(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

| Α | For the | 2019 calend | dar year, or tax year beginning Jan 1 , 2019 | , and endi | ing Dec | 31 | , 20 19 | |
|--------------------------------|--------------|-------------------|--|--------------|---------------------|--------------------|--------------------|-----------------|
| В | Check if a | applicable: | C Name of organization Indian Schools Alumni & Friends, USA | (INSAF) | | D Employ | er identificatio | n number |
| | Address | change | Doing business as INSAF | | | | 23-7338355 | |
| | Name cha | ange | Number and street (or P.O. box if mail is not delivered to street address | s) | Room/suite | E Telephone number | | |
| П | Initial retu | rn | 137 Seagate Drive | | | | 650-345-6909 |) |
| $\overline{\sqcap}$ | Final retur | n/terminated | City or town, state or province, country, and ZIP or foreign postal code | · | | | | |
| П | Amended | return | San Mateo, CA 94403-4930 | | | G Gross re | eceipts \$ | 345,375 |
| П | Application | n pending | F Name and address of principal officer: Dr. Santosh Chokhani, Pr | esident | H(a) Is this a g | roup return for | subordinates? . | Yes ✓ No |
| | | , , | 3410 N. Buchanan Street, Arlington VA 22207 | | | | s included? | |
| ī | Tax-exem | npt status: | ✓ 501(c)(3) | or 527 | | | . (see instruction | |
| | Website: | ▶ www.in | safweb.org | | H(c) Group e | | | , |
| | | | | Year of forn | | | f legal domicile: | CA |
| | art I | Summa | | | | | | |
| | | | cribe the organization's mission or most significant activiti | ies: INSA | F provides gran | ts to sunn | ort education | and |
| Φ | - | - | provement efforts in India, and to support community develop | | | | | |
| JUC. | | | ged people in India. It also provides grant to organization bas | | | | | |
| Ĭ | | | box ► ☐ if the organization discontinued its operations of | | | | | |
| ŏ | 1 | | voting members of the governing body (Part VI, line 1a). | - | | 3 | 13 1101 433013 | |
| জ | 1 | | independent voting members of the governing body (Part VI, line 1a). | | | 4 | | |
| es | 1 | | per of individuals employed in calendar year 2019 (Part V, | | | 5 | | 7 |
| Ϋ́ | 1 | | per of volunteers (estimate if necessary) | • | | 6 | | 0 |
| Activities & Governance | 1 | | * | | | 7a | | 33 |
| ٩ | 1 | | ated business revenue from Part VIII, column (C), line 12 | | | | | 0 |
| _ | b | net unrela | ted business taxable income from Form 990-T, line 39 . | | Prior Yea | 7b | Current \ | N/A |
| | | م لغار ما اسعاد م | van and avanta (Dart VIII. line 11h) | | Prior rea | | Current | |
| Revenue | 1 | | ons and grants (Part VIII, line 1h) | | | 360,514 | | 344,897 |
| | 1 | _ | ervice revenue (Part VIII, line 2g) | | | 0 | | 0 |
| Be | 1 | | t income (Part VIII, column (A), lines 3, 4, and 7d) | | | 400 | | 478 |
| | 1 | | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e | | | 0_ | | 0 |
| _ | | | ue—add lines 8 through 11 (must equal Part VIII, column (A) | | | 360,914 | | 345,375 |
| | | | d similar amounts paid (Part IX, column (A), lines 1–3) | | | 228,675 | | 336,125 |
| | | | aid to or for members (Part IX, column (A), line 4) | | | 0 | | 0 |
| ses | 1 | | her compensation, employee benefits (Part IX, column (A), lir | | | 0 | | 0 |
| Expenses | 1 | | al fundraising fees (Part IX, column (A), line 11e) | | | 0 | | 0 |
| Х | 1 | | aising expenses (Part IX, column (D), line 25) | 0 | | | | |
| | 1 | | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 403 | | 199 |
| | 1 | - | nses. Add lines 13-17 (must equal Part IX, column (A), line | | | 229,078 | | 336,324 |
| | | Revenue le | ess expenses. Subtract line 18 from line 12 | | | 131,836 | | 9,051 |
| Net Assets or Fund Balances | | | | | Beginning of Cur | rent Year | End of Y | ear |
| sset | 20 | | s (Part X, line 16) | | | 283,701 | | 292,752 |
| at A | 21 | | ties (Part X, line 26) | | | 0_ | | 0 |
| _ | | | or fund balances. Subtract line 21 from line 20 | | | 283,701 | | 292,752 |
| Pa | art II | Signatu | re Block | | | | | |
| | | | , I declare that I have examined this return, including accompanying schede. Declaration of preparer (other than officer) is based on all information of | | | | / knowledge an | d belief, it is |
| -tru | e, correct, | and complete | 3. Declaration of preparer (other than officer) is based on all information of | which prepa | arer has any knowle | age. | | |
| ٠. | | \ | | | | | | |
| Sig | | Signati | ure of officer | | Date | Э | | |
| He | ere | \ | | | | | | |
| | | Type o | r print name and title | | | | | |
| Pa | id | Print/Type | preparer's name Preparer's signature | | Date | |] if PTIN | |
| | eparer | | | | | self-emplo | oyed | |
| | e Only | Firms!s = === | ne ► | | Firm' | s EIN ▶ | | |
| | | Firm's add | | | Phor | e no. | | |
| Ма | y the IR | S discuss | this return with the preparer shown above? (see instruction | ns) | | | . 🗌 Yes | ☐ No |

Cat. No. 11282Y

| Part | | | Part III | |
|-------------|--|--|--|-----------|
| 1 | Briefly describe the organization's mis | | raitiii | • .Ш |
| • | • | | OF THE DISADVANTAGED PEOPLE IN INDIA; | AND |
| | | | TRIBUTE TOWARDS THE IMPROVEMENT OF IN | |
| | DEL ATIONS ON A DEODLESS LEVEL | | | HALAA |
| | | | | |
| 2 | Did the organization undertake any sig | | | _ |
| | prior Form 990 or 990-EZ? | | | ✓ No |
| | If "Yes," describe these new services of | | | |
| 3 | Did the organization cease conduct services? | | | □ N- |
| | If "Yes," describe these changes on Second | | | ✓ NO |
| | - | | Starthanna Innanat ann ann an dùr an an an an | نجا اميني |
| 4 | | c)(4) organizations are required to rep | its three largest program services, as measu port the amount of grants and allocations to | |
| 4a | (Code:) (Expenses \$ | 36,662 including grants of \$ | 36,641) (Revenue \$ | .) |
| | EDUCATION: School Support/Scholarsh | | | |
| | | 1 organizations or educational institution | ons for the education of specific individual stud | ents. |
| | These grants totaled \$ 36,641 in 2019. | | | |
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| | | | | |
| 4b | | 274,417 including grants of \$ | 274,254) (Revenue \$ | .) |
| | | organizations to support work aimed | at longer-term community capacity building in In | ndia |
| | These grants totaled \$274,254 in 2019. | | ar longer term commandy outpacity balloning in i | ididi. |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| 4c | (Code:) (Expenses \$ | 25,245 including grants of \$ | 25,230) (Revenue \$ |) |
| | COMMUNTIY SERVICE: | | | |
| | During 2019, INSAF made grants to 9 org | | | |
| | services or hunger relief and other servi | ces to the poor including disabled or pr | ovide medical aid to the poor. | |
| | These grants totaled \$ 25,230 in Year | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <i>A</i> -J | Other program persions (Describe = == (| Sahadula O) | | |
| 4d | Other program services (Describe on S (Expenses \$ -0- including | • | ue \$ -0-) | |
| 46 | Total program service expenses | 7 grants or \$ -0-) (never) | -U- / | |

Checklist of Required Schedules

Part IV

| | | | 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 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | <i>\</i> | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | · | √ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | → |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | V ✓ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 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</i> "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | √ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | 1 |
| 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 | | ✓ |
| 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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> | 11d | | 1 |
| 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 | | 1 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| 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 | | √ |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ' |
| b | 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 | | 1 |
| 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 | | ✓ |
| 20a | 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 | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 24 | | |

| Part | Checklist of Required Schedules (continued) | | | |
|---------|--|-----|-----|----------|
| | | | 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 | | ✓ |
| 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 | | √ |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ✓ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | 1 |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 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? <i>If "Yes," complete Schedule R, Part VI</i> | 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 | ✓ | |
| Part | · · · · · · · · · · · · · · · · · · · | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0- | | Yes | No |
| ia b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Part ' | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|--------|---|------|-----|------------|
| | | | Yes | No |
| 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 -0- | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . | 3b | | - * |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | - 55 | | |
| та | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country ▶ | -u | | Ť |
| | 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 | | √ |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | - |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | | 30 | | |
| | 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 | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | ✓ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | ✓ |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | 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 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 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. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | √ |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| . • | excess parachute payment(s) during the year? | 15 | | ✓ |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | · |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | ✓ |
| | If "Yes," complete Form 4720, Schedule O. | | | Ė |

Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, 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? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 1 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ None
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain on Schedule O)

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

 Ms. Padmashri Lad, Vice President Finance, 137 Seagate Drive San Mateo CA 94403 Phone 650-345-6909

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

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

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

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. See instructions for the order in which to list the persons above.

| ☐ Check this box if heither the organization no | r any relate | a org | arıız | auc | ni c | ompe | ensa | ited any current | officer, director, | or trustee. |
|---|---|--------------------------------|-----------------------|---------------|--------------|--|--------|---|--|---|
| | | | | (0 | C) | | | | | |
| (A) Name and title | (B) Average hours | box, | unles | neck ss pe | erson | e than of the thick that is the thick that the thick that is the thick that the t | n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Dr. Santosh Chokhani, President | 3 | √ | | √ | | | | -0- | -0- | -0 |
| (2) Ms. Padmashri Lad, Vice President Finance | 6 | √ | | ✓ | | | | -0- | -0- | -0 |
| (3) Dr. A.J. Poulose, Vice Pres. Communications | 3 | √ | | ✓ | | | | -0- | -0- | -0 |
| (4) Dr. Vimal Goyle, Director | 11 | √ | | ✓ | | | | -0- | -0- | -0 |
| (5) Mr. Joginder Kundra, Director | 11 | √ | | ✓ | | | | -0- | -0- | -0 |
| (6) Dr. P. Harshavardhana, Director | 11 | √ | | ✓ | | | | -0- | -0- | -0 |
| (7) Ms. Padma Tatta Cariappa, Director | 11 | 1 | 1 | | | | | -0- | -0- | -0 |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | Section A. Officers, Directors, 1 | rustees, | Key I | Εm | plo | yee | s, an | d F | lighest Compe | nsated | Emplo | yees (co | <u>ntinued)</u> |
|--------|--|---|-----------------------|-------|----------------------|------|---|-----------------|--|---|-----------------------------------|--|--|
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office Individua | unles | Pos neck ss pe | rson | e than or/trusi e is or/trusi e or/trusi e mployee | n an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Report compen- from re organize (W-2/1099 | able sation lated ations | Estimatec of o compei from organiza related org | d amount ther nsation the tion and |
| | | dotted line) | ď | tee | | | sated | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | | | | | |
| c | Total from continuation sheets to Part | VII, Sectio | n A | | | | | > | | | | | |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but | not limited | | | | | | e) w | ho received mor | e than \$1 | 00,000 | of | |
| | reportable compensation from the organi | zation ► | | | | | | | -0- | | | | 'aa Na |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete s | | | | | | • | mp l | loyee, or highes | t compe | nsated | | es No ✓ |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization' | | | | | | | | | ion or inc | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Secti | on B. Independent Contractors | , , , , , , | ·empi | | | 7041 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | adir perceri i | <u> </u> | <u> </u> | | |
| 1 | Complete this table for your five high compensation from the organization. Repo | | | | | | | | | | | | |
| | (A) Name and business add | • | | | | | | | (B) Description of serv | | | (C) Compensati | |
| No Ind | ependent Contractors | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | |) th | nose listed abov | e) who | | | |

| . 61111 666 (26 | | |
|-----------------|----------------------|--|
| Part VIII | Statement of Revenue | |

| | | Check if Schedule | Осо | ntains a re | spon | ise or note to an | ny line in this Pa | rt VIII | | 🗆 |
|--|------------|--|---------|--------------|-------|-------------------|----------------------|--|--------------------------------------|--|
| | | | | | - | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts ts | 1a | Federated campaig | ns . | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | 1b | 300 | | | | |
| اع ق | С | Fundraising events | | | 1c | | | | | |
| ifts | d | Related organization | ns . | | 1d | | | | | |
| <u>≅</u> '≣ | е | Government grants | (cont | ributions) | 1e | | | | | |
| Sin | f | All other contribution | ns, git | fts, grants, | | | | | | |
| E E | | and similar amounts no | ot incl | uded above | 1f | 344,597 | | | | |
| 흔히 | g | Noncash contribution | | | | | | | | |
| nd bi | | lines 1a-1f | | | 1g | \$ | | | | |
| a C | h | Total. Add lines 1a- | -1f . | | | <u> </u> | 344,897 | | | |
| . | | | | | | Business Code | | | | |
| <u>i</u> | 2 a | | | | | | | | | |
| le er | b | | | | | | | | | |
| n S | C | | | | | | | | | |
| gram Ser Revenue | d | | | | | | | | | |
| Program Service Revenue | e | A II | | | | | | | | |
| Δ | f | All other program se | | | | | | | | |
| - | g | Total. Add lines 2a- Investment income | | | | | -0- | | | |
| | 3 | other similar amoun | - | _ | | | 478 | | | 478 |
| | 4 | Income from investr | | | | | -0- | | | 470 |
| | 5 | | | | | • | -0- | | | |
| | | rioyanioo | | (i) Rea | | (ii) Personal | -0- | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | С | Rental income or (loss) | 6с | | | | | | | |
| | d | Net rental income o | | s) | | • | -0- | | | |
| | 7a | Gross amount from | | (i) Securit | ies | (ii) Other | | | | |
| | | sales of assets | | | | | | | | |
| | | other than inventory | 7a | | | | | | | |
| e l | b | Less: cost or other basis | | | | | | | | |
| Revenue | | and sales expenses . | 7b | | | | | | | |
| Ş | | Gain or (loss) | 7с | | | | | | | |
| | | Net gain or (loss) | | | | ▶ | -0- | | | |
| Other | 8a | Gross income from | | ndraising | | | | | | |
| 0 | | events (not including | | | | | | | | |
| | | of contributions rep 1c). See Part IV, line | | | | | | | | |
| | | • | | | 8a | | | | | |
| | | Less: direct expense Net income or (loss) | | | 8b | nto. | | | | |
| | C | , , | | | g eve | nts ▶ | -0- | | | |
| | 9a | Gross income factivities. See Part I | | | 9a | | | | | |
| | b | Less: direct expens | | | 9b | | | | | |
| | | Net income or (loss) | | | | es > | -0- | | | |
| | | Gross sales of ir | | | | | -0- | | | |
| | 100 | returns and allowan | | | 10a | | | | | |
| | b | Less: cost of goods | | | 10b | | | | | |
| | С | Net income or (loss) | | | | ory ▶ | -0- | | | |
| <u>s</u> | | · · · · | | | | Business Code | | | | |
| e e | 11a | | | | | | | | | |
| scellaneo Revenue | b | | | | | | | | | |
| e e | С | | | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | | | | |
| 2 | е | Total. Add lines 11a | | | | | -0- | | | |
| | 12 | Total revenue. See | instr | uctions . | | • | 345,375 | | | 478 |

Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must comp | | | | |
|--------|--|-----------------------|---|-------------------------------------|--|
| | Check if Schedule O contains a response | e or note to any line | in this Part IX . | | 🗌 |
| | 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 . | 1,750 | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | -0- | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | 334,375 | | | |
| 4 | Benefits paid to or for members | -0- | | | |
| 5 | Compensation of current officers, directors, | • | | | |
| • | trustees, and key employees | -0- | | | |
| 6 | Compensation not included above to disqualified | | | | |
| U | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | -0- | | | |
| 7 | Other salaries and wages | -0- | | | |
| 8 | Pension plan accruals and contributions (include | -0- | | | |
| - | section 401(k) and 403(b) employer contributions) | -0- | | | |
| 9 | Other employee benefits | -0- | | | |
| 10 | Payroll taxes | -0- | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | -0- | | | |
| b | Legal | -0- | | | |
| C | Accounting | -0- | | | |
| d | Lobbying | -0- | | | |
| e | Professional fundraising services. See Part IV, line 17 | -0- | | | |
| f | Investment management fees | -0- | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | -0- | | | |
| 12 | Advertising and promotion | -0- | | | |
| 13 | Office expenses | 199 | | | |
| 14 | Information technology | -0- | | | |
| 15 | Royalties | -0- | | | |
| 16 | Occupancy | -0- | | | |
| 17 | Travel | -0- | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | -0- | | | |
| 19 | Conferences, conventions, and meetings . | -0- | | | |
| 20 | Interest | -0- | | | |
| 21 | Payments to affiliates | -0- | | | |
| 22 | Depreciation, depletion, and amortization . | -0- | | | |
| 23 | Insurance | -0- | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on 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 | All II | | | | |
| е | All other expenses | -0- | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 336,324 | -0- | -0- | -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 ► ☐ if | | | | |

| Part X | Ralance | Shoot |
|--------|---------|-------|
| | | |

| Cash—non-interest-bearing | (B) End of year -0- 292,752 |
|--|--------------------------------------|
| 2 Savings and temporary cash investments | |
| 3 Pledges and grants receivable, net | 292,752 |
| 4 Accounts receivable, net | |
| | |
| 5 Leans and other receivables from any current or former officer, director | |
| | |
| trustee, key employee, creator or founder, substantial contributor, or 35% | |
| controlled entity or family member of any of these persons | |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 | |
| 7 Notes and loans receivable, net | |
| 7 Notes and loans receivable, net | |
| 9 Prepaid expenses and deferred charges | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | |
| b Less: accumulated depreciation 10b | |
| 11 Investments—publicly traded securities | |
| 12 Investments—other securities. See Part IV, line 11 | |
| 13 Investments—program-related. See Part IV, line 11 | |
| 14 Intangible assets | |
| 15 Other assets. See Part IV, line 11 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) 283,701 16 | 292,752 |
| 17 Accounts payable and accrued expenses | |
| 18 Grants payable | |
| 19 Deferred revenue | |
| 20 Tax-exempt bond liabilities | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 | |
| Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | |
| trustee, key employee, creator or founder, substantial contributor, or 35% | |
| controlled entity or family member of any of these persons | |
| 20 Cookied Mortgages and Notes payable to difficultied time parties 1.1. | |
| | |
| 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 | |
| 26 Total liabilities. Add lines 17 through 25 | -0- |
| | -0- |
| and complete lines 27, 28, 32, and 33. | |
| 27 Net assets without donor restrictions | |
| 28 Net assets with donor restrictions | |
| Organizations that do not follow FASB ASC 958, check here ▶ □ | |
| and complete lines 29 through 33, | |
| Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 7 Net assets without donor restrictions | 292,752 |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | · |
| 31 Retained earnings, endowment, accumulated income, or other funds 31 | |
| 32 Total net assets or fund balances | 292,752 |
| Z33Total liabilities and net assets/fund balances | 292,752 |

| Part | 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) | | | 34 | 15,375 | | | |
| 2 | 2 Total expenses (must equal Part IX, column (A), line 25) | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | 9,051 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | | 28 | 3,701 | | | |
| 5 | Net unrealized gains (losses) on investments | | | | 0 | | | |
| 6 | Donated services and use of facilities | | | | 0 | | | |
| 7 | Investment expenses | | | | 0 | | | |
| 8 | Prior period adjustments | | | | 0 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) 9 | | | | 0 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | | |
| | 32, column (B)) | | | 29 | 2,752 | | | |
| Part | XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | ٠, | | | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. | n in | | | | | | |
| 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 compiled | d 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 of | n 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 oversigh | nt of | | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | . L: | 2c | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain | n on | | | | | | |
| | Schedule O. | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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 | | | | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | ; . ; | 3b | | | | | |

Form **990** (2019)

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.

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

OMB No. 1545-0047

Open to Pul

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

Open to Public Inspection

Employer identification number Name of the organization 23-7338355 Indian Schools Alumni & Friends, USA (INSAF) Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

| | (Complete only if you checked the Part III. If the organization fails to | | | | • | • | alify under |
|-----------------|---|-----------------|------------------|----------------------------------|-----------------------|-----------------------------|-------------|
| Secti | on A. Public Support | quality arrac | 71 110 10010 110 | nea Bolow, pi | odee comple | oto r art iii., | |
| | dar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (,)=: | (-) = - | (7)=- | (3) = 1 | (7)=1 | (, |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the | e organizatior | n's first, secon | d, third, fourth | , or fifth tax ye | 12 ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | re | | | | | ▶ □ |
| | on C. Computation of Public Suppor | t Percentag | е | | | | |
| 14 15 16a | Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch 331/3% support test—2019. If the organi | nedule A, Part | II, line 14 . | | | 14 15 31/3% or more | check this |
| ·ou | box and stop here. The organization qual | | | | | | |
| b | 331/3% support test—2018. If the organization this box and stop here. The organization | zation did not | check a box o | n line 13 or 16 | a, and line 15 | is 33 ¹ /3% or m | ore, check |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization | ets the "facts | -and-circumsta | ances" test, ch | eck this box a | and stop here. | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization | tion meets the | e "facts-and-c | circumstances' stances" test. | ' test, check | this box and s | stop here. |
| 18 | Private foundation. If the organization di | d not check a | box on line 13, | 16a, 16b, 17a | , or 17b, chec | k this box and | see |

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | | | • | • | , | |
|-------|--|------------------------|-----------------|-------------------|-----------------|-----------------|-------------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 173,058 | 170,601 | 230,149 | 360,514 | 344,897 | 1,279,219 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 173,058 | 170,601 | 230,149 | 360,514 | 344,897 | 1,279,219 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | 19,481 | 47,145 | 159,520 | 215,105 | 180,687 | 621,938 |
| 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 | | 19,481 | 47.145 | 150 530 | 215 105 | 100 007 | C24 D20 |
| 8 | Public support. (Subtract line 7c from | 19,481 | 47,145 | 159,520 | 215,105 | 180,687 | 621,938 |
| Secti | line 6.) | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | 173,058 | 170,601 | 230,149 | 360,514 | 344,897 | 1,279,219 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 74 | 121 | 183 | 400 | 478 | 1,256 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | 121 | 100 | 100 | 470 | 1,230 |
| С | Add lines 10a and 10b | 74 | 121 | 183 | 400 | 478 | 1,256 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 173,132 | 170,722 | 230,332 | 360,914 | 345,375 | 1,280,475 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | ne organization' | s first, second | d, third, fourth, | or fifth tax ye | | 501(c)(3) |
| Secti | on C. Computation of Public Suppor | | | | | | <u> </u> |
| 15 | Public support percentage for 2019 (line 8 | | | 3, column (f)) | | 15 | 51.3 % |
| 16 | Public support percentage from 2018 Sch | nedule A, Part II | I, line 15 . | | | 16 | 56.7 % |
| Secti | on D. Computation of Investment In | come Percen | tage | | | | |
| 17 | Investment income percentage for 2019 (| | | - | | 17 | 0.10 % |
| 18 | Investment income percentage from 2018 | | | | | 18 | 0.08 % |
| 19a | 331/3% support tests—2019. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | | _ | • | | _ | _ |
| b | 331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%. | box and stop he | ere. The organi | zation qualifies | as a publicly s | upported organi | zation $ ightharpoonup$ |
| 20 | Private foundation. If the organization di | d not check a b | ox on line 14 | 19a or 19b c | heck this box | and see instruc | tions |

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

| ,,,, | on All All Supporting Significations | | | |
|------|---|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | 1 | | |
| | 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). | 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. | 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 despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | 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 | | |
| 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). | 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 | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | • | | |
| 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 | 6 | | |
| _ | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 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 | | |
| 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 | | | |
| L | 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 from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9с | | |
| 0a | 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 | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | iva | | |
| | | | | |

| Part | Supporting Organizations (continued) | | | |
|-----------------------|--|-----|-----|--------|
| 44 | | | Yes | No |
| 11 a | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| а | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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. | 4 | | |
| 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 | | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | Yes | No |
| | 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). | 4 | | |
| Socti | on D. All Type III Supporting Organizations | 1 | | |
| Secu | on b. All Type III Supporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | 100 | 140 |
| • | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a b c 2 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below. | | | ions). |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| | 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 | gani | izations | |
|---|---------|-----------------------------|--------------------------------|
| 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) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 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-functional | | legrated Type III supporti | ng organization (see |
| instructions). | ۱۱۱۱ و. | iog.acoa i ypo iii oappoiti | 5. 94.112411011 (000 |

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continued) | |
|----------|--|-----------------------------|--|---|
| Sect | 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 | nizations | |
| 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 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| c | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2019 distributable amount | | | |
| <u> </u> | Carryover from 2014 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| | Distributions for 2019 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** Indian School Alumni & Friends (INSAF) 23-7338355 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ✓ Yes □ No award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number (d) Activities conducted in the (a) Region (e) If activity listed in (d) is (f) Total employees, of offices in expenditures for region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) South Asia (India) -0--0-**Grant Making** Please see Part V 334,375 (2)(3)(4) (5) (6)(7) (8) (9)(10)(11)(12) (13)(14) (15) (16) (17)Subtotal 334,375 Total from continuation sheets to Part I

Totals (add lines 3a and 3b)

-0-

334,375

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

| | | | · · · · · · · · · · · · · · · · · · · | eceived more than \$ | | · · · · · · · · · · · · · · · · · · · | additional space is | neede |
|------|--------------------------|--|---------------------------------------|------------------------|--------------------------|---------------------------------------|----------------------------------|-------|
| 1 | (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 | of no |
| (1) | | | South Asia (India) | Community Develop. | 172,196 | Wire Transfer | -0- | Not A |
| (2) | | | South Asia (India) | Community Develop. | 97,000 | Wire Transfer | -0- | Not A |
| (3) | | | South Asia (India) | Community Service | 13,000 | Wire Transfer | -0- | Not A |
| (4) | | | South Asia (India) | Education | 10,000 | Wire Transfer | -0- | Not A |
| (5) | | | South Asia (India) | Education | 8,342 | Wire Transfer | -0- | Not A |
| (6) | | | South Asia (India) | Education | 6,600 | Wire Transfer | -0- | Not A |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | Estadab | | The second self-section Potential | ed above that are reco | | a la disa fa ada | | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes Part III can be duplicated if additional space is needed."

| Part III can be duplicated | | | | 1 (),, | (0.4) | |
|---------------------------------|-------------------|--------------------------|---------------------------------|---------------------------------|----------------------------------|----------------|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) of nonc |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
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| (16) | | | | | | |
| (17) | | | | | | |
| (18) | | | | | | |

Schedule F (Form 990) 2019 Page **4**

Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ☐ Yes | ☐ 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 |

Schedule F (Form 990) 2019 Page **5**

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.

| INSAF Provides grants to schools, colleges, orphanages, children's homes, and other non-profits in order to promote education and literacy. |
|---|
| The recipient organizations are located in South Asia (India). The procedure for selection of recipients, monitoring of funds, |
| accounting method used and record keeping are summarized below: |
| Selection Criteria: |
| 1. An INSAF member needs to personally recommend each recipient organization on the basis of their knowledge about the organization. |
| 2. The recipient organization needs to be a school, colleges, university, orphanage, children's home or a non-profit in service to society |
| and should provide its services without discrimination on the basis of caste or religion. |
| Monitoring: |
| 1. Each INSAF Project in South Asia (India) is coordinated through one of the INSAF members residing in the USA. |
| The USA based INSAF member serves as the Project Leader/Coordinator. |
| 2. As much as possible, the INSAF Project Leader/Coordinator or another INSAF member personally visits the project site in South Asia |
| as and when practical at their own expense to monitor the project first hand, and shares their feedback with INSAF. |
| Record keeping: |
| 1. All payments are made via a check or a wire transfer made through a Banking Institution which provides a record of all transactions. |
| 2. Financial records are kept in INSAF files maintained on the internet or with the INSAF Vice President Finance. |
| 3. INSAF works to obtain written documentation from the organizations receiving grants, especially over \$1,000, as normal due diligence. |
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