# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

	For the 2	114 calendar year, or tax year beginning 05/01 , 2014, and e	enaing U	4/30	, 20 15
В	Check if ap	plicable: C Name of organization NORTH SOUTH FOUNDATION		D Employ	er identification number
	Address ch	ange Doing business as			36-3659998
	Name chan	ge Number and street (or P.O. box if mail is not delivered to street address) Roc	m/suite	<b>E</b> Telepho	ne number
	Initial return	2 Marissa Ct			630-323-1966
	Final return/t	erminated City or town, state or province, country, and ZIP or foreign postal code			
П	Amended r			<b>G</b> Gross re	eceipts \$ 2,224,232
$\overline{\Box}$	Application		H(a) Is this a	aroup return for	subordinates? Yes No
_	, , , , , , , , , , , , , , , , , , , ,	2 Marissa Ct, Burr Ridge, IL 60527			s included? Yes No
_	Tax-exemp		16 "1 "		ee instructions)
.— J	Website: ▶			o exemption	number <b>&gt;</b>
_		anization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for			of legal domicile:
_		Summary	omation. 1707	W Otate	or regar dormone.
•		riefly describe the organization's mission or most significant activities: To	nromoto ovacili	once in hi	ıman andaayar ta
Ф	1				
ŝ		evelop human resources and to help people achieve success regardless of rel	igion, gender, ca	iste, geog	Tapriic origin by
Î,		iving hope to those who may have none. heck this box ▶☐ if the organization discontinued its operations or dispos	and of more the	250/ of	ito not consta
ove.				1 1	_
Ğ					6
Š		umber of independent voting members of the governing body (Part VI, line	•		6
Æ		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	0
Activities & Governance		otal number of volunteers (estimate if necessary)		. 6	2,000
⋖		otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	b N	et unrelated business taxable income from Form 990-T, line 34		. 7b	0
			Prior Y		Current Year
e		ontributions and grants (Part VIII, line 1h)		1,093,459	988,485
Revenue		rogram service revenue (Part VIII, line 2g)		436,608	419,696
ě	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		145,195	340,269
-	<b>11</b> 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	<b>12</b> To	otal revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	1,675,262	1,748,450
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1–3)		500,473	565,300
	<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)		0	0
S	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)	0	0
Expenses	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)		0	0
g.	b T	otal fundraising expenses (Part IX, column (D), line 25) ▶	0		
ш	<b>17</b> O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		208,079	302,762
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		708,552	868,062
	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12		966,710	880,388
o s	3	·	Beginning of C	urrent Year	End of Year
Net Assets of Fund Balance	<b>20</b> T	otal assets (Part X, line 16)		6,210,986	7,091,374
Ass	21 T	otal liabilities (Part X, line 26)		0	0
ΞĒ	<b>22</b> N	et assets or fund balances. Subtract line 21 from line 20		6,210,986	7,091,374
		Signature Block			, , , , , , , , , , , , , , , , , , , ,
		s of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to	the best of r	my knowledge and belief, it is
		nd complete. Declaration of preparer (other than officer) is based on all information of which pre			.,,
Siç	an 📗	Signature of officer	D	ate	
He		Ratnam Chitturi, President			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	Date	<u> </u>	PTIN
Pa		Topalor o agracio		Check Self-emr	If
	eparer			self-emp	лоува
Us	se Only	Firm's name		m's EIN ▶	
N 4 ~	v the IDO	Firm's address   discuss this return with the preparer shows above? (see instructions)	Ph	one no.	
IVIS	iy ine iRS	discuss this return with the preparer shown above? (see instructions) .			🗌 Yes 🗌 No

Part	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To promote excellence in human endeavor, to develop human resources and to help people achieve success regardless of religion,
	gender, caste, geographic origin by giving hope to those who may have none.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 543,150 including grants of \$ 543,150 ) (Revenue \$ 0 )
	Provide scholarships to those who excel among the poor go to college in India and to those who were awarded first three ranks in
	the past in the national finals in the US conducted by the Foundation annually, but now are going to college in the US. About 2,500
	scholarships were given during the year.
4b	(Code: ) (Expenses \$ 293,319 including grants of \$ ) (Revenue \$ 419,696 )
	Educational Programs: Conducted educational contests such as spelling, vocabulary, math, science, geography, essay writing,
	public speaking and brain bee. Purpose is to encourage excellence in education among 1-12 grades. Contests were held among
	more than 80 centers during Mar-Apr and Championship Finals during August (16,000 contestants)
	ggy
4c	(Code:) (Expenses \$22,150 including grants of \$22,150 ) (Revenue \$0)
	Development Programs: School supplies to poor children, supporting orphans and other programs
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 858,619

Part I	V 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	1	
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		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>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	,	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	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		,
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? <i>If "Yes," complete Schedule D, Part IV </i>	9		
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, 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		,
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	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		,
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		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		~
	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If</i> "Yes," <i>complete Schedule G, Part I</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		,
	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		~
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
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		v
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		v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>	24d 25a		<i>'</i>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
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		,
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):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a 28b		v
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 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		v
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<i>'</i>
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	~	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>. [</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
20	reportable gaming (gambling) winnings to prize winners?	1c	~	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [5]  [6]  [6]  [7]  [8]  [8]  [8]  [9]  [9]  [9]  [9]  [9	2b		
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V
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		Ť
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	0.5		
	over, 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: ▶			
	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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>'</b>
	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>V</b>	
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?			1
A	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
d e	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, no a personal benefit contract?.	7f		~
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
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:			
a h	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	against amounts due or received from them.)	12a		
1 <b>4</b> a	Totalon Total (a) I non-exempt onantable trusts. Is the organization lilling i only 330 in lied of Form 1041?	12a	1	İ

If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year? . . . .

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans . . . . . . . . . .

Section 501(c)(29) qualified nonprofit health insurance issuers.

b

13

13a

13b

13c

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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 in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 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 in Schedule O. . . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . 10a ~ 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 14 14 Did the organization have a written document retention and destruction policy? 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? 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 List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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: >

Ratnam Chitturi, (630)323-1966

Part VI

orm 990 (2014)	Page <b>7</b>
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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 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.

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 not	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				(0	C)					
(A) Name and Title	(B) Average hours per	box,	unles	neck ss pe	rson	e than o is both or/trus	n an		(E)  Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Vidyadhara Rao Chalasani	12									
Board Member / Chairman	0	~		~				0	0	0
Ratnam Chitturi	72.00									
Board Member / President	0	~		~				0	0	0
Presannan Pillai	2									
Board Member	0	~						0	0	0
Sanjiv Modi	4.00									
Board Member/Secretary	0	~		~				0	0	0
Venkat Gade	2									
Board Member	0	~						0	0	0
Anita Gavini	2									
Board Member	0	~						0	0	0
Ramdev Jagarlamudi	4									
Treasurer	0			~				0	0	0
Radhakrishna Reddy Marreddy	2									
Co-Treasurer	0			~				0	0	0
			-							

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (	contin	ued)	
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportab		<b>(F)</b> Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatic (W-2/1099-N	ons	other compensati from the organizatio and related organization	n d
1b c	Sub-total					 		<b>&gt;</b>	0		0		0
d	Total (add lines 1b and 1c)  Total number of individuals (including but reportable compensation from the organic		to th				above	e) w	ho received me		00,00	0 of	0
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete of the comp</i>	ficer, direc	tor, c					-	oloyee, or high	=		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											е	V
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	lividua		,
Section	on B. Independent Contractors		- 1										1
1	Complete this table for your five highest compensation from the organization. Repyear.												ax
	(A) Name and business add	Iress							<b>(B)</b> Description of s	ervices		(C) Compensation	
None													
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who			

## Part VIII Statement of Revenue

		Check if Schedule O	contains a resp	oonse or note to	any line in this	Part VIII		🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0				
s, G	С	Fundraising events .	1c	0				
iift: ar /	d	Related organizations	<b>1d</b>	0				
s, C mil	е	Government grants (con		0				
ion r Si	f	All other contributions, gi	ifts, grants,					
but the		and similar amounts not inc	luded above 1f	988,485				
ntri 3 O	g	Noncash contributions includ	ded in lines 1a-1f: \$	0				
Col	h	Total. Add lines 1a-1	f	•	988,485			
				Business Code				
ven	2a	<b>Educational Contests</b>	& Workshops	611710	419,696	419,696	0	0
Re	b							
Program Service Revenue	С							
Ser	d							
Ē	е							
ogra	f	All other program serv	vice revenue .		0	0	0	0
Pr	g	Total. Add lines 2a-2	f	🕨	419,696			
	3	Investment income	. •					
		and other similar amo	ounts)	▶	300,066	0	0	300,066
	4	Income from investment	t of tax-exempt bo	ond proceeds ►	0	0	0	0
	5	Royalties			0	0	0	0
			(i) Real	(ii) Personal				
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	С	Rental income or (loss)	0	0				
	d	Net rental income or (	·		0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	515,985	0				
	b	Less: cost or other basis						
		and sales expenses .	475,782	0				
	C	Gain or (loss)	40,203	0		_		
	d	Net gain or (loss) .		🟲	40,203	0	0	40,203
e	Ωa	Gross income from fu	ındraisina					
enı	Oa	events (not including \$	0					
ev.		of contributions reporte						
Other Revenu		See Part IV, line 18 .						
the	b	Less: direct expenses						
0		Net income or (loss) fi		events . ►				
		Gross income from ga	•					
		See Part IV, line 19 .						
	b	Less: direct expenses	s <b>b</b>					
		Net income or (loss) f		vities ▶				
	10a	Gross sales of in						
		returns and allowance	es <b>a</b>					
	b	Less: cost of goods s	old <b>b</b>					
	С	Net income or (loss) f	rom sales of inve					
		Miscellaneous R	evenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-		+	0			
	12	Total revenue. See in	nstructions	▶	1,748,450	419,696	0	340,269

# Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon-	se or note to any lin	e 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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,050	5,050		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,250	10,250		
3	Grants and other assistance to foreign	10,230	10,230		
·	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	550,000	550,000		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
_	trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	4,575	0	4,575	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	69,135	64,472	4,663	0
14	Information technology	70,835	70,835	0	0
15	Royalties	0	0	0	0
16	Occupancy	25,238	25,238	0	0
17	Travel	20,789	20,789	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	_	_	_	_
40		0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20 21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	2,363	2,363	0	0
24	Other expenses. Itemize expenses not covered	2,303	2,303	U	0
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Materials	72,867	72,867	0	0
b	Bank and credit card fees	32,614	32,479	135	0
С	Miscellaneous	4,346	4,276	70	<del></del>
d				-	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	868,062	858,619	9,443	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				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		🗆
		·	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	3,676,182	2	2,531,073
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees	S.		
		Complete Part II of Schedule L		5	
	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' beneficiar			
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	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	2,534,804	11	4,560,301
	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)	6,210,986	16	7,091,374
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		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			
Ħ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	a <sub></sub>		
ja	00			22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
		Other liabilities (including federal income tax, payables to related third	4	24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part 3			
		of Schedule D	`	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	0		0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ ai			
Ses		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	4,695,955	27	5,530,641
Bal	28	Temporarily restricted net assets	1,260,831	28	1,296,533
Ρ	29	Permanently restricted net assets	254,200	29	264,200
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ an	nd		
ō		complete lines 30 through 34.			
şts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	6,210,986		7,091,374
	34	Total liabilities and net assets/fund balances	6,210,986	34	7,091,374

Form 990 (2014) Page **12** 

Part	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		1,748	8,450
2	Total expenses (must equal Part IX, column (A), line 25)		868	8,062
3	Revenue less expenses. Subtract line 2 from line 1		880	0,388
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		6,210	0,986
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 in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		7,09	1,374
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		$\Box$
			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 in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<b>&gt;</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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 oversight	1 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		~
	If the organization changed either its oversight process or selection process during the tax year, explain in			
•	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?	1 1		
	<u> </u>	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			
	required addit or addits, explain why in Schedule O and describe any steps taken to undergo such addits.	3b	000	(2014)
		Form	1 かかし	(2014)

#### 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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization					Employer identification	n number				
	NORTH SOUTH FOUNDATION 36-3659998										
Par						<u> </u>	ns.				
The c	organization is not a private found		,		-	•					
1	A church, convention of church			ibed in <b>se</b>	ection 17	0(b)(1)(A)(i).					
2											
3	-										
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5											
•				i.e.	470/b)	(4)(A)(.)					
6 7	☐ A federal, state, or local gover ☐ An organization that normally	•					n the general public				
•	described in section 170(b)(1	<b>)(A)(vi).</b> (Comple	te Part II.)	-	i a gover	Timental unit of from	Title general public				
8	A community trust described										
9	☐ An organization that normally	` '									
	receipts from activities relate										
	support from gross investme acquired by the organization a						x) from businesses				
40	, ,		•		•	•					
10 11	<ul><li>☐ An organization organized and</li><li>☐ An organization organized and</li></ul>						out the nurneese of				
• • •	one or more publicly supporte	•		•							
	the box in lines 11a through 11										
а	Type I. A supporting organization		• • • • • •	•		•					
	the supported organization(sorganization.	s) the power to re	egularly appoint or ele	•		• , , , •					
b	☐ <b>Type II</b> . A supporting organi	_		nection w	ith its su	pported organization	n(s), by having				
	control or management of the organization(s). You must c	ne supporting org	ganization vested in th								
С	Type III functionally integrated its supported organization(s						y integrated with,				
d	☐ Type III non-functionally in	ntegrated. A sup	porting organization of	perated i	n connec	tion with its support	ted organization(s)				
	that is not functionally integrated requirement (see instruction	rated. The organ	ization generally must	satisfy a	distributi	on requirement and					
е	Check this box if the organize functionally integrated, or Ty	zation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III				
f	Enter the number of supported	· ·		orang or	garnzano						
g	Provide the following information										
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of				
	(,	(.,,	(described on lines 1–9	listed in you	ur governing	support (see	other support (see				
			above or IRC section (see instructions))	docui	ment?	instructions)	instructions)				
			, "	Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 577,159 853,944 918,929 1,093,459 988,485 4,431,976 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 Total. Add lines 1 through 3. . . . 4 577,159 853,944 918,929 1,093,459 988,485 4,431,976 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 126,000 **Public support.** Subtract line 5 from line 4. 4,305,976 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 . . . . . . 577,159 918,929 988,485 853,944 1,093,459 4,431,976 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . 52,092 87,590 43,774 52,621 55,141 291,218 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 **Total support.** Add lines 7 through 10 11 4,723,194 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 91.17 % Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. 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 10%-facts-and-circumstances test - 2013. 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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

<del></del>	in the organization rails to quality	under the te	SIS IISIEU DEN	ow, piease co	implete i ait	11.)	
	on A. Public Support		T	T			
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support			1	I	I	I
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
46	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12.)		 	al alabad 6 12	6:60	<u> </u>	- F04(-)(0)
14	First five years. If the Form 990 is for the	•					* / * /
Coot:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10		45	0/
15	Public support percentage for 2014 (line 8						%
16 Secti	Public support percentage from 2013 School D. Computation of Investment Inc				<u> </u>	16	%
	<u> </u>			v lino 12 politi	mp (f))	17	0/
17 10	Investment income percentage for 2014 (Investment income percentage from 2013)			-		17	<u>%</u>
18	Investment income percentage from 2013 331/3% support tests—2014. If the organi						
19a	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
L	33 <sup>1</sup> /3% support tests—2013. If the organiz	_	_	-		_	
b	line 18 is not more than 33½%, check this b						
20	<b>Private foundation.</b> If the organization di	_	=				

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
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 <b>Part VI</b> , 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			
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
0	If "Yes," complete Part I of Schedule L (Form 990).	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 in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
С	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI.</b>	9b		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9с		
100	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
D	determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)							
			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)							
	below, the governing body of a supported organization?	11a						
	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 <b>Part VI</b> .	11c						
Section	on B. Type I Supporting Organizations							
_			Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to							
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or							
	controlled the organization's activities. If the organization had more than one supported organization,							
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported							
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1						
2	Did the organization operate for the benefit of any supported organization other than the supported	•						
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>							
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,							
	supervised, or controlled the supporting organization.	2						
Section	on C. Type II Supporting Organizations							
	71 11 0 0		Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors							
	or trustees of each of the organization's supported organization(s)? If "No," describe in 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						
Section	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							
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax							
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	_						
_		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).							
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2						
Ū	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 <b>Part VI</b> the role the organization's							
	supported organizations played in this regard.	3						
Section	on E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e).				
a	The organization satisfied the Activities Test. Complete line 2 below.			-/-				
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>							
c	The organization is the parent of each of its supported organizations. Complete <b>interes</b> below.	ee ins	tructi	ons)				
2	Activities Test. Answer (a) and (b) below.		Yes	No				
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 <b>Part VI identify</b>							
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined							
	that these activities constituted substantially all of its activities.	0-						
h	·	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 <b>Part VI</b> the							
	reasons for the organization's position that its supported organization(s) would have engaged in these							
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.							
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2b						
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or							
u	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							
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b						

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing or the containing organization organization or the containing organization or			
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		
<ul> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	6		
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>b</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		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> 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		
<b>6 Distributable Amount</b> . 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-in	tegrated Type III support	ing organization (see

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions	,	,	Current Year						
1	Amounts paid to supported organizations to accomplish									
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted							
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purp	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 which	h the organization is res	ponsive							
	(provide details in <b>Part VI</b> ). See instructions.									
9	Distributable amount for 2014 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014						
1	Distributable amount for 2014 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)									
3	Excess distributions carryover, if any, to 2014:									
a										
b										
c										
d										
е	From 2013									
f	Total of lines 3a through e									
<u>g</u>	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2014 distributable amount									
<u>i</u> _	Carryover from 2009 not applied (see instructions)									
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2014 from Section									
	D, line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2014 distributable amount									
	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).									
6										
7	Excess distributions carryover to 2015. Add lines 3j and 4c.									
8	Breakdown of line 7:									
а										
b										
С										
d	Excess from 2013									
е	Excess from 2014									

	Form 990 or 990-EZ) 2014 Pag	
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions.)	d

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name o	f the organization		Employer identification number
NORT	H SOUTH FOUNDATION		36-3659998
Par	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered '	'Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	0
2	Aggregate value of contributions to (during year)	0	0
3	Aggregate value of grants from (during year) .	11,500	0
4	Aggregate value at end of year	1,212,733	0
5	Did the organization inform all donors and donor	•	
	funds are the organization's property, subject to th	e organization's exclusive legal contro	ol? 🗹 Yes 🗌 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Part			
	Complete if the organization answered '	'Yes" to Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		<del></del>
-	☐ Preservation of land for public use (e.g., recreat	= : : : : : : : : : : : : : : : : : : :	f a historically important land area
	☐ Protection of natural habitat	·	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in	. ,	
			I I
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conser	rvation easement is located ►	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea	sements it holds?	$\cdot$ $\cdot$ $\cdot$ $\cdot$ $\cdot$ $\cdot$ Yes $\square$ No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation	easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easeme		
Part	•		Other Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SFA		
	works of art, historical treasures, or other similar	•	
_	public service, provide, in Part XIII, the text of the fo		
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, ed	
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	<ul><li>(i) Revenue included in Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		<b>&gt;</b> \$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these it	tems:
а	Revenue included in Form 990, Part VIII, line 1 .		• \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedu	le D (Form 990) 2014					Page 2
Part	Organizations Maintaining	Collections of A	rt. Historical 1	reasures, or C	ther Similar As	
3	Using the organization's acquisition, a collection items (check all that apply):					
а	Public exhibition		d □ Loan	or exchange pro	grams	
b	Scholarly research		e Other	• .	_	
c	☐ Preservation for future generations		C 🗀 Othor			
4	Provide a description of the organization	on's collections ar	nd explain how t	hev further the o	rganization's exem	nt nurnose in Par
•	XIII.	on o conceners a	ia oxpiaiii iiovi t	noy raitinor tire of	gamzation o oxon	ipt pai poco iii i ai
5	During the year, did the organization s	solicit or receive o	onations of art	historical treasur	es or other simila	r
•	assets to be sold to raise funds rather					□ Yes □ No
Part			a. pa			
T GII	Complete if the organization 990, Part X, line 21.	•	to Form 990, P	art IV, line 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?		-		or other assets no	t □ Yes □ No
b	If "Yes," explain the arrangement in Pa	rt XIII and complet	e the following to	able:		
	, ,	,	3		Ar	nount
С	Beginning balance			1	С	
d					d	
e				<del>-</del>	е	
f	Ending balance				f	
2a	Did the organization include an amoun		 t X line 21 for e			7   Ves   No
b	If "Yes," explain the arrangement in Pa	•			•	
	EV Endowment Funds.	re Alli. Oncok noro	ii tiio oxpiariatio	That been provide		· · · · ·
	Complete if the organization	answered "Yes"	to Form 990 P	art IV line 10		
	Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	254,200	254,200	254,200		+
b	Contributions	10,000	254,200	·	) 254,200	
C	Net investment earnings, gains, and	10,000			, ,	0
·	losses	25 242	1/ 210	10 50	10.45	0.102
٦		35,342	16,218	10,504		
d	Grants or scholarships Other expenditures for facilities and	35,342	16,218	10,504	10,452	9,192
е	programs					
	· •	0	0			
f	Administrative expenses	0	0		(	+
g	End of year balance	264,200	254,200	254,200	· · · · · · · · · · · · · · · · · · ·	254,200
2	Provide the estimated percentage of the	-		, column (a)) nelc	as:	
а	Board designated or quasi-endowmen		%			
b		<u>00</u> %				
С	Temporarily restricted endowment ▶	0 %				
_	The percentages in lines 2a, 2b, and 2c					
3a	Are there endowment funds not in the organization by:	possession of the	e organization tha	at are held and a	dministered for the	Yes No
	(i) unrelated organizations					3a(i) 🗸
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organiz	ations listed as re	quired on Sched	ule R?		3b
4	Describe in Part XIII the intended uses	of the organization	n's endowment fo	unds.		
Part			to Form 000 F	lart IV lina 11a	Coo Form 000 I	Dort V. line 10
	Complete if the organization					
	Description of property	(a) Cost or oth (investment)			Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					
~						

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .

Part VII	Investments—Other Securities		000 David I	V line 11h	Caa Faire	000 Dark V line 10
	Complete if the organization ans					
	(a) Description of security or category (including name of security)	y	(b) Book val	ue		hod of valuation: -of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related			V P 44.	0 - 5	000 D. I.V. II 40
	Complete if the organization ans	wered "Yes" to For				
	(a) Description of investment		(b) Book val	lue		hod of valuation: -of-year market value
						or your market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
	b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization ans	wered "Yes" to For	m 990. Part I	V. line 11d.	See Form	990. Part X. line 15.
		a) Description		,		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
_(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			<i>.</i> ▶	
Part X	Other Liabilities.					
	Complete if the organization ans	wered "Yes" to For	m 990, Part I	V, line 11e	or 11f. See	Form 990, Part X,
-	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Tatal (Oaksan)	000 B 1 V 1 / D " 251 b					
	b) must equal Form 990, Part X, col. (B) line 25.)	Calada a decidental de la constanta de la cons	ata ta tir -	-11-0		nda dhad usu - d- 21
2. Liability for	r uncertain tax positions. In Part XIII, provi	iae tne text of the footh	iote to the orgai	nization's fina	rıcıaı stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . 1,748,450 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments . . . . . 0 Donated services and use of facilities 0 h Recoveries of prior year grants . . . . 0 Other (Describe in Part XIII.) . . . . . 0 Add lines 2a through 2d . . . . 2e 3 3 Subtract line **2e** from line **1** . . . . 1,748,450 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 0 Add lines 4a and 4b 4c 0 Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) 5 1,748,450 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . 868.062 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 0 Prior year adjustments 2b 0 Other losses . . . . . . . . 2c 0 Other (Describe in Part XIII.) . . . . . 0 Add lines 2a through 2d . . 2e 0 3 3 Subtract line 2e from line 1 . . . . . . . . 868,062 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 0 Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 868,062 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part I, Line 6 - Investment income is used to fund programs. Schedule D, Part V, Line 4 - Investment income is used to fund programs

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

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

OMB No. 1545-0047

2014

36-3659998

Open to Public Inspection

Department of the Treasury Internal Revenue Service

NORTH SOUTH FOUNDATION

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization ansv	wered "Yes" on					
1		ligibility for the	e grants or as		ount of its grants and other n criteria used to award the	✓Yes □No					
2	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants ar assistance outside the United States.										
3	Activities per Region. (The t	following Part	I. line 3 table o	can be duplicated if additio	nal space is needed.)						
-	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region					
(1)	South Asia	0	0	Grantmaking	Grants for scholarships and	550,000					
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
(17)											
3a b	Sub-total Total from continuation sheets to Part I										
С	Totals (add lines 3a and 3b)	0	0			550,000					

Par	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.											
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
(1)			South Asia	Scholarships and other	550,000	Wire Transfer	0					
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												
2				red above that are reconas provided a section					1			
3	-		organizations or enti					•	0			

Schedule F (Form 990) 2014

Part III 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.

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2014 Page **4** 

#### Part IV **Foreign Forms** 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 ✓ No ☐ Yes Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) . . . . . . . Yes ✓ No 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 ✓ No Yes 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 ☐ Yes ✓ No 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 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 file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2014

✓ No

Yes

# Schedule F (Form 990) 2014 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). Schedule F, Part I, Line 2 - The foundation grants college scholarships to those who excel among the poor in India. It establishes the criteria for eligibility for scholarships and reviews the candidates receiving scholarships based on criteria.

#### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

NORTH SOUTH FOUNDATION							36-3659998
Part I General Information	on Grants and	Assistance				•	
1 Does the organization mainta the selection criteria used to a						r the grants or assistar	
2 Describe in Part IV the organi.	zation's procedu	res for monitoring					
Part II Grants and Other As Part IV, line 21, for an							wered "Yes" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other or</li></ul>							
	3		- · · · · ·	<u> </u>	<u> </u>	<u> </u>	

Schedule I (Form 990) (2014) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 1 College scholarships 10 10,250 0 2 3 5 6 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I, Part I, Line 2 - Monitor on a case by case basis.

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
NORTH SOUTH FOUNDATION	36-3659998
Form 990, Part VI, Section B, Line 11b - Delivered a copy of Form 990 to the Board members and office	
Form 990, Part VI, Section C, Line 19 - The documents are provided upon request.	

Schedule O, Statement 1 NORTH SOUTH FOUNDATION Form: 990 36-3659998

Page: 1 Line Number:

#### Reasonable Cause Explanations

#### **Explanation**

An extension to file the tax return late was filed due to the requirement to have the financial statements audited.