# 2949323609002

# CHANGE OF ACCOUNTING PERIOD

Department of the Treasury

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

OMB No. 1545-0047

2018

interr	IN LANA	Go to www.irs.gov/Form990 for instructions and the latest		<u> </u>							
A F	or the	2018 calendar year, or tax year beginning $JAN 1$ , $2019$ and ending M	AR 31, 2019								
<b>B</b> c	heck if pplicabl	C Name of organization	D Employer identifi	cation number							
X	Addre chang Name	FRIENDS OF TEACH FOR INDIA INC	47.2	725201							
늗	_chang ∏Initial			725301							
	return Final return	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite  TFA, 25 BROADWAY  12FL	E Telephone numbe 999	r 999-9999							
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	118,913.							
Amended NEW YORK, NY 10004  H(a) Is this a group return											
	Application F Name and address of principal officer MALLIKA SINGH for subordinates? Yes X No										
_	SAME AS C ABOVE  H(b) Are all subordinates included? Yes No										
I Tax-exempt status: X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1) or 52/ If "No," attach a list (see instructions)											
		FRIENDSOFTEACHFORINDIA.ORG	H(c) Group exemptio								
			of formation: 2014] N	State of legal domicile DE							
L Pa	rt I	Summary									
Activities & Governance		Briefly describe the organization's mission or most significant activities BUILDING A PORTIONAL INEQUITY IN INDIA	MOVEMENT O	F LEADERS							
Ľ.	2	Check this box  if the organization discontinued its operations or disposed of more	than 25% of its net as	ssets							
ove.	3	Number of voting members of the governing body (Part VI, line 1a)	3	6							
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6							
Se		Total number of individuals employed in calendar year 2018 (Part V, line 2a)	EIVED 5	0							
į	6	Total number of volunteers (estimate if necessary)	0.6	0							
ţ	7 a	Fotal unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T line 38	6 2019 8 72	0.							
٩		Net unrelated business taxable income from Form 990-T, line 38	V 2019 75 76	0.							
	-		Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		118,913.							
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.							
8		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.							
۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.							
l	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	673,446.	118,913.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	489,841.	4,000.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
တ္က	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
훘	þ.	otal fundraising expenses (Part IX, column (D), line 25)	s Kaleno in 100	2 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10							
w	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	161,999.	41,676.							
	18	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	651,840.	45,676.							
	19	Revenue less expenses Subtract line 18 from line 12	21,606.	73,237.							
Sor		Вед	inning of Current Year	End of Year							
Net Assets Fund Baland	20	otal assets (Part X, line 16)	63,451.	149,727.							
쭕	21	otal liabilities (Part X, line 26)	0.	13,039.							
		let assets or fund balances. Subtract line 21 from line 20	63,451.	136,688.							
		Signature Block	<del></del>	<del> </del>							
		ries of perjury, Meclare that I have examined this return, including accompanying schedules and stateme	•	/ knowledge and belief, it is							
truo,	correg	and complete! Occlaration of preparer (other than officer) is based on all information of which preparer l	has any knowledge.	<del></del>							
	1	Sinhaffire of officer		7							
Sign Tip 17 The GENON TAMED IN CHAIR											
Here	Here Type or print name and title										
Do:d		r into type preparer 3 name   Freparer 3 signature	Onco.	<b></b> 1							
Paid		G110711 000 0 00 00 0	8/02/19 self-employe	P00631754 13-3597814							
Prep Use (	h	Firm's name SKODY SCOT & CO, CPAS, PC  Firm's address 520 EIGHTH AVE, SUITE 2200	Firm's EIN	13-339/014							
UBE (	i	NEW YORK, NY 10018	Phone no 21	2 967-1100							
May	the	S discuss this return with the preparer shown above? (see instructions)	1. 10116 110.23 1.	X Yes No							
	i iiZD	18 LHA For Paperwork Reduction Act Notice see the separate instructions		Form 990 (2018)							

	990 (2018) FRIENDS OF TEACH FOR INDIA INC	47-3725301 Page 2							
Pa	rt III Statement of Program Service Accomplishments								
	Check if Schedule O contains a response or note to any line in this Part III								
1	Briefly describe the organization's mission:								
	RAISING AWARENESS AND FUNDS TO SUPPORT THE GROWTH AND	EXPANSION OF							
	TEACH FOR INDIA'S PROGRAMS.								
2	Did the organization undertake any significant program services during the year which were not listed on the								
	prior Form 990 or 990-EZ?	Yes X No							
	If "Yes," describe these new services on Schedule O								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes X No							
	If "Yes," describe these changes on Schedule O.								
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		enue \$)							
	TACKLING THE ISSUE OF EDUCATIONAL LEADERSHIP BY ADDRES								
	QUALITY TALENT AND CREATING A DEVELOPMENT PIPELINE IN								
	TRAINING TEACHERS, SCHOOL LEADERS, ENTREPRENEURS, AND	POLICYMAKERS IN							
	INDIA.								
<u> </u>	<del></del>								
4b	(Code) (Expenses \$ including grants of \$) (Rev.	enue \$ )							
		<del></del>							
		<del></del>							
4c	(Code ) (Expenses \$ including grants of \$ ) (Rev	enue \$							
70	/cone //cxbeuses 2 //cxbeuses 2 //cxbeuses 2								
		<u> </u>							
		<del></del>							
4d	Other program services (Describe in Schedule O.)								
	(Expenses \$ Including grants of \$ ) (Revenue \$	)							
	Total program service expenses 43,660.								
		Form <b>990</b> (2018)							

47-3725301

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	١.		₩.
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4	$\vdash$	<u> </u>
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		х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ł	1	
	Schedule D, Part III	8		<u> </u>
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?	_		v
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			X
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 3-86-8	**************************************	
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			A. 68
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	et 1117.4	A.5545	
_	Part VI	11a		X
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		X
C	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		<u>X</u>
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? If "Yes," complete Schedule D, Part IX	11d		$\frac{x}{x}$
_	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	445		X
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
ıza	Schedule D, Parts XI and XII	12a		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	]	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		ł	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		$\neg \neg$	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

	1 990 (2018) FRIENDS OF TEACH FOR INDIA INC 47-372	<u> 25301</u>	. P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			۱
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		İ	İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23	├	┢
<b>44</b> 8	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			l
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del> </del>	<del>  ^</del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	<del> </del>	$\vdash$
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	t	
	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	ŀ	X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		1	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	l	ł	
	complete Schedule L, Part II	26		X
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		ł	х
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
20	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)	-		l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	J		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-4	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	COL		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note. All Form 990 filers are required to complete Schedule O	38	_X_	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oncom Constitute O contains a response of flote to any line in this Part v		V_ 1	<u> </u>
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	or	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	히		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	_		1	

(gambling) winnings to prize winners?

Form **990** (2018)

FT2717\_1

2a Enter the number of employees reported on Form W.3. Transmitted of Wage and Tax Statements, 2a 0  2a Enter the number of employees reported on Form W.3. Transmitted of Wage and Tax Statements, 166d for the calendar year ending with or within the year covered by this return  5 If all least one is reported on line 2a, did the organization of lie all required referred employment tax returns? Note: If the sum of line 1s and 2a is greater than \$20, you may be required to effect gene instructions)  3a Dot the organization have unrelated brusiness gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly for the live year?  4b If "Yes," settler the name of the foreign country level has a bank account, securities account, or other financial accountly.  5b If "Yes," settler the name of the foreign country level.  5c Was the organization a party to a prohibited tax shelter transaction?  5c Was the organization a party to a prohibited tax shelter transaction?  5c Was the organization and party to a prohibited tax shelter transaction?  5c Was the organization have airrulal gross receipts that are normally greater than \$100,000, and dit the organization solicit any combibitions that were not tax deductables and sheltable contributions?  5c Was the organization have airrulal gross receipts that are normally greater than \$100,000 and dit the organization solicit any combibitions that were not tax deductables and sheltable contributions and party for goods and services provided to the payor?  7 The payor of the organization solicity and the organization financial accounts?  7 The payor of the organization solicity and the organization solicity and the organization solicity and the organization solicity and the organization solicity and the organization solicity and the organization solicity and the organization solicity and the organization solicity and the organization solicity and the org	Form	990 (2018) FRIENDS OF TEACH FOR INDIA INC 47-3725	301	P	age 5
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Ideal of the caendary sever ending with or within the year covered by this return.  1b If a least one is reported on line 2a, did the organization five all required federal employment tax returns?  1c Mole. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions).  2d Did the organization have unreaded business gives income of \$1,000 or more during the year?  2d If Yee, "has it filed a form 950-1 for this year? If Wo' to line 3b, provide an explanation in Schedule O.  2d At any time during the calendary earl, did the organization have an invest in, or a significant or other authority over, a financial account in a foreign country.  3d At any time the name of the foreign country.  5d Was the organization of Frinc EN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5d Was the organization of the organization that it was or is a party to a prohibited tax sheller transaction?  5d Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5d Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5d Did were particularly to the organization had it was or is a party to a prohibited tax sheller transaction?  5d Did the organization have amout gross recepts that are normally greater than \$100,000, and did the organization solution and the organization solution is a shell prohibited tax sheller transaction?  6d Did the organization shell and the advantage of the prohibited tax sheller transaction organization shell and the organization shell and the organization shell and the organization shell and the organization shell and the organization shell and the organization shell and the organization shell and the organization shell and the organization shell and the organization shell and the organization shell and the organization shell and the organization shel	Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
teled for the calendar year ending with or within the year occered by this return?  Note: if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  30. bit the organization have unreliated business gross received is 100 or more during the year?  31. bit 1"Yes," has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation or Schedule O  32. did not explain the sum of lines 1s and 2s is greater than 250, you may be required to 4s explaination in year of the calendar year, did the organization have an interest in, or a signature or other authority over, a ninerical account in a foreign country (such as a brisk account, secretive account, or other financial account)?  33. Jeff or year of the calendar year, did the organization that was an interest in, or a signature or other authority over, a ninerical account in 2 foreign the sum of the calendar year. If year is one of the gross and is a provided an explaination in Schedule O  34. At any time during the calendar year. If year of Foreign Bank and Financial Accounts (FBAR).  35. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  36. Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicitation and year of the prohibited tax shelter transaction?  36. Jeff or year of the organization shelt that are normally greater than \$100,000, and did the organization solicitation are express statement that such contributions or gifts were not tax deductible?  36. Jeff or year accounts that may receive deductible contributions under section 170(c).  37. Jeff or year accounts that may receive deductible contributions under section 170(c).  38. Jeff or year accounts that may receive deductible contributions under section 170(c).  39. Jeff or year accounts that may receive deductible that year?  40. If Yes, "indicate the number of Forms 8282 filed during the year."  41. Jeff or year accounts of year year			· anta a	Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  10 If Yes, 1 has it filed a Form 990 T for this year? If No 1 in a 3b, provide an explanation in 3chedule O  24 At any time during the calendary year, did the organization the am interest in, or a signature of orther authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)  25 If Yes, 1 has it filed a Form 990 T for this year? If No 1 in a 3b, provide an explanation in 3chedule O  36 At any time during the calendary year, did the organization than interest in, or a signature of orther authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  26 Was the organization for ferrogen country.  27 See was the organization as whether transaction at any time during the tax year?  28 Learn of the organization and switch or grantation that it was or is a party to a prohibited tax shelter transaction?  28 Learn of the organization and the organization feet or shelt of the organization selection any contributions that were not tax deductible or grantation that was required to the form selection of the organization and achievable or the value of the goods or services provided?  29 Learn of the organization neclave a payment in excess of \$75 mate party) as a combibilities and party for goods and services provided?  30 Let the organization and the number of Forms 8882 filed during the year  31 Did the organization and the number of Forms 8882 filed during the year  32 Let the organization feeder and accombination of qualified intellectual property, did the organization file a Form 1088-07 file of the sponsoring organization have accombination of qualified intellectual property, did the domestic contract?  33 Let the organization have excess business holdings	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1775	,	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return		4.	
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Ĺ	L
3a   X   Y   Yes, Find a filed a Form 990-For this year?   Yes, Find the organization have unrelated business gross income of \$1,000 in more during the year of her authority over, a financial account is a foreign country (but has a bank account, securities account, or other financial accounts)?   As A tany time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is foreign country. But has a bank account, securities account, or other financial accounts (FBAR).   As well the organization that if the property of Foreign Bank and Financial accounts (FBAR).   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).   See instructions for the organization that it was or is a party to a prohibited tax shelter fransaction?   So X   X   See the organization the organization that it was or is a party to a prohibited tax shelter fransaction?   So X   X   Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.va.r		,
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) in core of the foreign country (such as a bank account, a certain of the foreign country (such as a bank account, a certain or other financial account). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was 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?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 b If "Yes," and did the organization notify the donor of the value of the goods or services provided?  1 b If "Yes," indicate the number of Forms 8282 filed during the year.  9 b If the organization cerewe any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 b If the organization received a contribution of calified intellectual property, did the organization flex forms and the file of the provided funds.  9 Sponsoring organization received and contribution of orar, boats, englates, or other vehicles, did the organization flex forms of the provided funds.  10 b If the organization received a contribution of orar, boats, englates, or other vehicles, did the organization flex forms of the provided funds.  10 b If the progenization received a contribution of orar, boats, englates, or other vehicles, did the organization flex	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	,		
	If there are material differences in voting rights among members of the governing body, or if the governing	1 '		٠,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ŀ	
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1. 3	٠.	
	officer, director, trustee, or key employee?	2	٠.	X
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	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		Х
	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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<i>'</i> -	_	, .
-	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			× 4
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	1 M. 24 JUNE 1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			- 7
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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 with a		4.0	, : :==================================
	taxable entity during the year?	16a		X
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 organization's			ي. فدمد اسخست
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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 interest policy, and	l finan	cial	
	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			
	THE ORGANIZATION - 999-999-9999			
	% TFA,25 BROADWAY, NO. 12FL, NEW YORK, NY 10004			
			000	

# 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

# 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

X Check this box if neither the organizat (A)	(B)	J. <b>g.</b>	(C)					(D)	(E)	(F)	
Name and Title	Average		Position (do not check more th		ion		Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an			is bot	h an	compensation	compensation	amount of	
	week	-	cer ar	d a d	irecto	or/trus	tee)	from	from related	other	
1	(list any	Individual trustee or director						the	organizations	compensation	
	hours for related	p io	<u>s</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ruste	in stitution at trustee	ŀ	<u>ور</u>	nadu.		(44-27 1099-141130)		and related	
	below	ag t	rpour	_	l de log	stco				organizations	
	line)	ag W	distil)	Officer	Key employee	Highest compensated employee	Ē	İ			
(1) SHAHEEN MISTRI	5.00										
DIRECTOR		X			1			0.	0.	0.	
(2) GIRISH BHAKOO	2.00										
DIRECTOR		X						0.	0.	0.	
(3) RUCHI MEHTA	2.00										
DIRECTOR		Х			L.		L	0.	0.	0.	
(4) NANDAN NELIVIGI	2.00										
DIRECTOR		Х						0.	0.	0.	
(5) MALLIKA SINGH	5.00									<u>-</u>	
DIRECTOR		X		X				0.	0.	0.	
(6) ERIC SCROGGINS	2.00							·			
DIRECTOR		X		X				0.	0.	0.	
								<u> </u>			
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	<u> </u>										
		Ш	]			ш			<u> </u>	5 000 (0040)	

Form 990 (2018)

Form 990 (2018)

<u> </u>			Check if Schedule O con		or note to any lu	ne in this Part VIII			
6 2 3 C (19 2)	/00'06' · ·	ww.		) ),		(A) Total revenue	(B) Related or cxempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
E S	١.	b	Membership dues	1b		,		. '	
ξē		C	Fundraising events	1c	=			, , ,	, , ,
필		d	Related organizations	1d		7 .			
8. <u>E</u>		e	Government grants (contribute	tions) 1e			,, , ;		
i s		f	All other contributions, gifts, gran	nts, and				1	
ĕξ	İ		similar amounts not included abo	ove 1f	118,913.	ļ · ·		1	
育	ŀ	g	Noncash contributions included in lines	s 1a-1f \$			\$	· ,	<u> </u>
<u>ರ ೯</u>		h	Total. Add lines 1a-1f		<b>_</b>	118,913.			<u> </u>
	l			•	Business Code	Land Land			
Se	2	а							
Program Service Revenue		b						<u> </u>	
e S		C							
Pe P		d	·· <u>·</u>						
Š,		e							
а.		f	All other program service reve	enue	<u> </u>				
	_	9		<del></del>					<u> </u>
	3		Investment income (including	ı dıvıdends, ıntere	est, and				
			other similar amounts)		<b>•</b>				
	4		Income from investment of ta	x-exempt bond p	proceeds				
	5		Royalties .		<b>&gt;</b>				
	,			(i) Real	(ii) Personal			,	· · · · · ·
	6		Gross rents				· · · ·		1 3
			Less rental expenses						
			Rental income or (loss)		L	· ·			
	•		Net rental income or (loss)			<del></del>			
	7	а	Gross amount from sales of	(i) Securities	(II) Other	•			
			assets other than inventory				```		
		þ	Less cost or other basis				,.		
			and sales expenses			•	, , , ,	, ,	S . 18 C
			Gain or (loss)	L		1		<u> </u>	
			Net gain or (loss)		<b>•</b>	<del></del>		<del></del>	
· e	8	а	Gross income from fundraisin	•	`		٠,		
Revenúe			including \$	of		-			
Re			contributions reported on line	-		,		n const	v." ' '
Other		_	Part IV, line 18	a	·		,	. :	
ਠੋ			Less direct expenses	b		و من من من من من من من من		industrial a sub-	www.communic
			Net income or (loss) from fund	-			· ·		
•	9	а	Gross income from gaming ac					- 1 × 1	1
		<b>-</b>	Part IV, line 19	a) b					2 to 25. 10. 1
			Less direct expenses	- 1	•	222 20 2 20 2 20 200000		tours employed some on	was and and
			Net income or (loss) from gam	_					,
	10	d	Gross sales of inventory, less and allowances			•			ik .
		L		a b		1			(1)
			Less: cost of goods sold						
		C	Net income or (loss) from sale		Business Cade	· · · · · · · · · · · · · · · · · · ·			
	44		Miscellaneous Revenu		Business Code	1 11 5 5 5		it in a section	
	11		<del></del>	<del></del>	i i			•	
		b		<del></del>					
		ų C	All other revenue			<del></del>			<u> </u>
		d	Total. Add lines 11a-11d	J		<del></del>	,		1.2.5
	12	-	Total revenue. See instructions			118,913.	0.	0.	0.
	14						<u>_</u>		

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 4,000 4,000 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees). 38,499 38,499 Management Legal 1,106. 1,106. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 43. 43. 14 Information technology 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 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.) 1,453. 1,161292. TRAVEL AND MEETINGS DUES AND SUBSCRIPTIONS 327. 327. LICENSE AND FILING FEES 248. 248. C d All other expenses e 45,676. 43,660. 2,016. 0. Total functional expenses. Add lines 1 through 24e 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)

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing	<del></del>	62,263.	1	148,836.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo			80.00	
		trustees, key employees, and highest compensa	Same of the contract of the co	l. ù.	will a will be with a color.	
	l	Part II of Schedule L		5		
	6	Loans and other receivables from other disqualit	ied persons (as defined under		1	
		section 4958(f)(1)), persons described in section		'	,	
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary		,	
ets		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
4	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,188.	9	891.
	10a	Land, buildings, and equipment cost or other			١ ،	
		basis Complete Part VI of Schedule D	10a	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i.	· •
	þ	·	ļ <u></u>	10c		
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		<u> </u>	14	
	15	Other assets See Part IV, line 11		15	140 707	
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	63,451.	16	149,727.
	17	Accounts payable and accrued expenses		17	13,039.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		<u> </u>	20	
	21	Escrow or custodial account liability. Complete F			21	
Liabilities	22	Loans and other payables to current and former				
Þİ		key employees, highest compensated employee	s, and disqualified persons	' v sam v . v v m micamum.	J J J	
Lia		Complete Part II of Schedule L		<u> </u>	22	<u> </u>
	23	Secured mortgages and notes payable to unrela	•	<del></del>	23	
	24	Unsecured notes and loans payable to unrelated		ļ	24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines Schedule D	17-24) Complete Part X of		ne.	
	26	Total liabilities. Add lines 17 through 25		<u> </u>	25 26	13.039.
_	20	Organizations that follow SFAS 117 (ASC 958)	, check here		20	13,033.
ø		complete lines 27 through 29, and lines 33 and	•	· · ·		· • • • • • • • • • • • • • • • • • • •
ဥ	27	Unrestricted net assets	104.	63,451.	27	136,688.
alar	28	Temporarily restricted net assets		00/2020	28	
18	29	Permanently restricted net assets		<del></del>	29	
Š	_~	Organizations that do not follow SFAS 117 (AS	C 958) check here			
ı.		and complete lines 30 through 34.	o soon ones, nere		`	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		V	30	a managara marana dan dan dan dan dan dan dan dan dan
386	31	Paid-in or capital surplus, or land, building, or equ	upment fund		31	
ا پا	32	Retained earnings, endowment, accumulated inc			32	
ž	33	Total net assets or fund balances	anna, an annar idilida	63,451.	33	136,688.
	34	Total liabilities and net assets/fund balances		63,451.	34	149,727.
				·		Form <b>990</b> (2018)

	990 (2018) FRIENDS OF TEACH FOR INDIA INC	47-3	725301	Pag	<sub>je</sub> 12					
Pa	rt 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	118							
2	Total expenses (must equal Part IX, column (A), line 25)	2			76. 37.					
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63	, 4	51.					
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
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	136	, 6	88.					
Pa	rt XIII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u> </u>					
				Yes	No					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_   '		ું કે					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	imm` .							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			ţ					
	separate basis, consolidated basis, or both				3					
	Separate basis Consolidated basis Both consolidated and separate basis			´>.						
b	Were the organization's financial statements audited by an independent accountant?		2b		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,		- /						
	consolidated basis, or both.			- 1	,					
	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 of the	e audıt,	1 1							
	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 Sch	edule O.	-   -		a and I I					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt								
	Act and OMB Circular A-133?		3a		<u>X</u>					
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							
			Form 9	9 <b>90</b> (2	2018)					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

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

2018

Open to Public

Inspection

Employer identification number

FRIENDS OF TEACH FOR INDIA INC 47-3725301 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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). X 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 33 1/3% 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 33 1/3% 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). 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions) Total

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF TEACH FOR INDIA INC 47-37253

[Part II] 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)

Se	Section A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants ")	1.	1.	1.	673,446.	118,913.	792,362.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities		-						
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1.	1.	1.	673,446.	118,913.	792,362.		
5	The portion of total contributions					` , ,			
	by each person (other than a				,	14 67			
	governmental unit or publicly			.,		,			
	supported organization) included	* * * * * * * * * * * * * * * * * * * *		14 1 1	· ^ :	, , , , , , , , , , , , , , , , , , , ,			
	on line 1 that exceeds 2% of the	\$ 1.5	,	`	,				
	amount shown on line 11,	5 · ·				, j			
	column (f)	,		م			118,306.		
6	Public support. Subtract line 5 from line 4	,	/		,		674,056.		
<u>Se</u>	ction B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	1.	1.	1.	673,446.	118,913.	792,362.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources			<u> </u>					
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		<u> </u>		<u> </u>	·	792,362.		
12	Gross receipts from related activities,	etc. (see instruction	ons)		[	12			
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)			
Sec	organization, check this box and stop ction C. Computation of Publ		centage	<del></del>		<del></del>			
	Public support percentage for 2018 (I			olumo (fl)		14	85.07 %		
	Public support percentage from 2017		•	(1))	j	15	%		
	33 1/3% support test - 2018. If the o			n line 13 and line 1	ا 14 is 33 1/3% or m				
	stop here. The organization qualifies	•			. , , , , , , , , , , , , , , , , , , ,		<b>▶ X</b>		
ь	33 1/3% support test - 2017. If the o		_		line 15 is 33 1/3%	or more, check th			
_	and stop here. The organization quali	•					▶□		
17a	10% -facts-and-circumstances test		-		13, 16a, or 16b, a	ind line 14 is 10%	or more.		
	and if the organization meets the "fac	•							
	meets the "facts-and-circumstances"		,		-		<b>•</b>		
h	10% -facts-and-circumstances test	-	•		_	7a. and line 15 is 1	10% or		
	more, and if the organization meets the	•					· = • • ·		
٠	organization meets the "facts-and-circ						ightharpoons		
18	Private foundation. If the organizatio		-	•			s <b>▶</b> □		
	•					dule A (Form 990			

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF TEACH FOR INDIA INC

1.0	Support Schedule for t	=					
	(Complete only if you checked	I the box on line 1	0 of Part I or if the	organization failed	I to qualify under I	Part II. If the organiz	ation fails to
_	qualify under the tests listed b	elow, please com	plete Part II )	<u>.</u>		<del></del>	<u>/</u>
	ction A. Public Support	<del>,</del>	<del>,</del>	,		<del>-/</del> 1	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and				j	/	
	membership fees received. (Do not					/	
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	· · · · · · · · · · · · · · · · · · ·		/		<del>                                     </del>	
	Total. Add lines 1 through 5	<u> </u>				ļ—— ļ	
72	Amounts included on lines 1, 2, and 3 received from disqualified persons		:				
t	n 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			<u> </u>			
8	Public support. (Subtract line 7c from line 6.)		1				
Sec	ction B. Total Support		/	-			
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015,	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		/	*·*	11:		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	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 (Explain in Part VI)	/					
13	Total support. (Add lines 9, 10c, 11, and 12)	/				<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiza	tion,
_	check this box and stop here			<del></del>		<del> </del>	▶□
Sec	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage				
15	Public support percentage for 2018 (I	iņe 8 column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	•					is not
h	more than 33 1/3%, check this box as 33 1/3% support tests - 2017. If the		-	-	• •		<b>▶</b> ∟i
ı.	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization		-				

Schedule A (Form 990 or 990-EZ) 2018

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Ves No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction				
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.		
Sec	on 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			
Sect	ion 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)	1	,	•	
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	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)			44	
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			
Sect	on 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	2° -		
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	ly integra	ted Type III supporting organ	nization (see	
	instructions)	-		·	

Schedule A (Form 990 or 990-EZ) 2018

Sect	rart V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) ection D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex				
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos				
4	Amounts paid to acquire exempt-use assets	T			
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	the organization is responsiv	e		
	(provide details in Part VI) See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6	1	S 5 3		
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required explain in Part VI) See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
	From 2014	1	<u> </u>		
	From 2015	, , , ,	٥, ,,	· ( )	
	From 2016		2 1 1 2	, , ,	
	From 2017	. (10 - 1			
	Total of lines 3a through e		, ' , , , , , , , , , , , , , , , , , ,		
	Applied to underdistributions of prior years		,		
	Applied to 2018 distributable amount	<del> </del>		<u> </u>	
	Carryover from 2013 not applied (see instructions)		7 /,		
<del>-</del>					
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2018 from Section D,				
4	line 7 \$				
		v v			
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount			. , ,	
	Remainder. Subtract lines 4a and 4b from 4		,		
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2 For result greater	,			
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2018 Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions	***************************************			
7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub>	·			
	and 4c	<b> </b>	( )		
8_	Breakdown of line 7	,	١٠.		
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017	1, 1	, , , , , , , , , , , , , , , , , , , ,	m, \	
_	Excess from 2018		`. <del></del>		

Schedule A (Form 990 or 990-EZ) 2018

# **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(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.

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

FRIENDS OF TEACH FOR INDIA INC	47-3725301
FORM 990, PART VI, SECTION A, LINE 3:	
FASTBALL STRATEGIES LLC PROVIDES PROGRAM AND MANAGEMENT S	ERVICES
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 HAS BEEN REVIEWED BY THE BOARD CHAIR PRIOR T	O FILING. THE
FINAL FORM 990 (FILED WITH THE IRS) WILL BE AVAILABLE AT	THE NEXT MEETING
OF THE BOARD FOR INSPECTION. IN ADDITION, UPON REQUEST OF	ANY BOARDMEMBER,
A COPY WILL BE PROVIDED. IF THERE ARE ANY MATERIAL CHANGE	S, AN AMENDED FORM
990 WILL BE FILED.	
<del></del>	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY	BY MONITORING
KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANG	ES IN DISCLOSED
INFORMATION. ANY CONFLICT IS REVIEWED BY THE BOARD BEFORE	A DECISION IS
MADE AS TO WHETHER TO APPROVE THE TRANSACTION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
·	