

Form 990

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

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

OMB No 1545-0047 2017

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

Open to Public

Dep	artment of t	he Treasury e Service	► Go to www.irs.gov/Form990 for instructions and the latest inform		<b>'•</b>	Inspection			
A			ndar year, or tax year beginning , 2017, and ending	-		, 20			
В	Check if a		C Name of organization Overseas Volunteer for a Better India, Inc	1	D Employe	er identification number			
	Address c	hange	Doing business as			46-3380832			
	Name cha	•	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number				
	Initial retui		325 North St. Paul Street Suite 31	00	682-429-1632				
	Final return	/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amended	return	Dallas, TX 75201	(	<b>G</b> Gross re	ceipts \$ 588,601			
	Applicatio	n pending	F Name and address of principal officer	(a) Is this a gro	up return for s	subordinates? Yes Vo			
			325 North St. Paul Street, Suite 3100, Dallas, TX 75201	(b) Are all s	ubordinates	included? Yes No			
<u> </u>	Tax-exem	pt status		If "No	," attach a	list. (see instructions)			
J	Website:			(c) Group e	exemption	number ►			
_			✓ Corporation Trust Association Other ► L Year of formation		M State	of legal domicile			
P	art I	Summ				<del></del>			
_	1		scribe the organization's mission or most significant activities: The organization	ation wil	l provide	educational programs			
Activities & Governance	<u>t</u>	o the pub	olic as well as benevolent assistance to those in need						
E	]								
Š			is box $\triangleright \square$ if the organization discontinued its operations or disposed of mo			ts net assets.			
Ğ	1		of voting members of the governing body (Part VI, line 1a)		3	5			
ος.	T .		of independent voting members of the governing body (Part VI, line 1b) .		4	5			
ìŧi			nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	0			
Ę			nber of volunteers (estimate if necessary)		6	50+			
⋖			elated business revenue from Part VIII, column (C), line 12		7a	0			
	1 d	vet unrei	ated business taxable income from Form 990-T, line 34	Pnor Yea	7b	Current Year			
		Contribud	trops and grants (Dert VIII line 1h)		+				
e n			tions and grants (Part VIII, line 1h)		147,558	588,542			
Revenue		_	service revenue (Part VIII, line 2g)		0	0			
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)	0	0				
	1		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		94	59			
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3)		147,652	588,601			
			paid to or for members (Part IX, column (A), line 4)		173,425	165,264			
			other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0			
Expenses	1		anal fundraising fees (Part IX, column (A), line 11e)			0			
Den			(5) (1)		- 4	<u>_</u>			
낊			penses (Part IX, column (U), line 25)   one ses (Part IX, column (A), lines 11a–11d, 11f–24e)		23,227	56,579			
					196,702	221,843			
	19 F	Revenue	enses. Add lines 13–17 (must equal Part & column A) line 25) . less expenses. Subtract line 18 from line 12		-49.050	366,758			
- S	1	10101100		ning of Cun		End of Year			
anc car	20 1	Total ass	ets (Part X, line 16)		243,883	610,641			
Ass	21 T		ilities (Part X, line 26)		0	0,0,0,1			
Net Assets or Fund Balances	22 N		ts or fund balances. Subtract line 21 from tipe 20x 1 . 1		243,883	610,641			
	art II		ure Block						
Un	der penalti	es of perju	ry, I declare that I have examined this return, including accompanying schedules and statements	, and to the	e best of m	ny knowledge and belief, it is			
tru	e, correct,	and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer has a	any knowle	dge				
	[	\ <u>\lambda</u>							
Siç		,	ature of officer	Date	· uh	4/2018			
He	re		RAVIND K KALLAHALLY Treasurer			712018			
		<u> </u>	or print name and title						
Pa	id	Print/Tyj	pe preparer's name Preparer's signature Date		Check [	_ ıf PTIN			
	eparer				self-emp	loyed			
	e Only	Firm's n	ame 🕨	Firm'	s EIN ▶				
		Firm's a	ddress ▶	Phon	e no				
_			s this return with the preparer shown above? (see instructions)			Yes No			
For	Paperwo	ork Redu	ction Act Notice, see the separate instructions. Cat No 112	282Y		Form <b>990</b> (2017)			

	0 (2017) `			Page 2
Part		•	sia David III	
1	Check if Schedule O contains a res  Briefly describe the organization's mission:		nis Part III	<u>.</u>
•	C C-b-dul- O			
		***************************************		
		**		
2	Did the organization undertake any signific	cant program services during th	ne year which were not listed on the	<del></del>
-	prior Form 990 or 990-EZ?			Yes ☑ No
	If "Yes," describe these new services on So			
3	Did the organization cease conducting,	or make significant changes	in how it conducts, any program	
	services?			☐ Yes 🗹 No
4	If "Yes," describe these changes on Sched Describe the organization's program service		of its three largest program convers	
•	expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to re	eport the amount of grants and allo	
4a	(Code: ) (Expenses \$	98 824 including grants of \$	76,192) (Revenue \$	249,584)
74	Project Udaan (http://projectudaan.org) Our I			
	red light area of Sonagachi, Kolkata, India, wi			
	inada			
		•••••		
	•			
		•••••		
		•••••		
4b	(Code: ) (Expenses \$	61 900 including grants of \$	47 756 \ /Revenue \$	300,918)
	Water Project - Farmers Welfare: Mission of t			
	providing resources to farmers in villages of			
	the year and help sustainable farming			
		•••••		
		•••••		
				•••••
4c	(Code: ) (Expenses \$	42,033 including grants of \$	36,375 ) (Revenue \$	28,029)
	Adopt a Village/Civic Sanitation project: Miss	ion of the program is to provide (	civic sanitation to villages in India by	
	building toilets.			
		•••••••••••		
		•••••••••••	·····	•••••
		••••••		
		•••••••••••		
				••••••
4d	Other program services (Describe in Sched	dule (O.)		
- 🕶	(Expenses \$ 19,086 including gran	•	nue \$ 10,011 )	
4e	Total program service expenses ▶	221 042		

om 99	0 (2017)	/	1 /	Page
art	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	١,	٠.	
2		2	~	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
ļ	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
•	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		,
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del></del> -		ļ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
	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		,
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		,
į	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
	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		~
а	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	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		,
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
а	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	1	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	,	
	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		,
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
	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		روا
		13	L	L

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
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		,
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		-	,
<b>L</b>	- · · · · · · · · · · · · · · · · · · ·	24a		~
c	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		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
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? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
29	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c 29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
	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 "Yes," 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		V
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		~
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		
	<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		<del></del>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	–	-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	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: ▶	44		<u> </u>
D	T			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u>.</u>		<u>.</u>
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		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
	and services provided to the payor?	7a		~
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>	
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, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
_	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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		-
10 a	Initiation fees and capital contributions included on Part VIII, line 12		•	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	i 1		:
b	Gross income from other sources (Do not net amounts due or paid to other sources	[ ]		
	against amounts due or received from them.)	1		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which		•	
	the organization is licensed to issue qualified health plans			-
С	Enter the amount of reserves on hand			L J
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		•
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		1

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
04	Check if Schedule O contains a response or note to any line in this Part VI		•	<u> </u>
Secti	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing hady at the and of the tay year		163	140
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5  If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		7
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		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	/6		,
·	the year by the following:		, .	
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		•
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		•
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40.		
440	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?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		~
ь 12а	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		•	
-	describe in Schedule O how this was done	12¢	•	
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
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?	<u>.</u>		
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	-	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100	with a taxable entity during the year?	16a		7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	.04		1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		-	۲.
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
4.5	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.	00-4-		
20	State the name, address, and telephone number of the person who possesses the organization's books and re Arayınd K Kallahaliy 325 North St. Paul Street, Suite 3100, Dallas, TX 75201	coras		
	BLAVIOU N NADADADY 3/3 NOTED SCENUL SUPPL SURESTUD, DADAN, LA 73/01			

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	<b>Employees</b>	, and
	Independent Contractors							

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

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

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

☑ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
<b>(A)</b> Name and Title	(B) Average hours per week (list any	officer and a director/trustee) compensation							(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Satej Chaudhary, President	10	v								
(2) Vinesh Virani, Secretary	10	,								
(3) Aravind K Kallahally	10	v								
(4) Anil Sharma, Director	10	,								
(5) Deepanshu Sandhuria, Director	10	,								
(6)										
(7)										
(8)					-					
(9)								=		
(10)										
(11)	<b></b>								-	
(12)										
(13)										
(14)										

	90 (2017)										<b></b>	0	f	Page 8
Part	(A) Name and title	(B) Average hours per week (list any	Average box, unless person is both an hours per officer and a director/trustee) compensation compensation							(E) Reportable compensation from		Esti	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organizati (W-2/1099-N	ons	comp from organ and	ensation the nization related nization	n f
(15)				-			fed.							
(16)														
(17)			]					_						
			<u> </u>											
(19)														
(20)		 												
(21)														
(22)														
(23)													<del></del>	
(24)				<u> </u>	<u> </u>			<u> </u>		•••••••				
(25)				_	-									
1b	Sub-total		<u> </u>	<u> </u>	_			<u> </u>	0		0			
C	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>	0		0			C
d 2	Total (add lines 1b and 1c)							e) w	ho received me	A	<u>이</u> 00,000	of		C
3	Did the organization list any former of	fficer, direc	tor, c	or tr	ruste	ee.	kev e	emp	oloyee, or high	est compe	ensated		Yes	No
4	employee on line 1a? If "Yes," complete of any individual listed on line 1a, is the	Schedule J	for su	ıch	ind	ivid	ıal					3		~
7	organization and related organizations	greater th	an \$1	150,	,000	)? /:	f "Ye	s, "	complete Sch			_		
5	individual	or accrue co	ompei	nsa	tion	froi	m any	un u	related organiz			4	<u>.                                    </u>	
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	compl	ete	Sch	nedu	ıle J 1	for s	such person		• •	5		<b>'</b>
1	Complete this table for your five highest compensation from the organization. Repyear.	•												ax
	(A) Name and business add	fress							(B) Description of s	ervices	c	(C) Compens	ation	
								<u> </u>				<del></del>		
			·····					<u> </u>				*************		·····
2	Total number of independent contractor received more than \$100,000 of compens							) th	iose listed abi 0	ove) who			•	

Par	VIII	Statement of Revenue					
		Check if Schedule O contains a res	sponse or note to	any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns 1a	1	-			
E E	ь	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c					
iifts ar A	d	Related organizations 1d	<del> </del>				
o, E	e	Government grants (contributions) 1e	<del>                                     </del>				
ë ë	f	All other contributions, gifts, grants,					
E E		and similar amounts not included above 1f	588,542				
Ğ ğ	g	Noncash contributions included in lines 1a-1f: \$	1				
a So	h	Total. Add lines 1a-1f	>	588,542			
re			Business Code				
ven	2a						
2	b						
<u>Ki</u>	С		ſ "				
Ser	d		l i				
æ	е						
Program Service Revenue	f	All other program service revenue.					<u> </u>
<u>~</u>	g	Total. Add lines 2a-2f				<del>,</del>	[
	3	Investment income (including dividend other similar amounts)					
		-	<b>.</b>	59		<del> </del>	
	4	Income from investment of tax-exempt b	· •			<del> </del>	<del> </del>
	5	Royalties	(ii) Personal		_		
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	ď		<del> </del> , ▶			<del></del>	·
	7a		(ii) Other			-	
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	•			ļ	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					-
ler		See Part IV, line 18					
Ott		Less: direct expenses t					
		Net income or (loss) from fundraising	events . ►				ļ
		Gross income from gaming activities. See Part IV, line 19				1	:
		Less: direct expenses k					<u> </u>
		Net income or (loss) from gaming act Gross sales of inventory, less	ivities				<u> </u>
		returns and allowances					
	b	Less cost of goods sold k	L		***************************************		J
	С	Net income or (loss) from sales of inv Miscellaneous Revenue	Business Code			<b></b>	<u> </u>
	11a		Dusiness code	<del></del>	·····	·	
	b		<b> </b>		.,	<del> </del>	<del></del>
	C				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del> </del>	<del></del>
	d	All other revenue				<u> </u>	<del> </del>
	e	Total. Add lines 11a–11d		•••••••••••••••••••••••••••••••••••••••		† · · · · · · · · · · · · · · · · · · ·	<u> </u>
	12	Total revenue. See instructions		588,601			†
	··········			500,0011		<del></del>	Form <b>990</b> (2017)

Part IX	Statement of	f Fun	ctional	Expenses	Ī
IditiA	Statement t	n r un	CUVIIAI	FYheliaea	

Section	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organizations	s must complete co	lumn (A).
	Check if Schedule O contains a respon-				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	165,264	165,264		
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes			<u>-</u>	<del> </del>
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,169		1,169	
d	Lobbying	2,250		2,250	
e	Professional fundraising services. See Part IV, line 17				· · -
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				<u>-</u>
12	Advertising and promotion	400	400		
13	Office expenses	787		787	
14	Information technology	5,599	5,599		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,501		1,501	<del></del>
24	Other expenses. Itemize expenses not covered 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	Bank & PayPal service fees	8,934	8,934		
þ	Program event expenses	35,448	35,448		
C					
d	All other eveness				
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	492	492		<del> </del>
25 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 Infollowing SOP 98-2 (ASC 958-720)	221,843	216,136	5,707	

Part X Balance Sheet	ŀ
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		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	103,958	1	546,870
	2	Savings and temporary cash investments	139,425	2	63,271
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	500	4	500
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		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' beneficiary	<del></del>		· · · · · · · · · · · · · · · · · · ·
sts		organizations (see instructions). Complete Part II of Schedule L		6	<u> </u>
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	<del> </del>	9	
	10a	ather hards Quantum Daylor (QL)			
		other basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12 13	Investments—other securities. See Part IV, line 11		12	
	14	Investments—program-related. See Part IV, line 11		13	
	15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.40.000	-	(40.444
_	17	Accounts payable and accrued expenses	243,883	17	610,641
	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	
ဖွ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		1	
ا يَجَ		disqualified persons. Complete Part II of Schedule L		22	
ٿ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
şt	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
اکٍ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<b>2</b>	33	Total net assets or fund balances	243,883		610,641
	34	Total liabilities and net assets/fund balances	243,883	34	610,641

· Form 9	90 (2017) `			Pa	ige <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			38,601
2	Total expenses (must equal Part IX, column (A), line 25)	2		22	21,843
3	Revenue less expenses. Subtract line 2 from line 1	3		36	66,758
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24	13,883
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-	
	33, column (B))	10		61	0,641
Pali	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other from a prior year or checked "Other," ex Schedule O.	cplain in	20 TH	res	NO THE THE
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:		2a	17,72	1
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on a	2b	1461	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for complete of the audit, review, or compilation of its financial statements and selection of an independent acco		2c		منت

If the organization changed either its oversight process or selection process during the tax year, explain in

**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.

Schedule O.

Form **990** (2017)

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# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Overseas Volunteer for a Better India. Inc 46-3380832 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

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Schedule A (Form'990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 72,257 146,326 221,735 147,558 588,542 1,176,418 revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . . 72,257 146,326 221,735 147,558 588,542 1,176,418 The portion of total contributions by person (other than ę 10 1 12 13 Se 14 15 16 17

	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						281,783
_6	Public support. Subtract line 5 from line 4						894,635
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	72,257	146,326	221,735	147,558	588,542	1,176,418
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from		i				
	similar sources			81	94	59	234
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,176,652
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						► 🗹
Secti	on C. Computation of Public Suppor	t Percentage	е				
14	Public support percentage for 2017 (line		•			14	<u>%</u>
15	Public support percentage from 2016 Sch					15	%
16a	331/3% support test—2017. If the organi						
	box and stop here. The organization qua	-	• • •	-			_
b	331/3% support test—2016. If the organi						
	this box and stop here. The organization	qualifies as a p	publicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—26						
	10% or more, and if the organization me						
	Part VI how the organization meets the "			-	•	s as a publicly	supported _
	organization						▶ ⊔
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
10	supported organization						_
18	Private foundation. If the organization di						
	instructions	• • • •		<del></del>			
					Sch	edule A (Form 990	or 990-EZ) 2017

Part		ations Desc	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	ne box on lin	e 10 of Part I	or if the orga	nization failed	to qualif	y under Part II.
Sooti	If the organization fails to qualify	under the te	ests listed belo	ow, please co	omplete Part	II.)	
	ion A. Public Support Indar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 <b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees	(a) 2013	(6) 2014	(6) 2015	(0) 2016	(6) 201	/ (j) rotai
2	received (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						$\Lambda$
	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				,	7	
	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		1		/		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			,	/		
С	Add lines 7a and 7b			/			
8	<b>Public support.</b> (Subtract line 7c from line 6.)	يه بشد الله الله الديد	- Min Mirale same tack (	in increase filters	endown reports a despoint to	در والتهد والسطاسو	ū. n.t.
Secti	on B. Total Support			<del>' /                                   </del>	I		
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> <sup>2</sup> 015	(d) 2016	<b>(e)</b> 201	7 (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					"	
С	Add lines 10a and 10b		/				
11	Net income from unrelated business						
	activities not included in line 10b, whether		/				
40	or not the business is regularly carried on		/		_		-
12	Other income. Do not include gain or loss from the sale of capital assets	/	ľ				
	(Explain in Part VI.)	/					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	Ld. third. fourth	or fifth tax ve	ear as a se	ection 501(c)(3)
	organization, check this box and stop he	-,			•		
Secti	on C. Computation of Public Suppor	rt Percentag	e				
15	Public support percentage for 2017 (line to					15	%
16	Public support percentage from 2016 Sch					16	<u>%</u>
	on D. Computation of Investment In				(0)	1	
17 18	Investment income percentage for 2017 ( Investment income percentage from 2016)					17	<u>%</u>
19a	33½% support tests—2017. If the organ						
.50	17 is not more than 33½%, check this box						
b	331/3% support tests-2016. If the organiz	ation did not d	heck a box on	line 14 or line	19a, and line 16	is more th	nan 331/3%, and
20	line 18 is not more than 331/3%, check this i		_	•			_

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Gect	ion 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		
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).			
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		
	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 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <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).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit and or more of the filling organizations are more of the filling organizations as a provided detail in Part III.		 	   
-	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
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	8		
	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 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	ļ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

Part I	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)	<del></del>		
L	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
	on B. Type I Supporting Organizations	110		
	on by type i cupporting 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			1
	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,		Ĭ	, 1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported		ri ri	. 1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		4	1
	supervised, or controlled the supporting organization.			لنسب
Section	on C. Type II Supporting Organizations			L
<del>Jecuit</del>	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			111
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	ĺ		. 4
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		. •	4
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		£	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u></u>
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 in	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	struct	ions).
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 Part VI identify	· .		1
	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.			
L	•	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			
	activities but for the organization's involvement.	2b		J
3	Parent of Supported Organizations. Answer (a) and (b) below.	<b>-</b> -		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jani</u>	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		•,	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	-	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	egrated Type III support	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity			· · · ·		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınızations			
4	Amounts paid to acquire exempt-use assets					
5						
6_	Other distributions (describe in Part VI). See instructions.	·				
	Total annual distributions. Add lines 1 through 6.			· 		
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	sponsive			
9	Distributable amount for 2017 from Section C, line 6			<del></del>		
10	Line 8 amount divided by line 9 amount		-			
		42	(ii)	(iii)		
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017		
_1_	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017					
	(reasonable cause required - explain in Part VI). See			•		
	instructions.		· · · · · · · · · · · · · · · · · · ·			
3	Excess distributions carryover, if any, to 2017		, ,			
<u>.</u>	The second of th	11. 12 mt 1 m 2 1	, , ,	and the second of the second o		
<u> </u>	From 2013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·			
	From 2014		-			
d	From 2015					
e	From 2016					
	Total of lines 3a through e Applied to underdistributions of prior years					
<u>g</u>	Applied to diderdistributions of prior years  Applied to 2017 distributable amount					
<u>;</u> ;	Carryover from 2012 not applied (see instructions)					
<del>-</del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from					
•	Section D, line 7:			ļ		
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
			•			
5	Remaining underdistributions for years prior to 2017, if	- : : -				
_	any. Subtract lines 3g and 4a from line 2. For result			i		
	greater than zero, explain in Part VI. See instructions.			1		
6	Remaining underdistributions for 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a	Excess from 2013					
b	Excess from 2014	Confidence of the second	• • • • • • • • • • • • • • • • • • • •	1 1 20		
ţ	Excess from 2015	THE STATE OF THE STATE OF		1 25E C 1 P C		
d	Excess from 2016	or Sin post 26 146 mast in	Same of the same o			
е	Excess from 2017	1				

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

**Statement of Activities Outside the United States** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name o	of the organization					Employer id	entification number
Overseas Volunteer for a Better India, Inc				46-3380832			
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Comp	plete if the organi	zation ans	wered "Yes" on
1	· · · · · · · · · · · · · · · · · · ·						
2	For grantmakers. Describ assistance outside the Unit		the organizat	on's procedures for monit	toring the use o	f its grant	s and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table	can be duplicated if addition	nal space is need	ed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specific service(s) in the	rvice, c type of	(f) Total expenditures for and investments in the region
(1)	South Asia			Program Services	Rehabilitation		76,192
(2)	South Asia			Program Services	Trauma relief		89,072
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)						-	
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Sub-total					<i>\$</i> - \	165,264
b	Total from continuation					. ' '	

c Totals (add lines 3a and 3b)

165,264

Schedule F (Form 990) 2017 Page 2 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. (b) IRS code section and EIN (if applicable) (g) Amount of noncash assistance (h) Description of noncash assistance (a) Name of (c) Region (d) Purpose of (e) Amount of (f) Manner of (i) Method of valuation (book, FMV, appraisal, other) organization cash disbursement cash grant South Asia 76,192 Wire transfer Rehabilitation South Asia Trauma relief 89,072 Wire transfer (5) (9) (10)(11) (12) (13)(14)(15) (16)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt				
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter				
3	Enter total number of other organizations or entities				

(18)

Page 3

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. (h) Method of valuation (book, FMV, appraisal, other) (f) Amount of noncash assistance (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (g) Description of noncash assistance cash recipients cash grant (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)(16) (17)

Part ∣	V	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	✓ No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign t With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a field electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing If (see Instructions for Form 8621).	☐ Yes	☑ No
5	the d	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	<b>☑</b> No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

### Part V

#### Supplemental Information

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

Procedure for monitoring grants: We monitor end use of proceeds by obtaining periodic reports and supporting documents of the proof of
use of grants made by us.
Accounting method Cash
All amounts reported are of expenditures There are NO investments in any country outside of United States of America
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#### SCHEDULE O' (Form'990 or 990-EZ)

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#### 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.

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

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

Overseas Volunteer For A Better India, Inc 46-3380832 Response to Form 990 PART III #1 Overseas Volunteer For A Better India, Inc., has been organized to provide educational programs, benevolent assistance, rehabilitation, trauma & disaster relief and charitable giving to individuals and organization primarily in India & United States. More specifically, OVBI will provide a platform to address core Issues affecting India such as Farmer suicides, trauma relief and benevolent assistance The organization also provides information about democratic processes & educate people about their rights, responsibilities and duties under their respective countries constitutions and the rights, responsibilities and duties of public representatives. OVBI, through its educational programs, will strive to create responsible and informed citizens who understand democratic processes and conventions and who do not take for granted benefits and responsibilities offered by democratic nations thereby helping to better the social and cultural fabric of the countries in which they live. By providing these educational programs, OVBI will equip individuals with tools to make informed decisions and choices in both democratic processes and their lives. During 2017, OVBI spent \$35,448 towards achieving such objectives. The amounts were spent primarily in educating individuals by organizing and participating in various events, aimed at stimulating participants to come up with relevant, socially responsible ideas that would help rehabilitation, trauma relief, education efforts, nation building and participation by individuals in such processes. Response to Form 990 Part VI line 11. A copy of the tax return was provided to the board for review before filing of the tax return Response to Form 990 Part VI line 12C. Compliance with conflict of interest policy is monitored by the Board. As a general policy, the board member with conflict refrains from participating in the discussion about the transaction. We have not had any such situation till date.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
	••••••
	······································
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