medical research organization	on operated in co	onjunction with a hosi	ortal desc	ribed in s	section 170(b)(1)(A)	(iii). Ente	er the
	hospital's name, city, and state	e:						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a government	al unit o	lescribed in
6	☐ A federal, state, or local govern	nment or govern	mental unit described	ın secti	on 170(b))(1)(A)(v).		
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the ge	neral public
8	A community trust described i	n section 170(b	(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ	• •		-	erated in	conjunction with a l	and-gra	nt college
	or university or a non-land-gra university.	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the coll	ege or
10	An organization that normally i	receives (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, a	nd gross
	receipts from activities related support from gross investmen	าเอาเร exempt fu t income and บก	nctions—subject to c related business taxal	ertain ext ble incon	sepuons, ne (less s	and (2) no more tha ection 511 tax) from	n 33'/3% busines	Ses
	acquired by the organization a						54511100	000
11	☐ An organization organized and				-	·		
12	An organization organized and						rrv out th	ne purposes
	of one or more publicly suppo							
	Check the box in lines 12a thro							
а		_	• • • • • • • • • • • • • • • • • • • •		-			
.	the supported organization	•					• .	
	supporting organization. Y		_ , , ,				000 01 11	
h		-				unnerted ergenizeti	on(o) by	houng
b	_ ;,	•					,	_
	control or management of organization(s). You must		_		: persons	that control of man	age the	supported
	* ' '	-					-11	
С							ally integ	rated with,
_	its supported organization(•					
d	<u> </u>							
	that is not functionally integ						d an atte	entiveness
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	ctions A	and D, ar	nd Part V.		
е	Check this box if the organ						e II, Type	111
	functionally integrated, or 1	Type III non-func	tionally integrated sup	oporting i	organizat	ion.	_	
f	Enter the number of supported of	organizations .						
g	Provide the following information	n about the supp	orted organization(s).				_	
	(i) Name of supported organization	(II) EIN	(III) Type of organization	(IV) Is the o	organization	(v) Amount of monetary	(vi) A	mount of
			(described on lines 1–10		ur governing ment?	support (see		upport (see
			above (see instructions))	0000	memr	instructions)	insti	uctions)
				Yes	No	1		
A)		•		1				
			,					
B)								
				 	 			
C)			1	1			1	
								
D)	j							
					ļ -	 		
E)]			
- 4-1								

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instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (d) 2017 **(b)** 2015 (c) 2016 (e) 2018 (f) Total Gifts, grants, contributions, membership fees received (Do not include any "unusual grants") 574,112 307,770 74,816 130,647 16,737 1,104,082 revenues levied 2 for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 574,112 307,770 130,647 74,816 1,104,082 16,737 Total. Add lines 1 through 3 The portion of total contributions by 5 than each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1,104,082 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 574,112 7 Amounts from line 4 307,770 130,647 74,816 16,737 1,104,082 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on . . Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) 1,104,102 Total support. Add lines / through 10 11 21.254 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ □ Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2017 Schedule A, Part II, line 14 % 15 15 16a 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this **V** 331/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2018

Part	Support Schedule for Organiza						
	(Complete only if you checked the						nder Partill.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	/_
	on A. Public Support	F		1 1 2212	10001	1 1 22 2	-
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise		_			<i> </i>	
~	sold or services performed, or facilities			ŀ			
	furnished in any activity that is related to the			1	ı		
_	organization's tax-exempt purpose	_	<u> </u>			<i></i>	
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	<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5 .				/		
7a	Amounts included on lines 1, 2, and 3	\	<u> </u>	_			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			· /			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		/				_
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) ,2015	(c) 2016	(d) 2017	(e) 2018	(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				<u>* </u>		
b	Unrelated business taxable income (less				\		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business				\		
	activities not included in line 10b, whether	1					
	or not the business is regularly carried on						
12	Other income Do not include gain or	ı					
	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	-				•	- -
<u> </u>	organization, check this box and stop he				•	 , ,	· • 🗀
	on C. Computation of Public Suppor			101		Tael	1
15	Public support percentage for 2018 (line 8					15	%
16 Sooti	Public support percentage from 2017 Sch			· · · ·	<u> </u>	16	
	on D. Computation of Investment Inc			nu line 10!		1477	
17	Investment income percentage for 2018 (17	%
18	Investment income percentage from 2017					18 221mg	/ %
19a	331/3% support tests—2018. If the organi						*
	17 is not more than 331/3%, check this box						, –
b	331/3% support tests—2017. If the organize line 18 is not more than 331/3%, check this to						
20	/				· · · · · ·	-	=
<u> </u>	Privaté foundation. If the organization di	и посспеска	DOX OF THE 14.	, 19a, UT 19D, C	HECK THS DOX	anu see mstru	ctions 🕨 🔲

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	ł		
	documents? If "No," describe in Part VI how the supported organizations are designated If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status		ł	
	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).	-		
30	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		_
Sa	(b) and (c) below	30		
L		3a	 	
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.	3b		
С	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	3c		
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.	4a	 -	-
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	ĺ		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
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.	4c	<u> </u>	<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			i '
	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,	ľ	ļ	
	(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).			
h		5a		
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?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	_	-
с 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	l	İ	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	į .		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	ļ.		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	 	ļ	
	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.	9a		
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 .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
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	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100	 -	
	The min inglimited the state of	I	1	1

determine whether the organization had excess business holdings)

10b

Part	Supporting Organizations (continued)			
	(u		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	İ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		Ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			т
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			r I
	controlled the organization's activities. If the organization had more than one supported organization,			1
	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		J
2	Did the organization energie for the honefit of any supported organization other than the numerical	-		_
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	on or type in outpersions or gamma months		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Γ		1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	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		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ĺĺ		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
•		2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	
a	☐ The organization satisfied the Activities Test. Complete line 2 below			-7
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 (s	see ins	structi	ions)
2	Activities Test Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			<u> </u>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1 1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ļ	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			الــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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 Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	n
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
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 (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)		•	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	ponsive	_
9	Distributable amount for 2018 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by line 9 amount			
Secti	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013 .			
	From 2014 .			
	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)	<u> </u>		
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		1000	
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016 .			
d	Excess from 2017		<u> </u>	
е	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

IITMA	ANA				1 7	6-0035493
Par	General Information Form 990, Part IV, line	n on Activit	ties Outside	the United States. Com	nplete if the organization a	inswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistant	ees' eligibility	for the gran			☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	g the use of its grants an	d other assistance
3	Activities per Region (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	SOUTH ASIA	0	0	GRANT MAKING		16,737
(2)						
(3)						
(4)		,				
(5)						
(6)						
(7)_						
(8)					<u>.</u>	
(9)						
(10)						
(11)						
(12)_						
(13)_						
(14)			·			
(15)	· 			,		
(16)						
(17)						
За	Subtotal	0	0		,	16,737
þ	Total from continuation			,		
_	sheets to Part I .				<u> </u>	40.707
	Totals (add lines 3a and 3b)					16,737

Page 2

Schedule F (Form 990) 2018

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

	, - CILIV,		and the second configuration of the second configuration o			son i somondon on i			
- ′	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
<u>E</u>			SOUTH ASIA	EDUCATIONAL	37,548 E	37,548 BANK WIRE			
(S)									
(6)									
<u>4</u>									
(2)									
9									
<u>(</u>	•								
(8)									
(6)						•			
(10)	:								
(<u>1</u>									
(12)									
(13)									
(14)									
(15)									
(16)									
7	Enter total nur	mber of recipic	ent organizations lis	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or coinsel has provided a section 501(c)(3) equivalency letter.	ognized as charities	s by the foreign count	try, recognized as ta	x-exempt	
ო	Enter total nur	mber of other	Enter total number of other organizations or entities	ittes				A	

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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

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

Part	IV Foreign Forms	14	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	· No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	₽ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information. See instructions.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization ITMAANA Employer identification number 76-0035493

Pt VI, Line 11b COPIES OF THE COMPLETED FORMS WERE CIRCULATED TO ALL THE MEMBERS OF THE GOVERNING BOARD
THE MEMBERS OF THE GOVERING BOARD REVIEW THESE FORMS AND ENDORSED THE FILING
Pt VI, Line 12c THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THE MEMBERS OF THE GOVERNING BOARD
REVIEW THE POLICY STATEMENTS TWICE A YEAR AND ENDORSE THE CONFLICT OF INTEREST ANNUAL STATEMENTS
THEN ENDORSED CONFLICT OF INTEREST
STATEMENT ARE ATTACHED AT ALL THE MEETING OF THE GOVERING BOARD, THE CONFLICT
OF INTEREST CONCERNS ARE SOUGHT AND DISCUSSED IN SITUATIONS WHERE THERE IS A
CONFLICT OF INTEREST, APPROPRIATE ACTION AND SOLUTIONS ARE USED TO ENSURE COMPLIANCE
WITH THE NONPROFIT MISSION AND STATUS
Pt VI, Line 6 MEMBERSHIP RULES AND RIGHTS ARE AS PER THE GOVERNING DOCUMENTS OF THE ORGANIZATION
Pt VI, Line 19 THE WEBSITE OF THE ORGANIZATION CONTAINS INSTRUCTIONS ABOUT HOW TO GET ACCESS TO THE DOCUMENTS
SOME OF THESE DOCUMENTS ARE AVAILABLE FOR DIRECT PUBLIC DOWNLOAD FROM THE WEBSITE AND ANY IIT MADRAS
ALUMNI OR FACULTY (THE ALUMNI) THAT RESIDE IN NORTH AMERICA ARE MEMBERS OF THE ORGANIZATION
MEMBERSHIP RULES AND RIGHTS ARE AS PER THE GOVERNING DOCUMENTS OF THE ORGANIZATION
Pt VI, Line 7a THE GOVERNING BOARD HAS 4 ELECTED MEMBERS. THE MEMBERS OF THE ORGANIZATION ELECT THESE BOARD
MEMBERS PER THE GOVERNING DOCUMENTS OF THE ORGANIZATION THE ELECTED BOARD THEN NOMINATES UP TO 3
ADDITIONAL MEMBERS AND THE RESULTING BOARD GOVERNS THE ORGANIZATION WITH EACH BOARD MEMBER HAVING
EQUAL VOTING AUTHORITY
Pt XII, Line 1 THE HYBRID METHOD OF ACCOUNTING HAS ALWAYS BEEN USED
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Schedule O (Form 990 or 990-EZ) (2018)	P	age 2
Name of the organization	Employer identification number	
		
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