Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2017 calenda	ar year, or tax year beginning , 2017, and end	ling			, 20		
В	Check if ap	if applicable: C Name of organization ?			D Empl	oyer id	entification number		
	Address c	change	OPEN Inc			13-4235466			
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/s	uite	E Telephone number				
=	Initial retu	125470 Gimbel Dr				(703) 327-6907			
=	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption				
=		tion pending South Riding, VA 20152-3973				Number ▶ 💽			
G	Account	ting Method:	✓ Cash	Н	Check I	▶ 🔲 i	f the organization is not		
I۱	Website	e: ► www.	openindia.org		required	l to atta	ach Schedule B		
JΊ	Гах-exen	npt status (che	eck only one) — ✓ 501(c)(3)	7	(Form 9	90, 990	D-EZ, or 990-PF).		
K	Form of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other	•					
L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if tota	al assets				
(Pa	ırt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	145,140		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	e the	instruc	ctions			
			the organization used Schedule O to respond to any question in this F						
?	1 1		ons, gifts, grants, and similar amounts received			1	91,428		
?	= 1		ervice revenue including government fees and contracts			2	0		
?		•	ip dues and assessments			3	0		
?		Investmen				4	55		
	5a		ount from sale of assets other than inventory 5a		0				
	b		or other basis and sales expenses		0				
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0		
	6	Gaming ar							
	а								
ne		\$15,000) 6a							
ē	b	Gross inco	me from fundraising events (not including \$ 61,321 of contrib	oution	0 าร				
Revenue			aising events reported on line 1) (attach Schedule G if the						
щ			ch gross income and contributions exceeds \$15,000) 6b		53,657				
	С	Less: direc	et expenses from gaming and fundraising events 6c		25.361				
	d								
		line 6c) .			6d	28,296			
	7a	Gross sale	Gross sales of inventory, less returns and allowances 7a						
	b	Less: cost of goods sold							
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					0		
	8	Other revenue (describe in Schedule O)				8	0		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	119,779		
	10	Grants and	similar amounts paid (list in Schedule O)			10	55,640		
	11	Benefits paid to or for members				11	0		
S	12	Salaries, other compensation, and employee benefits ?				12	0		
nse	13	Professional fees and other payments to independent contractors 2				13	0		
Expenses	. 14	Occupancy, rent, utilities, and maintenance				14	0		
й	15					15	0		
	16					16	505		
	17	Total expenses. Add lines 10 through 16					56,145		
Net Assets	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	63,634		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree					,		
		end-of-yea	ur figure reported on prior year's return)			19	38,352		
	20	Other char	nges in net assets or fund balances (explain in Schedule O)			20	0		
	21		or fund balances at end of year. Combine lines 18 through 20			21	101,986		
Foi	r Paper		ion Act Notice, see the separate instructions. Cat. No. 1064				Form 990-EZ (2017)		

Form 990-EZ (2017) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 38,352 22 22 Cash, savings, and investments . . 101,986 0 23 23 Land and buildings 0 0 24 24 Other assets (describe in Schedule O) 0 25 38,352 25 Total assets 101,986 0 26 26 Total liabilities (describe in Schedule O) 0 38,352 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 101.986 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Education of underprivileged children in India 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Vidyarambam, Tamil Nadu State, India: A grant was made to fund supplemental education in English and Math through the NGO Vidyarambam. This program benefited 1350 students in K-12 government schools. (Grants \$ 28a **26,096**) If this amount includes foreign grants, check here . . . 26,096 29 Scholarships for students in vocational polytechnic education and 3- and 4-year colleges, Chennai, India. Scholarships for 100 children for two- and three-year polytechnic education and 3-year Commerce and 4-year Engineering were provided through this grant. (Grants \$ **16,091**) If this amount includes foreign grants, check here . 29a 16,091 30 Ashraya Foundation, Karnataka, India: A grant of \$7,124 was made to operate libraries and Arts and Science clubs at 5 schools in rural Karnataka. The program benefits 900 children. Children's reading levels are Children's reading levels are monitored. Science and Arts clubs teach by doing. (Grants \$ 7,197) If this amount includes foreign grants, check here 30a 7,197 **31** Other program services (describe in Schedule O) 6,255) If this amount includes foreign grants, check here **▶** ✓ (Grants \$ 31a 6,255 32 55,640 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable ? (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Rajesh Ramadoss, President 5 0 n 0 Sriram Sankaran, Secretary 5 0 0 0 Kumar Thiagarajan, Treasurer 5 0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	s Pari	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		√
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b 40a	Initiation fees and capital contributions included on line 9	-		
b	section 4911 \triangleright 0; section 4912 \triangleright 0; section 4955 \triangleright 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ► Virginia			
42 a		703-32		7
	Located at ► 25470 Gimbel Dr, South Riding, VA ZIP + 4 ►	20	152	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. I	No No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	explanation in Schedule O	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		./

Form 990	O-EZ (20	017)						F	age 4
		ne organization engage, directly or ir ndidates for public office? If "Yes," o						Yes	No
Part \	/ I	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s only s must answer que	stions 47–49b a	nd 52, and	d complete th	'	or lin	es . \Box
		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) ele		ect during the		Yes	No
48 49a b 50	Is the Did th If "Ye Comp	organization a school as described in the organization make any transfers to ses," was the related organization a se- collete this table for the organization's poyees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organizatio five highest compen	i)? If "Yes," comple ritable related org on? sated employees (ete Schedul anization? other than		. 49b ors, truste	es, ar	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribu	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other cor		
None						<u> </u>			
51	Com	number of other employees paid ovolete this table for the organization ,000 of compensation from the orga	s five highest compe	ensated independ	o ent contrac	 ctors who eac	n received	more	than
	(a)	Name and business address of each independ	(b) Type of	(c	(c) Compensation				
None				_					
				-					
				-					
				-					
				_					
		number of other independent contra	-		. >	a must attac	0		
		oleted Schedule A			_	· · · · ·	.► ✓ Yes	; <u> </u>	No
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than					nowledge and	d belief	it is
						-			
Sign Here	_	Signature of officer Numar Thiagarajan, Treasurer							
	?	Type or print name and title							
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-empk] if PTIN		
Use C		Firm's name				Firm's EIN ▶			
		Firm's address ►	shown above? See	inatruationa		Phone no.	► ☐ Yes		No

?