Return of Organization Exempt From Income Tax

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

2008

Open to Public

OMB No. 1545-0047

Department of the Treasury

benefit trust of private foundations

	enue Service			nave to use a copy				ing roqu		-
A For th	he 2008 ca		year, or tax year beg			2008, and er	nding			0,20 09
B Check if	applicable	Please use IRS	C Name of organization	NORTH SOUTH	FOUNDAT	ION				er identification numbe
Addres:	s change	label or	Doing Business As			 			36	3659998
☐ Name o	change	print or type.	Number and street (or P.0	O, box if mail is not delive	red to street add	tress) Room	n/suite			one number
☐ Initial re		See	2 Marissa Ct						(630)	323-1966
Termina		Specific Instruc-	City or town, state or							
_	ed return	tions.	Burr Ridge, IL 60	527-6864					G Gross re	cerpts \$ 562,87
Applicativ		F Nam	ne and address of princip	al officer: Ratnam	Chitturi		H	a) is this	a droup return	for affiliates? Yes
- Applicati	or parally	2 Maris	ssa Ct, Burr Ridge	. IL 60527						ncluded? Yes
I Tax-ex	cempt status		01(c) (3) ⊲ (insert no.)		527					list. (see instructions)
			w.northsouth.org				HIC		exemption nur	•
			ration Trust Associa	tion ☐ Other ▶		L Year of for				legal domicile: IL
Part I			<u> </u>	0.1.0.		1 - 100, 07,101.		1000		
	Juliin	<u>.</u>				To	promote	e exce	llence in	human
1	Briefly de	escribe	the organization's r	mission or most s	ignificant a	ctivities: :X	promot			
9			evelop human reso							
Activities & Governance	of religion	on, gen	der, caste, geogra	buic origin by giv	ving nope	to those wh	o may na	ave no	ne.	
[등			<u></u>							
<u> </u>	-		If the organization of						1 - 1	
ag 3	Number	of votin	g members of the g	governing body (F	Part VI, line	1a)				
<u>8</u> 4	Number	of indep	pendent voting men	nbers of the gove	rning body	(Part VI, line	a 1b) .			
፮ 5	Total nur	nber of	employees (Part V,	, line 2a)					. 5	
잘 6			volunteers (estimat						. 6	1,000
			elated business reve						. 7a	
b	Net unrel	lated bu	usiness taxable inco	me from Form 99	0-T, line 34	4. <u></u>			. 7b	
								Prior Ye	ar	Current Year
8	Contribut	lions an	nd orants (Part VIII	line 1h)				4	121,525	366,730
휠	8 Contributions and grants (Part VIII, line 1h)								142,253	131,869
. .	-		me (Part VIII, colum	-				1	141,497	63,388
# 10 11			Part VIII, column (A)						0	
			dd lines 8 through 11				•	705,275		561,993
								195,00		225,059
1		Grants and similar amounts paid (Part IX, column (A), lines 1-3)							0	(
g 14	Benefits paid to or for members (Part IX, column (A), line 4)								0	
8 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e)								0	
15 16a	Professio	nai tunc	araising tees (Part IX	, column (A), line	i i e)	o				
_ ~	Total full	Jiaisiiiy	expenses (Fait IX, C	Oldifili (D), lifte 23)					81,518	86,080
17	Other ex	penses	(Part IX, column (A)	, ines ila-ila, i	111-241) .		•		276,518	311,139
18	Total exp	ensest	Afid Hirles 311 (m renses. Subtract line	iust equal Part IX,	, column (A), line 25).	•		128,757	250,854
- <u>19</u>			zenses: Subtract line	Of Itolii lille 12	<u> </u>		Pos	inning o		End of Year
Net Assets or Fund Balances 75 1 0 0 1 0 1 0 1 0 1 0 0 1 0 0 1 0	20	<u> </u>	C 4 E 2009	8-08			2009		761,585	
⁸ 품 20	Total ass	ets (Rai	· ' '	<u> </u>			•	2,1		3,012,439
설 21	Total liab	vilities (F	Part X, line 26)				•		0	2 040 420
	Net asse	ts or ju	nd-balances. Subtra	act line 21 from III	ne 20				761,585	3,012,439
Part II			Block-14							Abo book of my language
	and belie	naities of f. it (is)true	perjury, I declare that I hat encorrect, and complete	ave examined this return Declaration of prepare	n, including ac er (other than (companying sci officer) is based	on all infor	mation o	of which pre	eparer has any knowledge
	,	1/0		î a	•	•		1. 1	21 /	09
Sign		Uu	man Lu	ttimi					<u> </u>	07
Here	Sign	ature of o	fficer					Date)	
			<u>hitturi, President</u>							
	Туре	or print r	name and title							
	Preparer's	s				Date	Check if self-		Preparer's id	ientifying number
Paid	signature						employed	▶ 🗆	ເລ ວວ ແ ເວເ ປປປ	iona)
	.			<u>.</u>			<u> </u>	1		
Preparer's	rimi s na	me (or yo	ours				E	IN	>	
Use Only	if self-em address,	ployed), and ZIP +	+ 4				Р	hone no	o. ▶ ()
May the			return with the pre	parer shown abov	/e? (see ins	structions)	<u> </u>		<u> </u>	. Yes No
			work Reduction Act				Cat	No. 112	282Y	Form 990 (2008

616-19

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	To promote excellence in human endeavor, to develop human resources and to help
	people achieve success regardless of religion, gender, caste, geographic origin by giving
	hope to those who may have none.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	allocations to others, the total expenses, and revenue, if any, for each program solvide reported.
<u> </u>	(Code:) (Expenses \$ \$126,500 including grants of \$ \$126,500) (Revenue \$ \$0_)
	Scholarship Programs: Granted Scholarships to students (600 Number of Students)
	••••••
	(D) (D) (D) (124 960)
4b	(Code:) (Expenses \$ \$78,232 including grants of \$ \$0) (Revenue \$ \$131,869) Educational Programs: Conducted educational contests such as spelling, vocabulary, math,
	geography, essay writing, public speaking and brain bee. Purpose is to encourage
	excellence in education. Contests were held among 70 chapters and then championship
	finals. (8,000 child contestants)
	•
40	(Code:) (Expenses \$ \$98,559 including grants of \$ \$98,559) (Revenue \$ \$0)
	Development Programs: School construction, primary and poor children edcuation, public
	toilets
	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ \$ 303,291 (Must equal Part IX, Line 25, column (B).)

Par	t IV 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_	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where 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	✓	
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	√	-
12	Parts VI, VIII, IX, or X as applicable	12		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓.
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		√
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		√
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		∀
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21		<u> </u>
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
.	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a 24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓

Pa	Checklist of Required Schedules (Continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		✓
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		1

Form **990** (2008)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance		_	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		l	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	_	
	garning (garnoling) withings to prize withers:		Ť	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
h	Statements, med for the calendar year ending with or within the year covered by and rotain	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
•	this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	.		,
	accounty:	<u>4a</u>		<u> </u>
b	If "Yes," enter the name of the foreign country: ▶			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ĺ
5 -	and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	was the organization a party to a prompted tax should translate the tax state of the state of th	5b		1
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity		ĺ	
·	Regarding Prohibited Tax Shelter Transaction?	5c		
6a		6a		✓_
	If "Yes." did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	The me organization product of the control of the c	7a		1
_	Φ/3:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		√
f	bid the organization, during the year, pay premiums, directly or mandotry, on a personal behalf the	7f		✓
g	For all contributions of qualified intellectual property, and the organization file form 5000 as required:	7g	\longrightarrow	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
_	Tequired:			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring —			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4500	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		√
10	Section 501(c)(7) organizations. Enter:			
	initiation lees and capital contributions included on Fart VIII, line 12		İ	
	Gross receipts, included on Form 990, Fait Vin, line 12, 101 public use of club identices			
11	Section 501(c)(12) organizations. Enter:			ı
	Gross income from members or shareholders			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
4.	3			
1a	Enter the number of voting members that are independent			
þ	Effet the number of voting members that are madpendent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		1
_	any other officer, director, trustee, or key employee?	_=_		_
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		V
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b_	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a	✓	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
J	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	✓	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓_	
11	Is there any officer, director or 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	11		<u> </u>
<u>Sec</u>	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
_	The organization's CEO, Executive Director, or top management official?	15a	1	
	, , ,	15b	7	
D	Other officers or key employees of the organization?		·	
	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	160		/
	with a taxable entity during the year?	16a	-	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		ļ	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	405		
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶L.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	:)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
-	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► See Statement 2	,		
				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

✓ Check this box if the organization did not co	ompensate	any o	offic	er,	dire	ector,	trus	stee, or key en	ployee.	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee O or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Vidhyadhara Rao Chalasani Board Member	2	1						\$0	\$0	\$0
Raghvendra Paturi	10	,		,			<u> </u>	\$0	\$0	\$0
Vice President Ratnam Chitturi	2	V		✓				\$0	\$0	\$0
Board Member Raghavendra Rao Paturi	-	✓			ļ			***		-
Board Member Ratnam Chitturi	1	✓			_			\$0	\$0	\$0
President	78	1		1				\$0	\$0	\$0
Ramdev Jagarlamudi Treasurer	4			1				\$0	\$0	\$0
Samit Bhattacharya Secretary	10			√				\$0	\$0	\$0
Radhakrishna Reddy Marreddy Treasurer	1			✓				\$0	\$0	\$0

Pa	t VII Section A. Officers, Directors, Tru	ustees, Key	Emp	loy			d Hig	hest	Compensate	d Employees	<u>continu</u>	ued)	
	(A)	(B)	D4	,		C)		- 4.3	(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	C) C(Estimate amount other other other other other other other other organizations and relations organizations of the other o	t of r ation he ation ated
											\perp		
<u>1b</u>	Total							>	0		0		0
2	Total number of individuals (including those organization ▶ 0	e in 1a) wh	o rec	eive	ed n	nore	than	\$10	00,000 in repo	rtable compe	nsatior	ı from	the
	organization P 0	····										Ves	No
3	Did the organization list any former office	r. director	or tru	ıste	e. k	ev (emplo	ovee	. or highest c	ompensated		1	
_	employee on line 1a? If "Yes," complete S										3	—	✓
4	For any individual listed on line 1a, is the s the organization and related organizations										4	-	1
5	ndividual	or accrue	 comp	ens	 satio	on f	rom a	any	unrelated orga	anization for	5	 	✓
Sec	etion B. Independent Contractors	res, comp	1010		- Gadi	-	101 3	<u> </u>	person				<u> </u>
1	Complete this table for your five highest co- compensation from the organization.	ompensated	d inde	epe	nde	nt c	ontra	ctor	s that received	d more than \$	100,00)0 of	
-	(A) Name and business add	iress							(B) Description of se	ervices		(C) pensation	n
													
2	Total number of independent contractors (hose	in 1) w	ho	receiv	ed	more than \$10	0,000 in			

Par	t VIII	Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns Membership dues	<u>1b</u>	0		1000120		312, 313, 31 31
ıs, gifts imilar a	d	Fundraising events . Related organizations Government grants (contr	<u>1d</u>	0	i			
tribution other s	f	All other contributions, gifts, gand similar amounts not inclu	grants, ded above 1f	366,736 884				
a Co	g h	Noncash contributions include Total. Add lines 1a-1f		· > _	366,736			
nue		Educational Contests		Business Code 611710	131,869	131,869		0
Program Service Revenue	2a	Educational Contests		-	131,009	131,009		
<u>§</u>	b							
Ser	d							
ᇤ	e	All about the second			0	0	0	0
Prog	T a	All other program servi Total. Add lines 2a–2f			131,869	0		
	3	Investment income (incother similar amounts)	luding divide	nds, interest, and	46,355	0	0	46,355
	4	Income from investment of	of tax-exempt b	ond proceeds	0	0	0	0
	5	Royalties			0	0	0	0
			(I) Heal	(ii) Personal 0				
		Gross Rents Less: rental expenses		0 0				
		Rental income or (loss)		0 0				
	d		oss)	▶	0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Secunties 17,9	(ii) Other 0				
	ь	Less: cost or other basis and sales expenses .		84 0				
		Gain or (loss) Net gain or (loss)	17,0		17,033	0	0	17,033
Revenue	8a	Gross income from events (not including \$ of contributions reported	d on line 1c).					
Other Rev		See Part IV, line 18 Less: direct expenses Net income or (loss) fro		b				
	9a	Gross income from gam See Part IV, line 19	ning activities.	а				
		Less: direct expenses. Net income or (loss) fro		b				
	b	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) from	i ld	ь				
		Miscellaneous Rev	enue	Business Code				
	11a b			-				
	d	All other revenue						
	е 12	Total. Add lines 11a-1 Total Revenue. Add lines 10c. and 11e	nes 1h, 2g, 3	4, 5, 6d, 7d, 8c,	561,993	131,869	0	63,388

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must complete col	umn (A) but are no	t required to comp	piete columns (b),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	600	600		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,500	6,500		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	217,959	217,959		
_		0	0		
4 5	Benefits paid to or for members				
6	trustees, and key employees				
Ü	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				<u> </u>
c	Accounting	2,001		2,001	<u> </u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u> </u>			
	Investment management fees				
	Other	1,900	1,900		
_	Advertising and promotion	1,473	1,473		<u> </u>
	Office expenses	34,819	29,324	5,495	
14	Information technology	3,448	3,448		
15	Royalties				
16	Occupancy	6,988	6,838	150	
17	Travel	1,881	1,881		
18	Payments of travel or entertainment expenses			1	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance	580	580		
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together		Ì		
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Materials	32,870	32,788	82	0
b	Miscellaneous	120	0	120	0
C					
d					
6	All sales as				
e f 25	All other expenses	311,139	303,291	7,848	
26	Joint Costs. Check here \to I if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	311,133		7,040	
					

Pa	irt X	Balance Sheet		,						
			(A) Beginning of year		(I End c	B) of year				
	1	Cash—non-interest-bearing	0	1						
	2	Savings and temporary cash investments	713,858	2		908	3,293			
	3	Pledges and grants receivable, net	0	3						
	4	Accounts receivable, net	0	4						
	l -	Receivables from current and former officers, directors, trustees, key								
	5	employees, or other related parties. Complete Part II of Schedule L .	. 0	5	·					
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6						
Ø	7	Notes and loans receivable, net	0	7						
Assets	8	Inventories for sale or use	0	8						
As	9	Prepaid expenses and deferred charges	0							
	· -	-								
	10a	Land, buildings, and equipment: cost basis 10a								
	b	Part VI of Schedule D 10b 0 10c								
	11	Investments—publicly traded securities	2,047,727	-		2,104	i,146			
	12	Investments—other securities. See Part IV, line 11	0							
	13	Investments—program-related. See Part IV, line 11	 	13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11		15						
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,761,585	_		3,012	<u>2,439</u>			
	17	Accounts payable and accrued expenses	0							
	18	Grants payable	0							
	19	Deferred revenue	0							
	20	Tax-exempt bond liabilities	0	20						
es	21	Escrow account liability. Complete Part IV of Schedule D		21						
Liabilities	22	Payables to current and former officers, directors, trustees, key								
ap	_	employees, highest compensated employees, and disqualified								
=		persons. Complete Part II of Schedule L	0	22						
	23	Secured mortgages and notes payable to unrelated third parties	0	23						
	24	Unsecured notes and loans payable		24						
	25	Other liabilities. Complete Part X of Schedule D	0	25						
	26	Total liabilities. Add lines 17 through 25	0	26			0			
ances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.								
Ĕ	27			27						
ig i		Unrestricted net assets		28						
	28	Temporarily restricted net assets		29						
or Fund Bal	29	Permanently restricted net assets								
Ī		Organizations that do not follow SFAS 117, check here ▶ ✓ and complete lines 30 through 34.								
			2,761,585	30		3,012	439			
Net Assets	30	Capital stock or trust principal, or current funds	2,701,000	31		0,012	., .,.0 0			
155	31	Paid-in or capital surplus, or land, building, or equipment fund	0	32			<u>_</u> 0			
¥	32	Retained earnings, endowment, accumulated income, or other funds	2,761,585	33		3,012				
ž	33 34	Total net assets or fund balances	2,761,585	34		3,012				
Do	rt XI	Financial Statements and Reporting	2,701,363	34		3,012	.,433			
٦	rt Ai	rinancial Statements and Reporting					N-			
			П а			Yes	No			
1		punting method used to prepare the Form 990:	Other	_	 	 	1			
		e the organization's financial statements compiled or reviewed by an inde		?						
		e the organization's financial statements audited by an independent according			2b	 				
C		es" to lines 2a or 2b, does the organization have a committee that assumes					,			
		audit, review, or compilation of its financial statements and selection of an inc				┢	<u>√</u>			
3 a		result of a federal award, was the organization required to undergo an a					,			
		Single Audit Act and OMB Circular A-133?				 				
b	IT "Y	es," did the organization undergo the required audit or audits?								

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NORTH SOUTH FOUNDATION 36 3659998 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 331/4 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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 that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** Type III–Functionally integrated d Type III-Other e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 1<u>1g(i)</u> and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (Iv) Is the organization (i) Name of supported (iii) Type of organization (v) Did you notify (vi) is the (vii) Amount of (ii) EIN organization (described on lines 1-9) in col. (i) listed in your the organization in organization in col. support (i) organized in the governing document? col (i) of your above or IRC section. US? (see instructions)) support? Yes No Yes No Yes

Total

Pai	(Complete only if you chec					and 170(b)(1)(A)(VI)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	350,643	531,614	387,576	421,525	366,736	2,058,094
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4	Total. Add lines 1-3	350,643	531,614	387,576	421,525	366,736	2,058,094
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						269,952 1,788,142
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support	l	. <u></u> .	L		I	1,700,142
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	350,643	531,614	387,576	421,525	366,736	2,058,094
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,398	35,570	57,049	59,827	46,355	218,199
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 IV.)	0	0	0			0
11	Total support. Add lines 7 through 10 .			ŀ			2,276,293
12	Gross receipts from related activities, etc.	(see instruction	 ns)			12	526,351
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	n's first, secon	d, third, fourth,			n 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (line 6			, column (f))		14	78.56 %
15	Public support percentage from 2007 Sch					15	69.62 %
16a	33%% support test—2008. If the organization qualifies	as a publicly s	upported orgar	nization			▶ ☑
b	33%% support test—2007. If the organization qua	lifies as a publi	cly supported o	organization .			▶ □
17a	10%-facts-and-circumstances test — 200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circum	istances" test, (check this box a	and stop here .	Explain in Part I	V how the
b 18	10%-facts-and-circumstances test – 2007. more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum: nces" test. The	stances" test, c organization qua	heck this box a lifies as a publicl	nd stop here. y supported org	Explain in Part I ganization	V how the ► □

Sched	dule A (Form 990 or 990-EZ) 2008						Page 3
_	t III Support Schedule for Orga	nizations De	escribed in S	Section 509(a)(2)	-	
Soc	(Complete only if you checke tion A. Public Support	a the box o	n line 9 of Pa	art 1.)			
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.")						
	sold or services performed, 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 business under section 513				_		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5			1			
_	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						1
Sec	tion B. Total Support					i	
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for torganization, check this box and stop	here	<u></u>	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3) ▶□
	tion C. Computation of Public Support percentage for 2008 (lin			ne 13. column		15	%
15 <u>16</u>	Public support percentage from 2007 S	Schedule A, Pa	art IV-A, line 2			16	<u>%</u>
	tion D. Computation of Investmer		-			47	
17	Investment income percentage for 200					18	<u> </u>
18 19a	Investment income percentage from 20 331/4 % support tests – 2008. If the organization				 and line 15 is n		

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33½% support tests – 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

Schedule A (Fo	chedule A (Form 990 or 990-EZ) 2008 Page 4							
Part IV	Supplemental Part II, line 17	I Information. a or 17b; or Pa	Complete art III, line 1	this part to 2. Provide	provide the any other	he explanational inf	on required by ormation. (see	Part II, line 10; instructions)
							•••••	
								••••••

							••••••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection Employer identification number

Nam	e of the organization		Employer identification number			
NO	RTH SOUTH FOUNDATION		36 3659998			
Pa	organizations Maintaining Doi the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Funds or Accounts. Complete if			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	2	0			
2	Aggregate contributions to (during year)	0	0			
3	Aggregate grants from (during year) .	11,072	0			
4	Aggregate value at end of year	877,382	0			
5	Did the organization inform all donors and funds are the organization's property, subj					
6	Did the organization inform all grantees, do used only for charitable purposes and not impermissible private benefit?	for the benefit of the donor or donor adv	isor or other			
Pa	rt II Conservation Easements. Comp	olete if the organization answered "Yes	" to Form 990. Part IV. line 7.			
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a–2d if the organization held on the last day of the tax year.	by the organization (check all that apply ., recreation or pleasure) Preservati	r). on of an historically important land area ion of certified historic structure			
а	Total number of conservation easements.		Held at the End of the Year			
ь	Total acreage restricted by conservation ea					
c	Number of conservation easements on a conservation of the conservation can be conservation of the conserva					
d	24					
3						
4	Number of states where property subject t	o conservation easement is located ▶				
5	Does the organization have a written police enforcement of the conservation easement					
6	Staff or volunteer hours devoted to monito					
7	Amount of expenses incurred in monitoring	g, inspecting, and enforcing easements d	uring the year ► \$			
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .					
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserva	he text of the footnote to the organization	venue and expense statement, and 's financial statements that describes			
Pa		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8				
1a	If the organization elected, as permitted un art, historical treasures, or other similar asseprovide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	research in furtherance of public service,			
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to the	held for public exhibition, education, or r hese items:	esearch in furtherance of public service,			
	(i) Revenues included in Form 990, Part V					
	(ii) Assets included in Form 990, Part X .					
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these items:				
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X					

Page	4

Par	t III Organizations Maintaini	ng Collections	of Art, Histor	ical Treasures	, or O	ther Similar As	ssets (c	<u>ontini</u>	ued)
3	Using the organization's accession items (check all that apply):	and other records	s, check any c	of the following t	that are	e a significant u	se of its	colle	ction
а	Public exhibition		a ∐	Loan or excha	inge pr	rograms			
b	Scholarly research		е []	Other					
C	Preservation for future general	tions							
4	Provide a description of the organiz Part XIV.	ation's collections	s and explain h	now they further	the or	ganization's exe	mpt pur	pose	ın
5	During the year, did the organization sassets to be sold to raise funds rathe	r than to be mainta	ained as part of	the organization	's colle	ction?		es 🗌	No_
Par	Trust, Escrow and Custo Part IV, line 9, or reported				n ansv	vered "Yes" to	Form 9	90, ——	
	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?								
þ	If "Yes," explain the arrangement in	Part XIV and con	nplete the folio	wing table:					
					-	Ar	nount		
C	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount	ount on Form 990	, Part X, line 2	1?			Ye	es L	No
	If "Yes," explain the arrangement in								
Par	rt V Endowment Funds. Co						7		
		(a) Current year	(b) Prior year	(c) Two years	back ((d) Three years back	(e) Four	years	back
1a	Beginning of year balance	253,720	_				 		
b	Contributions	480		<u></u>			├		
С	Investment earnings or losses .	0					—		
d	Grants or scholarships	0					 		
е	Other expenditures for facilities and programs	0							
f g	Administrative expenses End of year balance	0 254,200							
2	Provide the estimated percentage of	f the year end ba	lance held as:						
а	Board designated or quasi-endowm	ent ▶0	%						
ь	Permanent endowment ► 100								
С	Term endowment ▶0 %	,)							
За	Are there endowment funds not in th	e possession of th	e organization	that are held and	d admii	nistered for the			
	organization by:	•	J					Yes	No
	(i) unrelated organizations						3a(i)		<u> </u>
	(ii) related organizations						3a(ii)		_✓
b	If "Yes" to 3a(ii), are the related orga						3b		
4	Describe in Part XIV the intended us								
Par	t VI Investments—Land, Bu	ildings, and Eq	uipment. See	<u> Form 990, Pa</u>	ırt X, li	ne 10.			
	Description of investment	(a) Cost or oth		Cost or other pasis (other)	(c) De	epreciation	(d) Bool	c value	
1a	Land								
ь	Buildings								
	Leasehold improvements								
	Equipment								
е	Other	. ,							
Total	I. Add lines 1a-1e. (Column (d) should e	qual Form 990, Pai	rt X, column (B)	, line 10(c).)		▶			

Schedule D (Form 990) 2008			Page 3
Part VII Investments—Other Securities	. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation: irket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Outer			
			
		·	"
			
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
	d Can Farm 000 Bart V	lime 10	
Part VIII Investments—Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	rt X. line 15.		
Care ix Care i i i i i i i i i i i i i i i i i i i	(a) Description		(b) Book value
			
		·	
<u> </u>			
			
			<u> </u>
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990, Part X, co	. (B) line 15.)	<u> </u>	
Part X Other Liabilities. See Form 990,	Part X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
- 			1
	-	7	
<u> </u>		i	
		7	
		┪	
		┥	
		\dashv	
			
		-	
		\dashv	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶		<u> </u>	

Page	4

-	300 B (1 6111 600) 2000		7.55
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts	· · · · · · · · · · · · · · · · · · ·
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<u> </u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	_5_	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4–8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<u> </u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e pe	r Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	4	
b	Donated services and use of facilities	4	
C	Recoveries of prior year grants	4	
d	Other (Describe in Part XIV)	4_	
е	Add lines 2a through 2d	2	
3	Subtract line 2e from line 1	3	B
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	-{	
b	Other (Describe in Part XIV)	4	
С	Add lines 4a and 4b	4	
5_	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	<u>. '</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	1	
1	Total expenses and losses per audited financial statements	_1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)	+_	
е	Add lines 2a through 2d	2	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	-	
b	Other (Describe in Part XIV)	4_	-
င	Add lines 4a and 4b	44	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4;	Part IV, lines 1b
and	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
See	Statement 3		

Schedule D (For	m 990) 2008	Page 5
Part XIV	m 990) 2008 Supplemental Information (continued)	
r ar t Arv	ouppermonal information (community)	
· · · · · · · · · · · · · · · · · · ·		
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Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Employer identification number

NO	RTH SOUTH FOUNDATION	1			30	6 3659998
Pa	rt I General Informa "Yes" to Form 990			e the United States	. Complete if the organ	ization answered
1	For grantmakers. Does t assistance, the grantees' the grants or assistance?	eligibility for th	e grants or as	sistance, and the selec	ction criteria used to av	sor vard ☑ Yes ☐ No
2	For grantmakers. Describ United States.					funds outside the
3_	Activities per Region. (Use	(b) Number of offices in the region	(c) Number of employees or agents in region	additional space is need (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Sou	ıth Asia	0	0	Grantmaking		\$217,959
						
 Tota	als >	0	0			217,959

Schedule F (Form 990) 2008

Schedule	F	(Form	990)	2008
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(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method o valuation (book, FMV appraisal, other)
		See Statement 4						
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Schedule F (Form 990) 2008 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Part III (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of cash disbursement (f) Amount of non-cash assistance (g) Description of non-cash assistance (d) Amount of cash grant (c) Number of reciplents (a) Type of grant or assistance (b) Region

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.	ge 4
See Staten		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	` 	,		► Attach to	Form 990.			Inspection
Name of the organization							Employer iden 36 365	tification number 9998
Part I General	Information	on Grants and	Assistance_					
the selection c Describe in Pa	nteria used to a	award the grants of zation's procedure	r assistance? is for monitoring	the use of grant funds	in the United States	s' eligibility for the gra		. 🗹 Yes 🗆 No
Form 99	0, Part IV, line	21, for any rec I-1 (Form 990) if	pient that recei	ved more than \$5,0	00. Check this box	if no one recipient r	eceived more than	1 \$5,000. Use
1 (a) Name and address or govern	s of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	•••••							
				_				
_ : :								
2 Enter total num		501(c)(3) and gove	ernment organizat	ions				

art III Grants and Other Assistance Use Schedule I-1 (Form 990) if	to Individuals in the U	Jnited States. Con	inplete if the organ	nization answered "Yes"	on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
illege Scholarships	5	\$6,500			
			<u> </u>		
Supplemental Information. Co	mplete this part to pro	vide the information	on required in Part	1, line 2, and any other	additional information.
	•••••				
··	•••••				
		·			

Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

3659998 NORTH SOUTH FOUNDATION 36 See Statement 7

Schedule O (Form 990) 2008				age 🕹
Name of the organization	Emplo	yer identificat	ion number	
NORTH SOUTH FOUNDATION	36	3659998		
				_

NORTH SOUTH FOUNDATION 36-3659998

Statement 2

Form: 990

Page: 6

Line Number: Part VI Section C Line 20

TheBooksAreInCareOf

The Books Are In Care Of

Name and address:	Telephone Number	
Ratnam Chittun	(630)323-1966	
2 Manssa Ct		
Burr Ridge, IL 60527-6864		

NORTH SOUTH FOUNDATION 36-3659998

Statement 3 Form Schedule D

Page 4

Line Number: Part XIV Form990ScheduleDPartXIV

Supplemental Information

		Explanation:
Reference:	Schedule D, Part V, Line 4 SchD_P05_S00_L04	Generate investment income to fund programs

Statement 4

Form Schedule F

Page. 2

Line Number Part II Line 1 GrantsToOrgsOutsideUS

Grants To Organization Outside US

		Cash Grant	Non-Cash Assistance
Region Grant	South Asia Scholarships	\$110,000	_
Cash Disbursement	Wire		
Non-Cash Assistance Valuation			
Region Grant Cash Disbursement Non-Cash Assistance Valuation	South Asia Scholarships Wire	\$10,000	
Region Grant Cash Disbursement Non-Cash Assistance Valuation	South Asia School Construction Check	\$25,000	
Region Grant Cash Disbursement Non-Cash Assistance Valuation	South Asia School Construction Wire	\$42,000	
Region Grant Cash Disbursement Non-Cash Assistance Valuation	South Asia Toiltes to the poor wire	\$24,476	

NORTH SOUTH FOUNDATION 36-3659998

Statement 5

Form: Schedule F

Page: 4

Line Number: Part IV Form990ScheduleFPartiV

Supplemental Information

		Explanation:
Reference:	Schedule F, Part I, Line 2	The Foundation grants college scholarships to those who excel among the poor in India. It establishes the criteria for eligibility for scholarships and reviews the candidates for receiving scholarships based on the criteria.
Identifier:	SchF_P01_S00_L02	

NORTH SOUTH FOUNDATION 36-3659998

Statement 6

Form: Schedule I

Page: 2

Line Number: Part IV Form990SchedulelPartIV

Description of Procedures for Monitoring the Use of Grant Funds in the United States

		Explanation:	
Reference:	Schedule I, Part I, Line 2 Schl_P01_S00_L02	Scholarship money is paid to the educational institutions directly	

Statement 7
Form: Schedule O

Page: 1

Line Number ScheduleO GeneralExplanation

Additional Information for Responses to Specific Questions for The Form 990 or Others

		Explanation:	
Reference:	Form 990, Part VI, Section A, Line 10	Delivered a copy of the Form 990 to the Board Members	
Identifier:	F990_P06_S0A_L10		
Reference:	Form 990, Part VI, Section B,	There is no compensation paid to the Board Members or Officers.	
	Line 15		
Identifler:	F990_P06_S0B_L15		
Reference:	Form 990, Part VI, Section C,	The documents are provided upon request.	
	Line 19		
Identifier:	F990 P06_S0C_L19		