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Form 990-EZ

Department of the Treasury Internal Revenue Service

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)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A	For th	ne 2013 calendar year, or tax year beginning , 2013, and ending				
8	Check Addres	f applicable c D E	mployer	identification number		
কৈল	Name o		45-3944379			
=	Initial r	of Vadeal Inc	elephone	·····		
=	Termin	old C/O 29 Walter Hammond Place /	214	952.5245		
Ħ	Amend	ed rabus Waldwick, NJ 0/643				
	Applica		iroup t lumber	xemption >		
G	Acco	unting Method	X if the	organization is not		
I	Webs	— — — — — — — — — — — — — — — — —		Schedule B (Form		
J	Tax-ex	tempt status (check only one) — X 501(c)(3)	Z, or 9	90-PF)		
K	Form	of organization X Corporation Trust Association Other				
L.	Add I asset	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	⊳ \$			
Pa	rtl	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	for Part I)		
		Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received	1			
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	3			
	4	Investment income	4	DECEIVED.		
	5 a	Gross amount from sale of assets other than inventory 5 a	8	- MEUSIVED		
	b	Less cost or other basis and sales expenses 5 b	0			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	- 5€	MAR 1 0 2014		
		Gaming and fundraising events	1	W W 2 V 7 11 18		
₽ E	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a	Ì	0000		
V E	b	Gross income from fundraising events (not including \$ of contributions		OGDEN, UT		
a C Z I		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b	٠,			
	С	Less direct expenses from gaming and fundraising events 6 c	1			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d			
	7 a	Gross sales of inventory, less returns and allowances 7 a				
	b	Less cost of goods sold 7b	7			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c			
05	8	Other revenue (describe in Schedule O)	8			
SCANNED	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	- 9	0.		
	10	Grants and similar amounts paid (list in Schedule O)	10	······································		
<i>4</i>	11	Benefits paid to or for members	11			
[ែ្តិ €	12	Salaries, other compensation, and employee benefits .	12			
(JÈ	13	Professional fees and other payments to independent contractors	13			
NOR 3 2016	14	Occupancy, rent, utilities, and maintenance.	14	*****		
	15	Printing, publications, postage, and shipping .	15			
	16	Other expenses (describe in Schedule O)	16			
	17		<u> 10</u> 17	0.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0.		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19			
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.		
S	21		21			
		Paperwork Reduction Act Notice, see the separate instructions.	121	0 . Form 990-EZ (2013)		

Form	n 990-EZ (2013) International Sv	vaminarayan Sansth	an	4.	5-39	44379 Page 2
Pa	til Balance Sheets (see the inst Check if the organization used Sched	ructions for Part II)	otion in this Dort II			(")
	Check if the organization used Sched	dule O to respond to any que	SHOT IT THIS PART II	(A) Beginning of ye	ear	(B) End of year
22 Cash, savings, and investments .				() Dogg or y	22	Lina or year
23	Land and buildings				23	
24	The state of the s	Other assets (describe in Schedule O)				
25	Total assets) . 25	
26	Total liabilities (describe in Schedule O)) . 26	
27	Net assets or fund balances (line 27 of co				<u>) . 27</u>	
rai	Statement of Program Service According Check if the organization used Sch	nplishments (see the instruction	ns for Part III)	ıı X) (Rec	Expenses juired for section 501
What		Schedule 0	estion in this Fait i	<u> </u>	寸(c)(3) and 501(c)(4)
	cribe the organization's program service ac sured by expenses. In a clear and concise	complishments for each of its	three largest prog	ram services, as		nizations and section '(a)(1) trusts; optional
mea	sured by expenses. In a clear and concise afited, and other relevant information for ea	manner, describe the service	es provided, the nur	mber of persons		others)
28	See Schedule O	ion program and			+	1
					1	
					1	
	(Grants \$) If thi	s amount includes foreign gra	ants, check here		∏ 28a	·[
29						
]	
					_	
20	(Grants \$) If thi	s amount includes foreign gr	ants, check here	<u> </u>	29 a	
30					-	
					4	
	(Grants \$) If thi	s amount includes foreign gra	ants check here	·	_ 1 30 a	
31	Other program services (describe in Sche		anto, check here	11	1 300	
•		s amount includes foreign gr	ants. check here	▶ [] 31 a	,
32	Total program service expenses (add line				32	
Pa	rt IV List of Officers, Directors, Tr	ustees, and Key Employ	/ees (list each one	e even if not compensated	— see t	he instructions for Part IV)
	Check if the organization used Sch	nedule O to respond to any qu	uestion in this Part	IV		Ĺ
	(a) Name and Title	(b) Average hours per	(c) Reportable compensa (Forms W-2/1099-MIS	ation (d) Health bene	fits,	(e) Estimated amount of
	(a) Hame and Title	week devoted to position	(If not paid, enter -0-	benefit plans, and compensation	leferred	other compensation
AR	JUN MALAVIA					
	esident	0		0.	0.	0.
	KESH PAPAIYA					
Vi	ce President	0		0.	0.	0.
AT	UL PATEL	-				
<u>Se</u>	cretary	0		0.	0.	0.
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Form 990-E7 (2013)	International	Swaminaravan	Sansthan

45-3944379

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule A			aye 3
the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		,	X
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	Yes	No X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		
a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions). 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities.	34		Х
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
c 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	35 c		Х
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		Х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	37 b		X
38 a 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?	38 a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/I	,		· · · · · · · · · · · · · · · · · · ·
39 Section 501(c)(7) organizations Enter.	†		
a Initiation fees and capital contributions included on line 9	7		
b Gross receipts, included on line 9, for public use of club facilities 39 b N/A	<u>.</u>		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under-			,
section 4911 ► 0, section 4912 ► 0, section 4955 ► 0.			
b Section 501(c)(3) and 501(c)(4) 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	40 b		Х
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0	:		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization].		* . ,
e 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	40 e		X
41 List the states with which a copy of this return is filed None	408	<u> </u>	
42 a The organization's books are in care of the organization Located at 1667 AMWELL RD SOMERSET nj ZIP + 4 08873		524	15
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)?	42 b	163	X
If 'Yes,' enter the name of the foreign country. ▶			ļ.
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country.	42 c		; X
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		► [] Yes	N/A N/A No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		Х
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	44 b		X
c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 c	+	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		ļ.,
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes'	45 a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the 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)	45 b	<u> </u>	X

Form 990-E	Z (2013) International Swami	narayan Sansth	an	45-394	4379	Page 4
46 Did th	e organization engage, directly or indirec	tly, in political campaig		or in opposition to		Yes' No
candid Part VI	dates for public office? If 'Yes,' complete Section 501(c)(3) organizations				46	X
	All section 501(c)(3) organization for lines 50 and 51.	ons must answer q	juestions 47-49b an	id 52, and complet	e the tabl	les
	Check if the organization used Schedule	O to respond to any q	uestion in this Part VI			
4 7 D.J.I.			21.4.2. 1. 1			Yes No
compl	e organization engage in lobbying activiti lete Schedule C, Part II		• •	,	47	Х
	organization a school as described in se			ule E	48	X
	e organization make any transfers to an	•	related organization?		49 a	X
	s,' was the related organization a section ilete this table for the organization's five h	•	mnlovees (other than off	ficare directore truetae	49b	L
	byees) who each received more than \$100					
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		d amount of opensation
None						
						·····
	* **					
						
(T-4-1		00.000			l .	
	number of other employees paid over \$1 plete this table for the organization's five l		donondont contractors	who cook recoved more	a than #100	000 -6
comp	ensation from the organization. If there is	s none, enter 'None.'	idependent contractors	who each received more	a man \$100	,000 61
	(a) Name and business address of each independent of	contractor	(b) Type	of service	(c) Com	pensation
None						
			1			
					<u> </u>	
	number of other independent contractors	•	•	>		
charit	ne organization complete Schedule A? No table trusts must attach a completed Sch	edule A			► X Ye	s No
Under penalties true, correct, a	of perjury, I declare that I have examined this return, incl and complete Declaration of preparer (other than offic	uding accompanying schedules a er) is based on all information	and statements, and to the best of of which preparer has any known	my knowledge and belief, it is wledge		
	Signature of officer			Date		***************************************
Sign Here	ARJUN MALAVIA Type or print name and title			President		
	Print/Type preparer's name	Preparer's signature	Date	TF	PTIN	
Doid	Hemish S. Kapadia, CPA, Ea	Hemish S. Kapadia	L CPA, Ea	Check if self-employed [201267365	
Paid Preparer	Firm's name ▶ PHYPHAR, INC.					***************************************
Use Only	Firm's address ► 29 WALTER HAMMOND F	PL .		Firm's EIN	22-22855	98
	WALDWICK, NJ 07463-	-1752		Phone no (20	1) 444-46	48
May the IR	S discuss this return with the preparer sh	nown above? See instru	uctions .		► X Ye	s No
-					Form 9	90-EZ (2013

Name of the organization International Swaminarayan Sansthan of Vadtal Inc	Employer identification number 45-3944379
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
The primary purpose and mission of this organization is to kee	p unity and uniform
activities among Temples and Chapters in the U.S.A. and Canada	, under the name of
Shree Swaminarayan Satsang Mandal affiliated with Laxminarayan	dev Gadi, under the
leadership of reigning Aacharya Maharaj of Vadtal diocese? H.H	I. 1008 Aacharya
Maharajshree Rakeshprasadji Maharaj. Aim of this organization	is also to preserve
and practice the cultural heritage of Sanatan Dharma among the	Indian community
and the communities at large and exchange the ideas and ideals	among religious
institutions of various faiths.	***************************************

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Schedule 0 (Form 990 or 990-EZ) 2013 Name of the organization International Swaminarayan Sansthan	Page 2
of Vadtal Inc	45-3944379
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomp	olishments
The primary purpose and mission of this organization is	to keep unity and uniform
activities among Temples and Chapters in the U.S.A. and	Canada, under the name of
Shree Swaminarayan Satsang Mandal affiliated with Laxmin	narayandev Gadi, under the
leadership of reigning Aacharya Maharaj of Vadtal dioce	se? H.H. 1008 Aacharya
Maharajshree Rakeshprasadji Maharaj. Aim of this organ	ization is also to preserve
and practice the cultural heritage of Sanatan Dharma am	ong the Indian community
and the communities at large and exchange the ideas and	ideals among religious
institutions of various faiths.	
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; 	

Name of the organization International Swaminarayan Sansthan	Employer identification number	Page 2
of Vadtal Inc	45-3944379	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contra	cts	
(a) Did the organization, during the year, receive any funds,	directly or	
indirectly, to pay premiums on a personal benefit contract?	- 000 mm	No
(b) Did the organization, during the year, pay premiums, direc	ctly_or	
indirectly, on a personal benefit contract?		No
		
		*** *** *** *** ***