Return of Organization Exempt From Income Tax
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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending ,											y	
В	Check if a	ipplicable:	С						D Employ	yer ident	ification number	
	Addre	ess change	IITKGP FOUNDATION						47-	0747	227	
	Name	Name change 11218 John Galt Blvd #201						E Telephone number				
	Initia	Initial return Omaha, NE 68137						(402) 560-0768				
	Final r	return/terminated							 			
	Amer	nded return							G Gross	eceipts	\$ 62	9,799.
	Appli	ication pending	F Name and addre	ss of principal of	^{ficer:} Rakesh Gu	nta	ŀ	(a) Is this	a group retu			137
	-	·	Same As C	Above	nancon ou	pcα	ŀ	(b) Are all	subordinate: attach a list.	s included		
ī	Tax-exe	empt status	X 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527	IT INO,	attach a list.	(see ins	tructions)	_
J	Website: ► https://www.iitkgpfoundation.org/ H(c) Group exemption number ►											
K	Form of	organization:	Corporation		ssociation Other		Year of formation			·····	egal domicile: N	IF.
Rart Summary												
Carna	1 Briefly describe the organization's mission or most significant activities: The IITKGP Foundation is a non-											ofit
a)		rganiza	ganization devoted to enhancing the capability of the Indian Institute of									<u> </u>
2	Ī		chnology, Kharagpur, India									
o e	2 CI	heck this bo						e than 2	than 25% of its net asset			
<u>ن</u>	3 No	umber of vo	mber of voting members of the governing body (Part VI, line 1a)							3		7
ş	4 Nu	umber of ind	dependent voting	members of	t the governing bod	y (Part VI, line	e 1b)		• • • • • • • •	4		7
ij	5 To	otal number otal number	of individuals en	npioyed in ca stimate if ne	alendar year 2017 (cessary)	Part V, line 2a)			5		0
Activities & Governance	7a To				t VIII, column (C), l					6 7a		15
		et unrelated	business taxable	income fro	m Form 990-T, line	34		• • • • • • • •	* * * * * * * * * * * * * * * * * * * *	7b		<u> </u>
								,	rior Year	\ <u>'`</u>	Current	
	8 Cc	ontributions	and grants (Part	VIII, line 1h)			<u> </u>	667,0	140		5,051.
ü			ntributions and grants (Part VIII, line 1h)gram service revenue (Part VIII, line 2g)							,40.	<u> </u>	3,031.
Revenue	10 In	vestment in	estment income (Part VIII, column (A), lines 3, 4, and 7d)						-52,832.		1.	4,748.
æ					5, 6d, 8c, 9c, 10c,					32.		2/110.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							614,208.			9,799.
	13 Gr	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							,017,7			6,988.
Expenses	14 Be	enefits paid										
	15 Sa	alaries, othe					***************************************					
	16a Pr	ofessional f										
ben	h To	Professional fundraising fees (Part IX, column (A), line 11e)							10			
Ж	17 Ot	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							FA O		0.4	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						54,261. 1,072,003.				<u>3,630.</u>
											625,618.	
ኔ ኞ								-457,795. Beginning of Current Year			End of Y	4,181.
ance	20 To	ital assets (I	Part X. line 16)									
Net Assets Fund Balanc	21 To	Total assets (Part X, line 16)							<u>,016,9</u>	0.	1,100	0,804.
Set.	22 Ne	Net assets or fund balances. Subtract line 21 from line 20.										· · · ·
		Signature		ubtract line	21 HOIT HIRE 20			<u>_</u>	<u>,016,9</u>	60.	1,180	0,804.
24.27550	and to be a second			nod this roturn i	induding accompanying a			h t - f	1	t t'-	-6.21.1	
comp	lete, Declar	ration of prepar	er (other than officer)	is based on all r	ncluding accompanying son formation of which prepar	er has any knowled	nents, and to the dge.	best of m	y knowleage	and belie	er, it is true, corre	ct, and
		>	1000	28/01					(13/	18	
Sig	ın	Signature	e of officer	/				Dal	te	1-1-1	1	
Here		Rake	Rakesh Gupta T									
			orint name and title		***************************************			Treas	<u> </u>			
Paid		Print/Type pr	eparer's name	Pro	eparer's signature		Date		Check	if I	PTIN	
		James 1	R Krieger	Ja	ames R Kriege	er		ĺ	self-employe	ed]	P01790523	3
Pre	parer	Firm's name							***************************************			
Us	e Only	Firm's addres	Firm's address 9212 S 173rd St						Firm's EIN > 472527753			
		Omaha, NE 68136							Phone no. 402-560-0768			
May	the IRS	discuss this			own above? (see in	structions)					X Yes	No

4d Other program services (Describe in Schedule O.)

(Expenses \$ 20,000. including grants of \$

) (Revenue \$ 288,960.)

4e Total program service expenses ►