

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 G Do not enter social security numbers on this form as it may be made public.
 G Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning _____, 2015, and ending _____, 2015, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C IIT FOUNDATION C/O JOY BHATTACHARYA, P. O. BOX 2884 CASTRO VALLEY, CA 94546	D Employer identification number 47-0747227	E Telephone number (650) 678-7309
F Name and address of principal officer:		G Gross receipts \$ 724,027.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () H (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
J Website: G WWW.IITFOUNDATION.ORG		H(c) Group exemption number G	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other G		L Year of formation: _____ M State of legal domicile: _____	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>THE IIT FOUNDATION IS A NON-PROFIT ORGANIZATION DEVOTED TO ENHANCING THE CAPABILITY OF THE INDIAN INSTITUTE OF TECHNOLOGY, KHARAGPUR, INDIA</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> G if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	755,999.	722,767.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	805.	1,260.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	756,804.	724,027.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	247,850.	490,397.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) G		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,306.	18,053.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	278,156.	508,450.	
19 Revenue less expenses. Subtract line 18 from line 12	478,648.	215,577.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,280,993.	1,474,755.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,280,993.	1,474,755.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	A _____ Signature of officer	_____ Date	
	A ROY DASILVA Type or print name and title.	President	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Pauline de Souza-Lawrence	Pauline de Souza-Lawrence			P01470293
	Firm's name G Pauline de Souza-Lawrence	Firm's EIN G			
	Firm's address G 736 CARIBOU CT SUNNYVALE, CA 94087-4265	Phone no. (408) 720-1923			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No