

# Return of Organization Exempt From Income Tax

# 2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2004 calendar year, or tax year beginning **05/01/04** and ending **04/30/05**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

**C** Name of organization  
**NORTH SOUTH FOUNDATION**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2 Marissa Ct**

City or town, state or country, and ZIP + 4  
**Burr Ridge, IL 60527-6864**

**D** Employer identification number  
**36 ; 3659998**

**E** Telephone number  
**( 630 ) 323-1966**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site: ▶ <http://www.northsouth.org>

**J** Organization type (check only one) ▶  501(c) ( **3** ) ◀ (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **533,709**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

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<b>1</b> Contributions, gifts, grants, and similar amounts received:					
<b>a</b> Direct public support	<b>1a</b>	<b>350,643</b>			
<b>b</b> Indirect public support	<b>1b</b>	<b>0</b>			
<b>c</b> Government contributions (grants)	<b>1c</b>	<b>0</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>350,643</b> noncash \$ <b>0</b> )	<b>1d</b>			<b>350,643</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>74,547</b>	
<b>3</b> Membership dues and assessments	<b>3</b>			<b>0</b>	
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>191</b>	
<b>5</b> Dividends and interest from securities	<b>5</b>			<b>19,207</b>	
<b>6a</b> Gross rents	<b>6a</b>	<b>0</b>			
<b>b</b> Less: rental expenses	<b>6b</b>	<b>0</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			<b>0</b>	
<b>7</b> Other investment income (describe ▶ )	<b>7</b>			<b>0</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>89,121</b>	<b>8a</b>	<b>0</b>	
	(B) Other				
<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	<b>83,081</b>	<b>8b</b>	<b>0</b>	
<b>c</b> Gain or (loss) (attach schedule) <b>Strut 1</b>	<b>8c</b>	<b>6,040</b>	<b>8c</b>	<b>0</b>	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			<b>6,040</b>	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>0</b> of contributions reported on line 1a)	<b>9a</b>	<b>0</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>0</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			<b>0</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>0</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>0</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			<b>0</b>	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>0</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>450,628</b>	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>168,198</b>	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>0</b>	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>0</b>	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			<b>0</b>	
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>168,198</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>282,430</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>1,050,715</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>0</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>1,333,145</b>	

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, 10c, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) <b>Stmnt 2</b> (cash \$ <u>106,299</u> noncash \$ <u>0</u> )	<b>106,299</b>	<b>106,299</b>		
<b>23</b>	Specific assistance to individuals (schedule)	0	0		
<b>24</b>	Benefits paid to or for members (schedule)	0	0		
<b>25</b>	Compensation of officers, directors, etc.	0	0	0	0
<b>26</b>	Other salaries and wages	0	0	0	0
<b>27</b>	Pension plan contributions	0	0	0	0
<b>28</b>	Other employee benefits	0	0	0	0
<b>29</b>	Payroll taxes	0	0	0	0
<b>30</b>	Professional fundraising fees	0	0	0	0
<b>31</b>	Accounting fees	500	500	0	0
<b>32</b>	Legal fees	0	0	0	0
<b>33</b>	Supplies	0	0	0	0
<b>34</b>	Telephone	0	0	0	0
<b>35</b>	Postage and shipping	0	0	0	0
<b>36</b>	Occupancy	0	0	0	0
<b>37</b>	Equipment rental and maintenance	0	0	0	0
<b>38</b>	Printing and publications	10,193	10,193	0	0
<b>39</b>	Travel	0	0	0	0
<b>40</b>	Conferences, conventions, and meetings	0	0	0	0
<b>41</b>	Interest	0	0	0	0
<b>42</b>	Depreciation, depletion, etc. (schedule)	0	0	0	0
<b>43</b>	Other expenses not covered above (itemize): a	<b>51,206</b>	<b>51,206</b>		
	b See Statement 3				
	c				
	d				
	e				
<b>44</b>	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	<b>168,198</b>	<b>168,198</b>	0	0

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/> Education Related Activities	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a See Statement 4  (Grants and allocations \$ _____)	
b  (Grants and allocations \$ _____)	
c  (Grants and allocations \$ _____)	
d  (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>168,198</b>

**Part IV Balance Sheets** (See page 24 of the instructions.)

		(A) Beginning of year		(B) End of year
<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>				
<b>Assets</b>	<b>45</b> Cash- non-interest-bearing . . . . .	0	<b>45</b>	0
	<b>46</b> Savings and temporary cash investments . . . . .	228,004	<b>46</b>	373,030
	<b>47a</b> Accounts receivable . . . . .	0		
	<b>47b</b> Less: allowance for doubtful accounts . . . . .	0	<b>47c</b>	0
	<b>48a</b> Pledges receivable . . . . .	0		
	<b>48b</b> Less: allowance for doubtful accounts . . . . .	0	<b>48c</b>	0
	<b>49</b> Grants receivable . . . . .	0	<b>49</b>	0
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0
	<b>51a</b> Other notes and loans receivable (attach schedule). . . . .	0		
	<b>51b</b> Less: allowance for doubtful accounts . . . . .	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . .	0	<b>52</b>	0
	<b>53</b> Prepaid expenses and deferred charges . . . . .	0	<b>53</b>	0
	<b>54</b> Investments- securities (schedule) <b>Strmt 5</b> . . . . . <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	822,711	<b>54</b>	960,115
	<b>55a</b> Investments- land, buildings, and equipment: basis . . . . .	0		
	<b>55b</b> Less: accumulated depreciation (attach schedule). . . . .	0	<b>55c</b>	0
	<b>56</b> Investments- other (attach schedule) . . . . .	0	<b>56</b>	0
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	0		
	<b>57b</b> Less: accumulated depreciation (attach schedule). . . . .	0	<b>57c</b>	0
<b>58</b> Other assets (describe ▶ _____ )	0	<b>58</b>	0	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	1,050,715	<b>59</b>	1,333,145	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	0	<b>60</b>	0
	<b>61</b> Grants payable . . . . .	0	<b>61</b>	0
	<b>62</b> Deferred revenue . . . . .	0	<b>62</b>	0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule). . . . .	0	<b>63</b>	0
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)	0	<b>64a</b>	0
	<b>64b</b> Mortgages and other notes payable (attach schedule)	0	<b>64b</b>	0
<b>65</b> Other liabilities (describe ▶ _____ )	0	<b>65</b>	0	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	0	<b>66</b>	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted. . . . .		<b>67</b>	
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .	1,050,715	<b>70</b>	1,333,145
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .	0	<b>71</b>	0
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>72</b>	0
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21). . . . .	1,050,715	<b>73</b>	1,333,145	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,050,715	<b>74</b>	1,333,145	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	450,628
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$	0	
(2)	Donated services and use of facilities \$	0	
(3)	Recoveries of prior year grants . . . \$	0	
(4)	Other (specify): .....	\$	0
Add amounts on lines (1) through (4) ▶			
b		0	
c	Line a minus line b . . . . . ▶	c	450,628
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$	0	
(2)	Other (specify): .....	\$	0
Add amounts on lines (1) and (2) ▶			
d		0	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	450,628

a	Total expenses and losses per audited financial statements . . . ▶	a	168,198
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$	0	
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$	0	
(3)	Losses reported on line 20, Form 990 . . . \$	0	
(4)	Other (specify): .....	\$	0
Add amounts on lines (1) through (4) ▶			
b		0	
c	Line a minus line b . . . . . ▶	c	168,198
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$	0	
(2)	Other (specify): .....	\$	0
Add amounts on lines (1) and (2) ▶			
d		0	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	168,198

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 6				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule- see page 26 of the instructions.

**Part VI Other Information** (See page 27 of the instructions.)

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <i>N/A</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the organization <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt. ..... and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.	<input type="checkbox"/>	<input type="checkbox"/>
<b>81a</b>	Enter direct or indirect political expenditures. See line 81 instructions . . . . . <b>81a</b>   0	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) . . . . . <b>82b</b>   2,000	<input type="checkbox"/>	<input type="checkbox"/>
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Dues, assessments, and similar amounts from members . . . . . <b>85c</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . . <b>85g</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . . <b>85h</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b>   <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b>   <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. . . . . <b>89b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . <input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization. . . . . <input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> IL	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b>   0	<input type="checkbox"/>	<input type="checkbox"/>
<b>91</b>	The books are in care of <input type="checkbox"/> <b>Ratnam Chitturi</b> Telephone no. <input type="checkbox"/> ( ) <b>630-323-1966</b> Located at <input type="checkbox"/> <b>2 Marissa Ct, Burr Ridge, IL</b> ZIP + 4 <input type="checkbox"/> <b>60527-6864</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>92</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> 92	<input type="checkbox"/>	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Spelling, vocabulary, math, geog & essay be					74,547
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments			14	191	
96 Dividends and interest from securities . . . . .			14	19,207	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory			18	6,040	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		0		25,438	74,547
105 Total (add line 104, columns (B), (D), and (E)). . . . .					99,985

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Statement 7

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

**Please Sign Here**

Signature of officer: Ratnam Chitturi Date: 12/12/2005  
**Ratnam Chitturi, President**

Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
EIN		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2004**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**NORTH SOUTH FOUNDATION**

Employer identification number

**36 : 3659998**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 . . . . . ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .		✓
<b>b</b>	Lending of money or other extension of credit? . . . . .		✓
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .		✓
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		✓
<b>e</b>	Transfer of any part of its income or assets? . . . . .		✓
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . . <b>Stmt 8</b>	✓	
<b>b</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .		✓
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	✓	
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		✓

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ . . . . .
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	<b>187,880</b>	<b>121,191</b>	<b>252,683</b>	<b>210,459</b>	<b>772,213</b>
<b>16</b> Membership fees received . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	<b>100,295</b>	<b>38,629</b>	<b>19,471</b>	<b>15,542</b>	<b>173,937</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	<b>8,928</b>	<b>5,847</b>	<b>6,465</b>	<b>7,632</b>	<b>28,872</b>
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>23</b> Total of lines 15 through 22. . . . .	<b>297,103</b>	<b>165,667</b>	<b>278,619</b>	<b>233,633</b>	<b>975,022</b>
<b>24</b> Line 23 minus line 17. . . . .	<b>196,808</b>	<b>127,038</b>	<b>259,148</b>	<b>218,091</b>	<b>801,085</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>2,971</b>	<b>1,657</b>	<b>2,786</b>	<b>2,336</b>	<b>16,022</b>
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24. . . . ▶					<b>26a 16,022</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					<b>26b 356,681</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c 801,085</b>
d Add: Amounts from column (e) for lines: 18 <u>28,872</u> 19 <u>0</u>					
22 <u>0</u> 26b <u>356,681</u> . . . . . ▶					<b>26d 385,553</b>
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e 415,532</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶					<b>26f 51.87 %</b>
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) . . . . . (2002) . . . . . (2001) . . . . . (2000) . . . . .					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) . . . . . (2002) . . . . . (2001) . . . . . (2000) . . . . .					
c Add: Amounts from column (e) for lines. 15 _____ 16 _____					
17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b>
d Add. Line 27a total _____ and line 27b total _____ . . . . . ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total). . . . . ▶					<b>27e</b>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶			<b>27f</b>		
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶					<b>27g %</b>
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> ▶					<b>27h %</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)).					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		✓	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		✓	
<b>c</b> Media advertisements . . . . .		✓	
<b>d</b> Mailings to members, legislators, or the public . . . . .		✓	
<b>e</b> Publications, or published or broadcast statements . . . . .		✓	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		✓	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			<b>0</b>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Multiple empty rows.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [X] Yes [ ] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'See Statement # 9'.



Statement 1

CAPGAINS

North South Foundation Tax ID. 36-3659998  
2004 Form 990 Line 8C

Schedule of Capital Gains and Losses for 2004

Shares	Name	Date Sold	Date Acquired	Net Sales	Cost of Acquisition	Short-Term Gain	Long-Term Gain	Total Gain
35.00	Amgen (AMGN)	11/09/04	11/19/2001	2,055	1,978		77	77
337.69	Clipper Fund (CFIMX)	11/19/04	3/8/2002	30,000	29,575		425	425
66	First Energy (FE)	11/04/04	Various	2,747	1,737		1,010	1,010
0.225	First Energy (FE)	11/08/04	Various	9	6		3	3
1928.451	Janus Global Tech (JAGTX)	11/05/04	Various	19,227	32,589	(13,362)	(13,362)	(13,362)
272.069	Janus Global Tech (JAGTX)	11/05/04	Various	2,713	5,019	(2,306)	(2,306)	(2,306)
4	Monsanto (MON)	11/09/04	8/14/2002	158	249	(91)	(91)	(91)
0.045	Monsanto (MON)	11/08/04	Various	2	3		(1)	(1)
36	Pfizer (PFE)	11/09/04	4/16/2003	1,025	1,274	(249)	(249)	(249)
0.358	Pfizer (PFE)	11/08/04	Various	10	13		(2)	(2)
355.354	Scudder Greater Europe (SCGEX)	11/05/04	Various	9,062	10,639	(1,577)	(1,577)	(1,577)
	Capital Gain Distributions			22,113		22,113		22,113
	Total			89,121	83,081	6,041	6,041	6,041

Attachment **10**  
 North South Foundation  
 Schedule of Contributors  
 2004 Form 990 Schedule B Part I and Part II

Tax ID: 36-3659998

FirstName	LastName	Street	CITY	STATE	ZIP	2004 Donation	Type
						52,000	Cash
						50,000	Cash
						31,400	Cash
						10,054	Cash
						8,180	Cash
						5,325	Cash
						\$ 156,959	

Attachment 2  
 North South Foundation  
 2004 Form 990, Part II, Line 22  
 Grants and Allocations

Tax ID: 36-3659998

Receiving Organization	Purpose	Date	Amount
Rutgers University	Awards	6/15/2004	6,573 00
Fidelity Charitable Gift Fund	Scholarships	9/9/2004	62,127 00
S R Trust	Scholarships	10/15/2004	5,000 00
S R Trust	Scholarships	2/3/2005	8,000 00
Sampannappa Charities	Poor Students Hostel	2/11/2005	1,000 00
Sampannappa Charities	Poor Students Hostel	3/1/2005	300 00
Texas A&M	Scholarship	5/20/2004	600
Montgomery College	Scholarship	7/6/2004	600
MIT	Scholarship	7/29/2004	2,000
University of Texas at Austin	Scholarship	8/10/2004	2,000
Washington University, St. Louis	Scholarship	8/10/2004	1,600
University of California Regents	Scholarship	9/9/2004	2,000
Northwestern Univeristy	Scholarship	11/18/2004	2,000
Princeton University	Scholarship	11/22/2004	2,000
New York University	Scholarship	12/17/2004	1,000
Georgia Institute of Technology	Scholarship	1/7/2005	250
University of Maryland	Scholarship	1/10/2005	1,000
Amr Parekh Ice Skating	Scholarship	various	8,249
Total			106,299

Statement 3  
Form 990  
Page 2  
Part II  
Question 43

NORTH SOUTH FOUNDATION  
36-3659998

Attachment listing other expenses for Part II

Description	Total	Pgm Services	Mgt and General	Fundraising
Educational Contests	\$51,206.00	\$51,206.00	\$0.00	\$0.00
Total:	\$51,206.00	\$51,206.00	\$0.00	\$0.00



Statement 4  
Form 990  
Page 2  
Part III  
Question

NORTH SOUTH FOUNDATION  
36-3659998

Program Services

Achievement		Pgm. Svc. Exp.
Scholarship Programs: Granted Scholarships to students and other activities (400 Number of Students)		\$116,992 00
Grants and Allocations:	\$106,299 00	(This was included in →)
Educational Programs Conducted educational contests such as spelling, vocabulary, math, essay writing, geography and brain bee Purpose is to encourage excellence in education. (5000 number of children)		\$51,206 00
Grants and Allocations:	\$0 00	
		<b>Total: \$168,198.00</b>

INVESTMENTS

Attachment 5  
 North South Foundation  
 2004 Form 990, Part IV, Line 54  
 Investments

Tax ID: 36-3659998

Date Acquired	Name	Shares	2003-04 Shares	2004-05
05/07/98	AMERICAN INT'L DISCOVERY	925,748	11,790	1090,764
11/16/01	AMGEN	35,000	1,978	
03/11/02	CLIPPER FUND	789,407	69,159	469,097
12/10/03	Dodge & Cox Balance fund	1127,055	81,272	1636,063
12/09/03	Dodge & Cox Income Fund	2701,367	35,126	2815,849
12/20/96	FIRSTENERGY CORP	65,000	1,694	
12/09/03	Fremont Mutual Fund	2482,945	26,105	2631,628
12/09/03	Harris Associates - Oakmark Equity & Income	2754,104	59,700	4371,851
03/11/02	HEARTLAND VALUE FUND	866,793	33,171	970,965
03/12/02	ISHARES TRUST-RUSSEL 2000 VALUE INDEX FUND	1111,718	91,596	1129,271
03/08/02	Janus - Mid cap value	1273,894	22,668	1486,506
01/19/99	JANUS GLOBAL TECH	2200,520	37,607	
12/09/03	Mairs & Power Growth Fd	955,219	58,251	975,971
08/19/02	Monsanto	4,000	250	
03/23/99	NASDAQ 100	1965,000	91,308	1983,570
11/27/00	Pfizer (Pharmacia Corp)	36,000	1,274	
09/28/01	ROYCE-LOW PRICED STOCK FUND	2129,778	21,701	2341,543
05/07/98	SCUDDER GREATER EUROPE	355,354	10,639	
09/24/03	Sound Shore Fund Inc	756,707	23,350	854,501
01/19/99	VANGUARD 500	291,956	33,835	316,133
09/24/03	Vanguard Health Care	208,848	23,366	235,535
12/09/03	Vanguard infl	2114,826	26,366	2227,342
12/09/03	Vanguard Wellington fund	2135,095	60,504	3470,612
11/23/04	ISHARES TR Dow jones sel div index fd		404,750	24,698
11/24/04	ISHARES TR Dow jones US ind sector		401,729	22,184
11/23/04	ISHARES TR msci eafe index fd		121,807	18,837

Total

822,711

960,115

Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Dr Ratnam Chittur 2 Marissa Ct Burr Ridge, IL 60527-6864 United States	President	0	\$0 00	\$0 00	\$0 00
Raghavendra Rao Paturi 10 Whitman Ln Old Lyme, CT 06371 United States	Board Member	0	\$0 00	\$0 00	\$0 00
Dr. Samit Bhattacharya 200 Michelle Ln, #112 Groton, CT 06340 United States	Secretary	0	\$0 00	\$0 00	\$0 00
Ramdev Jagarlamudi 5030 Castaway Hoffman Estates, IL 60195 United States	Treasurer	0	\$0 00	\$0 00	\$0 00
Radhakrishna Reddy Marreddy 1816 Eaton Dr Woodridge, IL 60517 United States	Treasurer	0	\$0 00	\$0 00	\$0 00
Dr Murali Gavini 6405 Brass Bucket Ct Laytonsville, MD 20882 United States	Board Member	0	\$0.00	\$0 00	\$0 00
<b>TOTALS</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Statement 7  
Form 990  
Page 6  
Part: VIII  
Question

NORTH SOUTH FOUNDATION  
36-3659998

Relationship of Activities

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Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	Educational contests are sponsored for promoting excellence among children in the community

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**NORTH SOUTH FOUNDATION  
Programs**

**Origin:** North South Foundation (NSF) was incorporated in 1989 as a not-for-profit entity in Illinois. The IRS subsequently granted tax-exempt status under the 501(c)(3) section.

**Mission:** Promote excellence in human endeavor Develop human resources in areas that have the most potential in improving the lot of the common man, as well as achieving a full and enriched life, regardless of religion, gender, caste or geographic origin. Give hope for those who may not have any

**1) Scholarship Program for the Gifted Students among the poor in India:** Since 1990, more than 2,500 scholarships were awarded to undergraduate students. They were divided among the engineering, medicine, and other specialties. The target for 2005 is 350 scholarships. North South Foundation of India administers this program.

**Qualifications:** a) The student should achieve 95 percent or above rank in the qualifying examination. b) Annual family income must be less than Rs 38,000 or roughly \$800.

**Renewals:** For renewals, recipients should demonstrate continued academic excellence.

**Selection:** The availability of scholarships is announced during June and July in major news media. Students are asked to submit academic scores and evidence of need for financial assistance from relevant revenue officers. The most qualified candidates and their parents are invited for a personal interview. Final selection is made based on the facts presented and the deliberations at the interview. Awards cover 100 percent of tuition. Scholarship awards average \$250 per year per student.

**2) Educational Contests for Youth in the US:** These were designed to promote academic excellence. The spelling bee was begun in 1993, and the vocabulary bee in 1994. A brain bee contest was added in 2000, while math bee was added in 2004. The essay writing and geography bees were introduced in 2005. The contests are open to the children of Indian origin. Most of the contests are conducted at multiple levels based on grades, ranging generally from 1 through 12.

The contests are conducted every year in two steps. First, children participate in the regional contests, which are conducted among nearly 60 centers in the US and Canada. The top scorers in the regional contests are then invited to participate in the national finals. The 1st, 2nd, and 3rd place winners of each of the national spelling and vocabulary contests are awarded \$1,000 to \$250 in merit scholarships, which are redeemable in the winners' freshman year of college.

Since inception, more than 15,000 contestants benefited from the Foundation's contests. Many of the NSF children also participate in and benefit from the standard mainstream competitions such as Scripps National Spelling Bee, Math Olympiad, Math Counts and Geography Bee

**3) Role Model Award:** The Foundation has awarded its inaugural Role Model Award, 'Vishwa Jyothi' to Rajiv Vinnakota in 2003 and to Nipun Mehta in 2004. It helps to showcase good human values and academic excellence to the children of Indian American community.

Statement ~~1~~ 9  
Form Schedule A  
Page 6  
Part VII  
Question 52 b

NORTH SOUTH FOUNDATION  
36-3659998

**Relationships with Noncharitable Exempt Organizations**

<b>Name of Organization</b>	<b>Type</b>	<b>Relationship</b>
Indima Foundaton	501(c)(3) Private	Dr. Ratnam Chitturi is a common director on each board

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)**

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <p style="text-align: center; font-size: 1.2em;">NORTH SOUTH FOUNDATION</p>	Employer identification number <p style="text-align: center; font-size: 1.2em;">36:3659998</p>
	Number, street, and room or suite no. If a P.O. box, see instructions. <p style="text-align: center; font-size: 1.2em;">2 HARRISSA CT</p>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <p style="text-align: center; font-size: 1.2em;">BURR RIDGE, IL 60527-6864</p>	

**Check type of return to be filed** (file a separate application for each return):

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ RATNAK CHITTURI

Telephone No. ▶ (630) 323-1966 FAX No. ▶ (630) 455-9008

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until DEC 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20... or

▶  tax year beginning May 1, 2004, and ending April 30, 2005

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

- |                                      |                                                                   |                                    |
|--------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720                                |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  Telephone No.  FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole group**, check this box . If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_\_.
- For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension \_\_\_\_\_

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Kadman Chittani Title President Date 9/12/05

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)